

Blackpool Council

6 March 2018

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

The above members are requested to attend the:

ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 14 March 2018, 6.00 pm
Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 24 JANUARY 2018 (Pages 1 - 8)

To agree the minutes of the last meeting held on 24 January 2018 as an accurate record.

3 PUBLIC SPEAKING

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

4 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 9 - 14)

To consider the Executive and Cabinet Member decisions within the remit of the Adult Social Care and Health Scrutiny Committee.

5 UPDATE ON THE INTEGRATED DRUG AND ALCOHOL TREATMENT SERVICE FOR ADULTS (Pages 15 - 30)

To present an update on the first year of the integrated Drug and Alcohol Treatment Service to support adults.

6 PUBLIC HEALTH DIRECTORATE - OVERVIEW REPORT (Pages 31 - 58)

To present an update from the Public Health Directorate on the following work areas: New model for 0-5 year olds' public health services; Due North; and the Health and Wellbeing Strategy.

7 ADULT SOCIAL CARE REGULATED CARE SERVICES - OVERVIEW REPORT (Pages 59 - 102)

To provide an update on the current status and developments in the regulated care sector for Blackpool (including residential and nursing provision and care at home services).

8 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018 (Pages 103 - 132)

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.

9 NEXT MEETING

To note the date and time of the next meeting as Wednesday, 9 May 2018 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.

Agenda Item 2

MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 24 JANUARY 2018

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Hutton	Mrs Scott
Mrs Callow JP	Humphreys	Owen	L Williams

In Attendance:

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Ms Zohra Dempsey, Public Health Practitioner, Blackpool Council
Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group
Mr Sandip Mahajan, Senior Democratic Governance Adviser, Blackpool Council
Ms Kate Newton, Performance and Quality Manager, Midlands and Lancashire
Commissioning Support Unit

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 15 NOVEMBER 2017

The Committee agreed that the minutes of the Adult Social Care and Health Scrutiny Committee meeting held on 15 November 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 PUBLIC MENTAL HEALTH AND SUICIDE PREVENTION

Ms Zohra Dempsey, Public Health Practitioner, Blackpool Council presented a progress report on the Public Mental Health Action Plan 2016-2019. She had first presented the Plan to Members at their meeting on 5 July 2017. The Plan focused on using medical practice to promote awareness of issues and good mental health, prevent poor health and suicide, reduce stigma and discrimination and effective care and treatment leading to better quality of life.

A sub-regional plan known as the 'Suicide Prevention Logic Model' had been developed by the Lancashire and South Cumbria Sustainability and Transformation Partnership. The focus of the meeting update was on suicide prevention work. This was a significant issue which the Committee had previously highlighted.

Representatives and members of mental health and carers' support organisations were present from Rethink (national mental health support charity); Blackpool Young Boys and

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
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Girls Club (local mental health resilience support); and UR Potential (mental health resilience support for young people).

All three organisations had attended the meeting in July 2017 and had maintained interest in the mental health agenda. The Chairman welcomed input from them during the meeting.

Suicide reduction targets

Members noted that Government had a target to reduce suicides by 10% by 2020. Based on the Blackpool rolling average of 19 suicides per year (2014-2016), this target equated to a reduction down to 17 suicides per year locally. The Chairman referred to Mersey Care NHS Foundation Trust which had set an aspirational target of 'zero' suicides and were pioneering nationally on zero suicide work. He also queried accountability for meeting suicide prevention targets.

Ms Dempsey explained that the 10% target had been set by NHS England. The 'zero' target was a topical discussion and the viability of this depended on local environments. The Chairman contented that Merseyside and Cheshire contained some deprived areas which arguably mirrored Blackpool issues.

A 'zero' suicide target was supported by the representative from Blackpool Young Boys and Girls Club. Members discussed the merits of a 'zero' suicide target and recommended that a 'zero' suicide target should be adopted. Ms Dempsey agreed that the proposed target would be raised at the Suicide Prevention Oversight Group for Lancashire and South Cumbria.

Suicide profiling

Members noted that there had been 57 deaths in Blackpool during 2014-2016 and that there needed to be effective identification of people who committed suicide. They queried what the demographic breakdown of local suicides was in order to identify focus and better plan actions, in particular the high-risk groups of males aged 25-50 (about 70% of local suicides were males).

Ms Dempsey explained that precise profiling of people committing suicide was complex with challenging issues such as substance misuse involved. She confirmed that all suicides were recorded as such when the Coroner reached a verdict of suicide. She clarified that deaths other than suicides, e.g. caused through non-intended overdoses, were not recorded under the suicide count.

In response to Members' noting the large number of young male suicides, and the 'Men in Sheds' initiative not necessarily being appropriate for them, Ms Dempsey explained that there was a range of work being pursued. This included removing stigma of mental health especially for young people, recognising people's issues such as substance misuse and any other warning signs so that effective support including sign-posting to services could be provided. Head Start helped provide emotional resilience support to young people and there were also awareness-raising campaigns such as 'Time to Talk'.

She added that a public health outcomes framework existed to help deliver best outcomes including interventions to support young males and other people. Public Health did produce a suicide audit and written demographic profiling information would be provided.

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Some Members queried how many suicides involved people new to Blackpool or visiting. They were informed that most suicides were local people and 70% were males but this could be checked if required. Some Members noted that it was more appropriate to focus on suicide prevention rather than developing statistics of limited or dubious value.

Suicide prevention planning

Members found the Logic Model complex to follow. Ms Dempsey acknowledged this and offered to provide a simple summary.

Self-harm / early help

Members were informed that Personal, Health, Social and Economic (PHSE) education was taught at secondary schools and rolled out to primary schools as appropriate. They queried the level of existing school nurses involvement and their level of mental health expertise. They were informed that skilled school nurses still existed. Members would also be looking at the new health visitor service at a future meeting.

Members suggested people performing the role of social workers (not necessarily with that title) placed in schools would be useful and proposed forwarding a request for clarification to the Cabinet Member for Adult Social Care and Public Health. Public attendees supported the idea of social work type support and noted that this happened in secondary schools but believed not in primary schools. They added that this would help with children needing someone to talk or short opportunities away from the 'crowd.' Members recognised that there needed to be a variety of options, e.g. schools could make referrals to the 'Den' hub for young people. Members hoped that funding for the Den would continue.

Members noted that Better Start existed for 0-5 year olds and Head Start for 10-15 year olds but there was a gap. Blackpool Boys and Girls Club provided support including youth workers for the gap group. The Club relayed that children did not feel that they were listened to.

Members referred to the need for early help including identifying people at risk of suicide or having suicidal thoughts. They noted that self-harm, for which Blackpool had the highest rates nationally, could be linked to a range of social issues including poverty and poor housing. They were particularly concerned that self-harm started as early as infant or junior age and Accident and Emergency (A&E) admissions of that age group had increased significantly. With reference to early help, Members noted that self-harm could result in suicide. Public attendees felt it was important to provide a person with a 'friendly face' who could listen and discuss issues.

One of the public attendees queried the absence of a self-harm reduction target given that Blackpool had the highest national rates and also noted that the figures only included those admitted to Accident and Emergency / hospital, i.e. real figures were likely to be even higher. Ms Dempsey confirmed that there was no target but that focus was on building and promoting emotional health and wellbeing support including resilience. She added that data needed to cover all sources including 'walk-in' centre. An intelligence officer bid had been put in for the Lancashire and South Cumbria mental health work.

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Ms Dempsey acknowledged that there were a significant number of people who self-harmed and attempted/committed suicide. Funding had been secured for developing 'Core 24' (mental health crisis support, including for self-harm, available at all times) at Accident and Emergency. This was challenged by public attendees. One attendee felt there was limited support for self-help and support was not easy to find or access, and gave the experience of a relative ringing the crisis line, getting no immediate response or call back. Families and UR Potential provided some support but poor overall support available from services was poor. The relative had been supported by their family but this was an alert of potential system failures.

Public attendees queried the suitability of Core 24 being within Accident and Emergency in view of general pressures plus being a prominent populated place. Ms Dempsey understood that people with mental health issues would be supported away from the main Accident and Emergency activity. There would be no beds but chairs instead. A public attendee noted that first contact at Accident and Emergency needed to be good. There was still an involved registration process but a separate reception area could help. Public attendees queried whether four chairs was sufficient capacity and that people would have to wait. Confirmation was not available on the capacity issue. Ms Dempsey added that recruiting staff would take some time and would probably involve Lancashire Care Foundation Trust staff.

Suicide prevention actions / support options and thresholds

Public attendees referred to gaps in services. Services existed at Accident and Emergency (Child and Adolescent Mental Health Services / Child and Adolescent Self-Harm Emergency Response) but for different age groups so were not for all young people resulting in delays. Professionals (police and health) were known to argue in front of young people over responsibilities. Public attendees felt that restricted services, delays and arguments were putting young people off. Professionals seemed content to refer people to charitable support but not take ownership ('right people in right place providing the right support'). Public attendees re-iterated the need to be able to speak to someone (not necessarily a psychiatrist) at any time (24 hours).

Members referred to accessing services which might only be available at 'crisis' point [not for early help] and that 'wrong' answers might lead to the wrong service. They referred to the NHS 111 helpline. People were asked if they had any 'suicidal thoughts'. Members were concerned that this question could put people off as people could be wary of admitting they were thinking of suicide.

A public attendee, representing Rethink, who supported people in crisis, felt that the support / intervention threshold was too high, i.e. serious injury was required before support. There needed to be a range of support options covering various groups, peer support networks were effective encouraging people to talk. Research was required identifying the most appropriate and effective support options. Members suggested looking at the Fylde and Wyre Butterfly Phoenix Project (now ceased) for any best practice lessons.

Public Health would look into the range of support options. Blackpool Clinical Commissioning Group were understood to be 'mapping' services so would be asked to attend the Committee's meeting in either March or May 2018. Blackpool Teaching

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Hospitals' Families and Mental Health services would be invited to the same meeting to discuss accessing services.

Mental Health / Suicide Prevention best practice including raising awareness

The Chairman cited a US scheme which had promoted real development and participation activities for people (building and growing green spaces) and that the scheme had been proactive in supporting people and raising mental health awareness. He enquired if this approach could be considered including 'door-to-door' awareness. Ms Dempsey referred to 'middle tier' awareness-raising through GPs and other routes (not specific services) and agreed that 'door-to-door' community knocking and other options for awareness-raising would be considered.

Public attendees referred to the need to support people by allowing them to benefit from the right environments, e.g. communities not Accident and Emergency.

The Chairman referred to Mersey Care NHS Foundation Trust's website as a highly effective, site with lots of easy-to-use info but the Council's site was non-existent. Ms Dempsey agreed that this could be considered but various 'crisis' support existed. Public attendees challenged that support was easy to find or easy to use.

The Committee agreed:

1. To recommend that a 'zero' suicide target should be adopted within Blackpool; and that Ms Dempsey would raise the proposed target at the Suicide Prevention Oversight Group for Lancashire and South Cumbria providing a written response by the Committee's next meeting on 14 March 2018.
2. That Ms Dempsey would provide written demographic profiles of local suicides by the Committee's next meeting on 14 March 2018.
3. That Ms Dempsey would provide a simple written summary of the Suicide Prevention Logic Model by the Committee's next meeting on 14 March 2018.
4. That Ms Dempsey would consider targeted community options for support and mental health awareness-raising and report back on progress.
5. That the Cabinet Member for Adult Social Care and Public Health be asked to clarify current support offered in schools, such as social worker support (not necessarily with that title), which would be useful help for young people.
6. That the Committee would receive an update on school nurses as well as the new health visitors' service as part of the Public Health Overview Report at the March 2018 meeting.
7. To invite Blackpool Clinical Commissioning Group to the Committee's meeting in either March or May 2018 to discuss its 'mapping' of mental health and community services work with particular reference to good access and the range of support options available. Public Health and Blackpool Teaching Hospitals' Families and Mental Health Services would also be invited.

5 BLACKPOOL CLINICAL COMMISSIONING GROUP MID YEAR 2017-2018 PERFORMANCE REPORT (APRIL 2017 TO SEPTEMBER 2017)

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

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presented the Clinical Commissioning Group's mid-year performance for 2017-2018 (April 2017 - September 2017). Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group and Ms Kate Newton, Performance and Quality Manager, Midlands and Lancashire Commissioning Support Unit were also in attendance.

Mr Bonson explained that there were ongoing urgent care and winter pressure issues. These included: a shortage of beds; people waiting inappropriately on trolleys; Accident and Emergency waiting times; ambulance response times; and cancer assessments and treatment time. He added that pressures from earlier in the year and the previous winter were still having a consequential effect throughout the year. These were accumulating in current winter pressures. Issues such as flu (38 cases) required isolation reducing space and bed capacity although residents and staff were encouraged to have flu jabs.

Mr Bonson reported various plans were in place with frequent high-level partnership meetings including across Lancashire and South Cumbria. The Chair queried how effective the plans were given the previous year's winter pressures and current pressures. Assurance was given that lessons were learnt and implemented each year but increasing demand on services created tougher challenges. A 'whole system' response and planning was required, e.g. involving North West Ambulance Service and Adult Social Care.

Mr Bonson reported that actions included creating physical facilities (to reduce Accident and Emergency pressures) using GP primary care screening, a dedicated mental health area, a discharge lounge (with social workers) and joined-up staff in the same place.

The Chair referred to local press articles. He acknowledged that figures might not mirror those held by the Clinical Commissioning Group but sought assurance of appropriate action. He cited that Accident and Emergency performance relating to waits being no more than 4 hours had been stated as just over 40% but needed to be 95% (the Government had temporarily relaxed this to 90%).

Mr Bonson explained that the 40% represented cases that genuinely required Accident and Emergency against an overall performance of 84%. He added that new primary care screening had been developed to re-route people not requiring Accident and Emergency.

Members requested that both targets were shown next time with clear explanations. They also suggested that the screening for genuine Accident and Emergency need should be more effective at source, i.e. avoid emergency ambulances.

The Chair referred to press reports that 1 in 7 trolley waits nationally were from Blackpool. Mr Bonson acknowledged the issue but added that the figure represented a small number of exceptional days. Usually more patients were discharged in the run-up to Christmas which had not happened leading to a shortage of beds thereby placing additional pressure on use of trolleys. Members also noted that trolley delays still involved paperwork (getting prescriptions from on-site chemists). This had been mentioned at the last performance report. Mr Bonson acknowledged bed numbers had reduced over time and delays were a challenge for patient/bed flow (and could involve Adult Social Care pressures).

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Members queried the effectiveness of awareness campaigns (to avoid unnecessary trips to Accident and Emergency) and the community based neighbourhood hubs which aimed to reduce Accident and Emergency pressures. They were informed that all these initiatives were helping including the four hubs but this was taking time and service demand was still increasing. Blackpool Teaching Hospitals had not turned any patients away but other neighbouring hospitals had had to. Blackpool Teaching Hospitals also dealt with a high numbers of people visiting Blackpool (costs could be claimed back but not for emergencies) creating additional demand pressures.

The Clinical Commissioning Group representatives added that patient / bed flow (and involving Adult Social Care) needed to be effective. There was no national target for bed numbers / resident population but benchmarking with comparable areas could be undertaken. They believed that there was no known research on inequalities and bed shortages. The King's Fund was suggested as a source of potential research information.

Members were informed that new national standards and targets were due on ambulance response times. December 2017 figures for the North West Ambulance Service would be provided by the Committee's next meeting on 14 March 2018.

A public attendee referred to the NHS' non-emergency 111 service sending out an ambulance unnecessarily. Mr Bonson explained that, as breathing difficulties were involved in this case, the checklist algorithm chose what was deemed to be the most appropriate response.

Members queried the level of financial sanction (maximum of just over £3m) that could be imposed upon Blackpool Teaching Hospitals for missed targets. The Clinical Commissioning Group had agreed with Blackpool Teaching Hospitals to not simply to move money around the health sector with fines but instead to work with them to ensure quality performance.

Some Members reported good personal experiences and thanked the Hospital and staff in working through winter pressures. The feedback was welcomed by the Clinical Commissioning Group who added that patients also seemed to acknowledge the pressures.

The Committee agreed:

1. That both Accident and Emergency targets, with clear explanations, should be shown in future performance reports.
2. That December 2017 performance figures for the North West Ambulance Service would be provided by the Committee's next meeting on 14 March 2018.

6 FORWARD PLAN

Members were informed that the Homelessness Strategy was on the Forward Plan. Assurance had been given by the Head of Housing that relevant cross-cutting issues such as mental health and substance abuse were incorporated into current work as the Strategy was developed. The new Strategy needed to incorporate Government legislation, coming into force in April 2018, extending the range of people who would be supported

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through statutory duties to be found appropriate accommodation. Currently the duty applied to families but was being extended to single people which would put pressure on resources. The Strategy had been developed through consulting key stakeholders and would go through a public consultation exercise before being considered for approval by the Executive in April 2018.

It had been proposed that the Committee would be able to influence work going forward through reviewing the Action Plan at its May 2018 meeting, Members were also informed that Homelessness technically came within the remit of the Tourism, Economy and Resources Committee but had been 'inherited' by Adult Social Care and Health through previous consideration.

The Committee agreed that the Tourism, Economy and Resources Committee should be requested to consider the Homelessness Action Plan or the Adult Social Care and Health Scrutiny Committee would consider the item at its May 2018 meeting.

7 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018

Members were advised that the Work Programme was as presented with a potential further mental health update (with all key services) at the March or May 2018 meeting and the Homelessness Action Plan being considered at the May 2018 meeting unless the Tourism, Economy and Resources Committee considered the item instead.

Members were informed that the Action Tracker, of recommendations previously made by the Committee, had been updated to only show amber and new actions (from the last meeting). They were requested to agree, as complete, those amber actions where other progress / events had taken place superseding the value of further action.

The Committee agreed:

1. To approve the Scrutiny Workplan 2017-2018, subject to the addition of a mental health update (with all key services) at either the March or May 2018 meetings and the Homelessness Action Plan at the May 2018 meeting unless the Tourism, Economy and Resources Committee considered the item.
2. To note the 'Implementation of Recommendations' table and agree that 'amber' actions superseded by other progress / events could be considered as 'complete'.

8 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 14 March 2018 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended at 7:45pm)

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:	14 March 2018

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

1.1 To consider the Executive and Cabinet Member decisions within the remit of the Adult Social Care and Health Scrutiny Committee.

2.0 Recommendation:

2.1 Members will have the opportunity to question the Cabinet Secretary or the relevant Cabinet Member in relation to the decisions taken.

3.0 Reasons for recommendation(s):

3.1 To ensure that the opportunity is given for all Executive and Cabinet Member decisions to be scrutinised and held to account.

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 Attached at the appendix to this report is a summary of the decisions taken, which have been circulated to Members previously.

5.2 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive and Cabinet Members. It provides a process where the Committee can raise questions and a response be provided.

5.3 Members are encouraged to seek updates on decisions and will have the opportunity to raise any issues.

5.4 Witnesses/representatives

5.4.1 The following Cabinet Members are responsible for the decisions taken in this report and have been invited to attend the meeting:

Cllr Amy Cross, Cabinet Member for Adult Services and Health

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 4 (a): Summary of Executive and Cabinet Member decisions taken.

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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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
<p><u>ADULT SOCIAL CARE FEES AND CHARGES 2018-2019</u></p> <p>The Cabinet Member agreed the recommendation as outlined above namely:</p> <p>To agree the proposed changes to the charging arrangements as detailed in the accompanying fees and charges schedules with effect from 1 April 2018 to 31 March 2019.</p> <p>Note - this topic is covered in detail in Appendix 7 (e) of the Adult Services Overview report (item 7 of the Scrutiny Committee meeting agenda)</p>	To consider the proposed Adult Social Care Fees and Charges 2018/19.	PH9/2018	12 Feb 2018	Cllr Amy Cross Cabinet Member for Adult Services and Health

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Nina Carter, Commissioning Manager, Blackpool Clinical Commissioning Group and Blackpool Council Karon Brown, Head of Integrated Services, Delphi Medical Consultants Limited
Date of Meeting:	14 March 2018

UPDATE ON THE INTEGRATED DRUG AND ALCOHOL TREATMENT SERVICE FOR ADULTS

1.0 Purpose of the report:

1.1 To present an update on the first year of the integrated Drug and Alcohol Treatment Service to support adults.

2.0 Recommendation(s):

2.1 To comment upon progress being made to support people with drug and alcohol issues, propose potential improvements and consider whether any areas would benefit from further scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the alcohol and drug support provision 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? Yes

3.3 Other alternative options to be considered: None

4.0 Council Priority:

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

5.0 Background information

5.1 This report presents a summary of the first year's progress with the integrated Drug and Alcohol Treatment Service outlining good practice, challenges and the outcomes achieved to support, improve and sustain people's health. The new service was

designed to provide wider holistic support linking people to housing, skills and employment opportunities to help sustain long-term recovery.

5.2 The detailed report is attached at Appendix 5 (a).

6.0 List of Appendices:

Appendix 5 (a) - Progress report on the Adult Integrated Drug and Alcohol Treatment Service for Adults

Appendix 5 (b) - Treatment Pathway

Appendix 5 (c) - Service Diagram

7.0 Legal considerations:

7.1 None

8.0 Human Resources considerations:

8.1 None

9.0 Equalities considerations:

9.1 None

10.0 Financial considerations:

10.1 None other than those contained within the report.

11.0 Risk management considerations:

11.1 None other than the challenges identified within the report and appropriate responses.

12.0 Ethical considerations:

12.1 None

13.0 Internal/External Consultation undertaken:

13.1 N/A

14.0 Background papers:

14.1 None.

BLACKPOOL COUNCIL
Integrated Blackpool Clinical Commissioning Group (CCG) and
Council Commissioning Team
Update on the Integrated Drug and Alcohol Treatment Service for Adults
Adult Social Care and Health Scrutiny Committee 14 March 2018

1. INTRODUCTION

This document presents a summary of the progress to date with implementing the re-tendered Blackpool Integrated Drug and Alcohol Treatment Service for Adults, including the good practice and issues that have been encountered, and the outcomes achieved to improve the public's health in this area. The wider support offer includes sexual health (considered by the Committee in November 2017) but this report focuses on the integrated drug and alcohol element.

2. OVERVIEW

From 1 September 2014 to 31 March 2017 the adult element of Horizon (the drug and alcohol treatment service) was delivered by two providers. These provisions consisted of separate recovery and clinical services that operated in an integrated manner with a health and well-being model. This was different to the previous medical model which had a less holistic approach towards sustainable long-term recovery.

A commissioning review was undertaken towards the end of the initial two year contract term. This included an analysis of the performance outcomes which highlighted:

- Opiate clients were not progressing through the system into recovery
- Alcohol clients had a high representation rate with high levels of need, poorer access into service and a high number of early unplanned exits.

A decision was made to re-commission the system and develop an integrated clinical and recovery service as part of a prime (single) provider model. This re-designed service includes:

- A focus on detoxification to encourage all clients onto a recovery pathway, followed by a much longer programme of rehabilitation and recovery in the community
- Health and wellbeing model with holistic approach
- A clinical psychologist and mental health team integrated into treatment provision to address dual diagnosis and adverse life experiences/trauma
- Integrating provision into the primary care neighborhood model and other community settings
- A transformed culture that is dynamic to client need
- Buildings that foster healthy and good standard environments to support getting better
- A greater focus on education, volunteering, employment and meaningful activity
- Specialist provision and care pathways for older people and end of life care in accordance with the ageing treatment population

The new treatment model is attached in Appendix 5 (b). A service description and a pathway diagram are included to show the journey clients follow in treatment.

There is a social value element to the new service and this includes creative activities such as linking art, theatre and film to recovery. Attached is a link to an 8 minute film called "Hearts and Minds" which has been made by Horizon and clients. The clip shows the new service and some case studies of real client outcomes. The link will need to be copied and pasted into the web browser.

<https://youtu.be/EGppiQzEYCE>

3. PROGRESS

The below details the progress and performance of the new Horizon service:

- The implementation phase of the contract went well. Implementation plans and regular implementation meetings ensured that data, clients and staff were smoothly transitioned into the new ways of working. The new buildings and Care Quality Registration (CQC) registrations were all ready in time for the contract start date.
- The new model has achieved financial efficiencies of £160,000 for community treatment and £40,000 for residential rehabilitation due to the new community recovery offer. The efficiencies are due to reduced management and estate costs, and more people remaining in community recovery.
- There is a large safeguarding element for Horizon because of the high levels of children who are living with substance misusing parents. There were 831 children living with drug using parents entering treatment in 2016-2017 and 372 children living with alcohol using parents entering treatment in 2016-2017. Retaining clients in treatment stabilises the family and the new service has developed opportunities to successfully support new couples into recovery.
- Referrals and numbers into treatment each month are on the increase for all substances.

The table below shows an overview of referrals and numbers entering treatment:

	1 April 2017 - 31 January 2018	January 2018
Total referrals for all substances	1619	169
Number of referrals from GP's	98	7
New individuals have entered into treatment (Tier2 and Tier3)	1526	78

- The new service has made good progress with integrating within the primary care neighbourhood model and has developed new marketing and operational initiatives to engage with the Blackpool community through a holistic health and social care approach, e.g. Street Drinkers Initiative, Horizon Community Art Tram and Dentaaid Mobile Dental Unit.
- Horizon now operates a detox first service to encourage all clients onto a recovery pathway. This priority is leading to an increasing number of clients accessing both community and inpatient detoxes. A large number of the referrals into inpatient detox are for more complex clients with poly drug use (two or more psychoactive drugs in combination to achieve a particular effect).and mental health issues.
- People are retained in treatment due to accessing different levels of recovery programme which are dependent on need. The new service offers a variety of intense programmes that address the underlying causes of addiction. The new service has supported so far:

	1 April 2017 - 31 January 2018
Number clients engaged in community rehabilitation programme	95
Number clients have been/are being supported by the mental health workers	1724
supported by the clinical psychologist	10

These individuals would otherwise have unmet mental health needs because the psychological provisions address the adverse experiences and trauma that perpetuate addictions.

- Long term successful completions are the goal but within this timeframe there are a number of other achievements. Employment support is integrated within the new Horizon service and many employment successes have resulted from this provision with 35 individuals having gained employment since 1 April 2017.
- Since the new contract started 177 opiate clients have been trained in overdose awareness and are in receipt of take home naloxone (medication used to block the

effects of opioids, especially in overdose). This figure includes prison releases, people who are very vulnerable and are at a high risk of overdose. Since 1 April 2017, 15 lives have been saved from administering naloxone when an overdose has occurred, this figure will be higher due to unreported instances.

4. ISSUES

The below is a consideration of the challenges that have been encountered by the new service:

- Quantitative data reporting is very complex and complications arise due to the different methods of reporting that exist. The National Reporting System for Drug and Alcohol (NDTMS) presents information as rolling annual statistics. This conflicts with local data reporting which utilises a year to date methodology. Also, national reporting only concentrates on the Tier 3 subset of treatment (structured interventions of 12 weeks or more) whilst local reporting includes Tier 2 treatment delivery (interventions of under 12 weeks duration). Both these differences result in the NDTMS performance reports not matching the local Key Performance Indicator (KPI) reporting.
- Further data complexity arises because the national data includes performance from the previous treatment system combined with the new system. This is because the figures are rolling totals.
- For business plan purposes it was decided to adopt the local figures for 2017-2018. In previous years the national figures have been used. The treatment system is now different and commissioners wanted to highlight the outcomes of all levels of treatment (which are not present in the national data set). This means that comparing the data with previous years becomes difficult and is not comparing like for like data.
- Commissioners are currently in discussion with Public Health England (PHE) in relation to recording the Tier 2 work on NDTMS.

- The new service is retaining people in treatment and maintaining abstinence. There is a different phasing of programmes and this means that the recording of a completion is done at a later stage than previously. This will contribute to the mean treatment completion figure reducing when compared to previous year's data.
- The detox first approach means that there are increasing numbers of complex clients requiring poly substance detoxes with longer stays and this is creating a greater demand on the inpatient detoxification budget.
- The number of successful completions for all substances are increasing each quarter in 2017-2018. The below table provides an overview of numbers of clients completing treatment and exiting the new service. The completions are broken down for primary substance (the main substance that is used by the client, as they may use a variety of substances.)

Number of successful treatment completions (Primary Use)	1 April 2017 - 31 January 2018
Opiate	104
Non-opiate	44
Alcohol	226

- A more in-depth analysis of data is now being carried out and this is showing that non-opiate use is part of a poly-using pattern, with alcohol being the primary substance. This means that for recording purposes the non-opiate clients/outcomes are included within the alcohol figures. This is attributed to be the main reason for a reduction in the number of non-opiate clients in treatment figure. Commissioners are currently in discussion with PHE to agree that the structured Tier 2 non-opiate work is recorded on NDTMS.
- The same issue applies to spice use. Clients in treatment are using spice but often they are using on top of this with their primary drug use being heroin, crack or alcohol. This means spice is not necessarily reflected in the data.
- There is a national shortage of the Hepatitis B (HBV) vaccine due to supplier issues. This means that clients cannot be fully vaccinated for HBV at the present time.
- Hep C clients are being identified but are not engaging in Hep C treatment.

- There has been a delay in implementing the detox/recovery houses. This has been because of the implementation of new criteria in relation to accessing enhanced housing benefits that created an issue for clients being eligible. A new model is being implemented by Horizon to support clients to detox in their own homes. This provision involves a support worker and peers delivering 24 hour care and facilitating a home detox, where otherwise a client would need to be admitted into an inpatient detoxification unit because of their complex presenting health.

5. SUMMARY

This paper has described the progress made in the delivery of adult drug and alcohol treatment since the re-commissioning of provision took place. The report has also highlighted areas of improvement.

6. RECOMMENDATION

The Committee is asked to comment upon progress being made to support people with drug and alcohol issues, propose potential improvements and consider whether any areas would benefit from further scrutiny.

Update prepared by:

Nina Carter, Commissioning Manager, Blackpool CCG and Blackpool Council

Karon Brown, Head of Integrated Services, Delphi Medical Consultants Limited

6 March 2018

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HORIZON

Alcohol, drugs & sexual health support

START

1 Connect

Taking the very first steps together



Road to Stability and with you every step of the way,

2 Dependence with the right support you need to start life anew



3 Freedom and lead a life worth living.

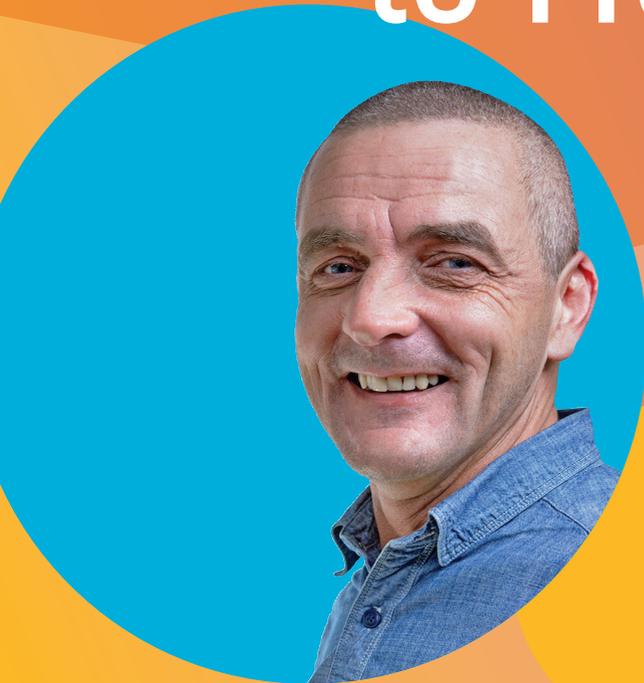


Tel: 01253 205 156

Website: www.horizonblackpool.uk

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Alcohol, Drugs & Sexual Health Support
**from Dependence
to Freedom**



About Us

Horizon Drug and Alcohol Service provides information, support, screening, treatment and counselling – all free and designed to meet YOUR needs.

If you or someone you know is having problems with addiction to alcohol and drugs, we have the expertise and services to help. We also offer sexual health services and screening.

Our services are easy to access – in most cases, on the same day – and cover the following areas:

- Connect
- Dependence
- Freedom
- Outreach
- Harm minimisation.

Through our support, and our safe and effective treatments, we will help you live a life worth living, not dependent on any substances.

Connect

Most people who access treatment want to change their lives. Through a mixture of group work and one-to-one sessions, our Connect team will strive to make this happen and put you on the road to recovery.

This is where we first see you to assess your needs and determine which of our teams would be best placed to give you the support you need. This is all about getting to know each other and showing you what we have to offer.

The emphasis of this stage is to help you achieve stability as quickly as possible. Prescribing and psychological treatments may take place here, depending on your condition.

Dependence

Once you have achieved stability, our Dependence team will take over from here. Through psychological treatment, they will help you achieve the goals you set with the Connect team.

We will take a detailed look at your situation, particularly in terms of your home and work, and will direct you to services that can help you.

The psychological treatment is designed to help get you ready for detoxification and leading a life free of drugs or alcohol. It can be as gentle or intense as you feel prepared for. Once complete, we will help you find the support you need around housing and education.

Detox

Our service provides a range of detoxification options. Our team will assess your needs and offer a package of care that is tailor made to you.

We offer regular reviews and clinical support throughout the detoxification process.

Freedom

Our Freedom team will consolidate your progress and start further psychological treatments to help you stay abstinent.

You will be able to take part in a range of fantastic volunteering opportunities aimed at supporting people starting the Connect part of the service, helping you to realise that you too can be free from addiction and lead a better life.

Outreach

If you find it difficult to access our services at any of our locations, our Outreach team will provide the support you need. They may also see you if you are admitted to hospital.

Harm Minimisation

If you think you may be putting yourself at risk because of your behavior, but you don't feel ready or able to change, our Harm Minimisation service will provide the support you need.

It is designed to minimise the harms of drug and alcohol misuse, and risky sexual behaviors. You can also access needle exchange services, blood borne virus screening and condoms.

If someone you know is having problems with addiction to alcohol and drugs you need to speak to someone with the expertise to help you – please ask any of our team.

We have specialist workers, support groups, useful contacts and work alongside Families in Recovery Groups. You are not alone.

Contact Numbers

You can contact our services on the following numbers:

CONNECT	102 Dickson Rd, Blackpool	FY1 2BU	01253 205156
DEPENDENCE	199 Church Street	FY1 3TG	01253 205157
FREEDOM	258 Church Street	FY1 3PB	01253 205158
DETOX	72 Harrowside	FY4 1LR	01253 405072
HORIZON CLIENT LINE			01253 340100
APPOINTMENT LINE			01253 340104



www.horizonblackpool.uk

Horizon is funded by Blackpool Council.



Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	14 March 2018

PUBLIC HEALTH DIRECTORATE - OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To present an update from the Public Health Directorate on the following work areas: New model for 0-5 year olds' public health services; Due North; and the Health and Wellbeing Strategy.

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements 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 these areas of the Public Health Directorates 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 This report provides the quarterly monthly update from the Public Health Directorate covering the following:

- Development and implementation of a new service model for 0-5's children's public health (health visiting)
- Progress on the recommendations arising from the Due North inquiry (2014)
- Refresh of the Health and Wellbeing Strategy

6.0 Public Health Directorate updates

6.1 New service model for 0-5's Children's Public Health Service (health visiting)

6.1.1 The nationally mandated requirement for local authorities to commission delivery of 5 health and development reviews as part of 0-5s children's public health services. Over the past 18 months, members of the public health team and the Better Start Partnership have been working to transform health visiting services within the town. This work is on track is on track to achieve roll out in April 2018. The new service model was developed and shaped with health visitors and aims to ensure that every Blackpool child is happy, healthy and ready to learn when they start school.

6.1.2 The new model consists of eight universal contacts to all families, six within the first year of life plus two additional health reviews, including an integrated child health review to assess school readiness. This new model is innovative in that it goes further than 5 mandated reviews, and includes an integrated school readiness review. This is a significantly important development in Blackpool as it not only offers more opportunity for contact with children and families in Blackpool with a health visitor, but enables additional needs to be identified and addressed at an early stage; and interventions provided for families to address current or anticipated issues that will impact on positive outcomes for children.

6.1.3 A significant new visit for families and children will be the Integrated child health review at 3-3.5 years. The introduction of this assessment in collaboration and undertaken concurrently with early years providers, and parents in a nursery setting is a ground-breaking opportunity (unique to Blackpool) to have the time and capacity to review a child's development and health in a holistic way, and will ensure that children are prepared for school in the three domains of Social and Emotional Development, Speech and Language and Physical Development.

6.1.4 New evidence-based assessments and tools are being introduced. These will improve the identification of need for support and services, and include the Ages and Stages Questionnaire (ASQ) introduced at the integrated 3-3.5 year review, WellComm Speech and Language tool of choice to assess speech and language at 1, 2, and 3 year

reviews. The service is also introducing new and innovative interventions: Adverse Childhood Experiences (ACE) questionnaire enquiry for every parent at two time points to raise awareness and reduce children's adverse experiences in the future and Behavioral activation, an intervention to support women with Perinatal mental health.

- 6.1.5 The new service has attracted significant national interest from other Better Start sites, other Local Authority Commissioners, and the Institute of Health Visiting, who acknowledge the Blackpool model as an exemplar of best practice in England.

A diagram of the new model is included at Appendix 6 (a).

6.2 Progress with recommendations arising from the Due North Inquiry

- 6.2.1 The Director of Public Health's Annual Public Health Report for 2014 discussed the recommendations arising from the Due North Inquiry into health inequalities in the North. This inquiry was called for at the North of England Fairness Commission held in Blackpool in February 2014. It was chaired by Professor Margaret Whitehead of the University of Liverpool, a distinguished public health academic of international repute. Recommendations for action were made across four themes:

1. Tackle poverty and economic inequality within the North and between the North and the rest of England
2. Promote healthy development in early childhood
3. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
4. Strengthen the role of the health sector in promoting health equity (fairness)

- 6.2.2 Blackpool's Health and Wellbeing Board adopted the recommendations arising from Due North as the basis for their latest Health and Wellbeing (HWB) Strategy 2016-2020. A comprehensive action plan was written and has stimulated a wide range of work under the inquiry recommendation themes as follows:

6.2.3 *Tackle poverty and economic inequality within the North and between the North and the rest of England*

The Council with partners continues to progress their objectives to reduce unemployment, especially when linked to poor health. HealthWorks which draws together employment support, health including mental health, is further developing outreach employment to the new integrated health and social care teams. HealthWorks has been successful in not only becoming a research site for the Department for Work and Pensions (DWP) funded programme linking employment support and Improving Access to Psychological Therapies (IAPT) for people with mild to moderate mental health conditions but also the new Public Health England (PHE) funded research programme to assess the impact of Individual Placement and

Support (IPS) employment support as part of the local drug and alcohol treatment programme.

- 6.2.4 The Health and Social Care Academy for the Fylde Coast has been established with the NHS, Adult Social Care, social care providers, universities and Blackpool and The Fylde College, to ensure that health and social care providers have access to the number of well trained staff that they require. It includes pathways into employment and employee development to help Blackpool residents to achieve ongoing career and personal development, ranging from level 0 to level 7 qualifications and training.
- 6.2.5 The European Structural and Investment Funds (ESIF) funded programme More Positive Together aims to provide housing support with a focus on future employment for people living in rented accommodation.
- 6.2.6 All of this work is within the wider context of regenerating the town centre and the Employment Action Zone, which will generate more and better paid jobs for local people over the next decade.
- 6.2.7 *Promote healthy development in early childhood*
Blackpool Better Start partnership, a 10 year systems change programme across all public services, continues to build its 4 Cornerstones i.e. Delivering Population level change through co-production and engagement with the community, delivering evidence based interventions and services for 0-4 and families of Blackpool. Re-framing and delivering common language on early years and systems change through the Centre for Early Child Development. All interventions are monitored and evaluated to ensure the impact of these services is fully understood in order to assure the success of the Better Start Programme on its three key areas of social and emotional development, language and communication, and diet and nutrition.
- 6.2.8 Highlights include:
- Health Visiting Service Review, introducing a new model for children's public health services for the 0-5's (health visiting), as described above. £750,000 invested by the Better Start Partnership in the redesign and embedding of the new model (described in 6.1 above)
 - £1.6 million on developing parks and open spaces
 - Establishment of the Community Connector workforce engaging with families
 - Established comprehensive Data Dashboard to enable comprehensive monitoring and evaluation of services
 - The Better Start Portfolio Review identified areas for development on Diet and Nutrition. The focus over the next year would be on nutrition and exercise. There will be a focus on optimal infant nutrition, and maternal obesity, and forging stronger links to enable access and referrals to community programmes. There will also be a key focus on Trauma Informed Care across all partner agencies

6.2.9 *Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health*
Community Orientated Primary Care (COPC) Citizen's Inquiries (see 6.3.1 Priority 3 of the HWB Strategy update below).

6.2.10 *Strengthen the role of the health sector in promoting health equity*
Blackpool Council Public Health have been working closely with the NHS across the Fylde Coast on the Vanguard programme of work. This aims to transform peoples experiences of healthcare and improve the health and wellbeing of residents and takes a three tiered approach, extensive provision of service for the high need patients, enhanced primary care for people with two or more long term conditions, and episodic care for those that use services as a when they need them. A key part of the ambition of the Vanguard programme is creating empowered people and communities, hence the creation of an Empowering People and Communities workstream, for which the Director of Public Health at Blackpool Council is the programme lead.

6.2.11 The Empowering People and Communities workstream has three core elements of work: -

- Empowering residents and stakeholders to work together to create solutions to issues and barriers to good health in Blackpool. This work has mainly been delivered through Community Orientated Primary Care Citizen's Inquiries
- Increasing opportunities for people and communities to self care and self manage health and well being, and a Fylde Coast Self Care Strategy is now in final draft. The emphasis of this strategy is on healthy lifestyles and behaviors in terms of prevention and early intervention
- Place based approaches to creating better health and wellbeing which is currently being taken forward by the Integration 20:20 events in Blackpool. These workshops bring together stakeholders on a Neighborhood basis to raise awareness of what exists in each neighbourhood, to connect people and organisations with each other, and increase levels of partnership working with each other and residents

6.3 Refresh of the Health and Wellbeing Strategy

6.3.1 The Health and Wellbeing Strategy 2016-20 was approved in 2016 with four key priorities identified as the main areas the Board needed to focus on in order to reduce health inequalities and improve health and wellbeing in Blackpool.

6.3.2 **Priority One: Housing**

- Reduce the number of Houses of Multiple Occupation (HMO's)
- Develop Queen's Park Estate, creating 191 homes
- Build over 400 new homes in the Bloomfield area
- Continue to implement selective licensing
- Continue to implement Cosy Homes in Lancashire (CHil)
- Continue to support people with complex needs and chaotic lifestyles with their housing needs
- Deliver the Health Works hub to support people with health problems into work

6.3.3 Good progress is being made with this priority. The Housing Company is on track to deliver 100 new units each year to a higher standard than the existing private rented stock. Queen's Park development is on track to be completed in Summer 2018. In the Bloomfield area 150 homes have been completed with 79 let as affordable rent units and 70 sold to owner occupiers. A bid was submitted to the Communities and Local Government's (CLG's) Housing infrastructure fund to help further develop new homes at the Foxhall Village. Selective licensing has been operating in Claremont, with additional licensing for HMOs across the central areas. CHil continues to provide access to assistance with energy efficiency improvements. Approximately 100 Blackpool homes have received new central heating systems. To support those leading a chaotic lifestyle a new Housing First project funded through Fulfilling Lives has commenced, with the aim to support entrenched rough sleepers established in settled lives.

6.3.4 **Priority Two: Tackling substance misuse alcohol drugs and tobacco**

- Review and recommission drug and alcohol treatment services by 2017
- Continue to implement and integrate fulfilling lives to support people with complex needs
- Continue to lobby central government for a minimum unit price for alcohol
- Continue to develop specialist services to help people to stop smoking
- Utilise insights with pregnant women to develop effective interventions to reduce smoking during pregnancy

6.3.5 Delphi Medical Consultants Ltd was awarded the contract to provide an integrated drug and alcohol adult treatment provision, which commenced on 1 April 2017 (first year progress is a separate report at this Committee meeting). Fulfilling Lives project has moved into the fourth year of delivery. With the appointment of the new Partnership Manager the project had progressed well. Recently a forum was held with partners to look at system change and how the work of the project can shape future commission. Blackpool continues to lobby around minimum unit pricing and learning from the recent success of Scotland. Progress is being made on shaping a

new specialist stop smoking service which will meet the needs of the Blackpool population (new service proposals may be considered at a future Committee meeting). Work continues to look how we introduce smoke-free outdoor public spaces.

6.3.6 Priority Three: Building community resilience and reducing social isolation

- Self-Care Strategy
- Community Orientated Primary Care (COPC) Citizen's Inquiries
- Deliver the Children and Young People (CYP) emotional health, wellbeing resilience transformational plan
- Strengthen our approach to volunteering for public sector services
- Public Health Mental Health Action Plan

6.3.7 A Fylde Coast Self Care Strategy has been developed by a multi-agency stakeholder group with the emphasis on community centred approaches to health and wellbeing; healthy lifestyles and behaviors and building community based networks of support. Actions to date include the creation and distribution of Self care booklets for residents, the involvement of local carers groups in the development of a campaign to raise awareness of carers, and the planning of a week of events to promote self care opportunities. This will take place during Self Care week in November 2018.

6.3.8 Blackpool Council Public Health have been leading a process of engagement with residents in order to have open and honest discussions about the main things that affect people's health and wellbeing within the community in which they live, and what can be done about it. A number of Community Orientated Primary Care (COPC) Citizen's Inquiries have been established across Blackpool, in which a diverse group of local people are given the opportunity to share opinions and experiences with each other before producing a set of recommendations; things that the residents can do; things that the residents would need to work with other statutory and voluntary sector agencies on; and things that only statutory agencies can do.

6.3.9 An aim of the Citizen's Inquiry process is to encourage a move from a largely medical model of service provision (which encourages services to respond to people's health and focus mainly on diagnosis and treatment of ill-health) to one which recognises the social and other determinants of health and wellbeing.

6.3.10 Three Citizen's Inquiries have so far taken place within Blackpool, with at least a further two planned, and residents are now working closely together with agencies in order to improve people's health and wellbeing on the issues that residents themselves identified. For example; increasing the capacity of the Neighbourhood Health and Wellbeing Workers so that they can work with individuals on community based approaches to promoting health and wellbeing, increasing social connections and supporting peer support networks. Residents have also committed to work with the Council to put together a case for limiting the number of fast food takeaways

opening in an area. They have also committed to contribute to the development of a training video for GP receptionists.

6.3. Re-design underway of what is currently understood to be the Child and Adolescent
11 Mental Health (CAMHS) service. The new model will be designed around the Thrive model using CCG funding from existing mental health provision and additional transformation monies to do this. The new service will meet the needs of CYP and put them at the centre – the remodel will include an infant mental health provision, which is a gap currently. The new model is expected to be in place by April 2019.

6.3. A new service has been commissioned to provide practical help, training and support
12 to parents and schools for children and young people with undiagnosed conditions that are suspected to be related to Autism Spectrum Disorders (ASD). ASD diagnosis takes a considerable amount of time to undertake to be sure it is done effectively and holistically. Parents sometimes struggle for help with their children in the meantime until a diagnosis is made and for those who do not receive a diagnosis, support is available.

6.3. Good progress is being made with the mental health action plan. Non-mental health
13 professionals are current receiving behavioural activation training to support individuals with depression. A pilot on Street Therapy is currently being run in Blackpool, to help and support individuals who are not able to access services. Front line workers in Blackpool are able to access the Applied Suicide Intervention Skills training (ASIST), which is proving successful and supporting people to be able to have conversations around suicide. Blackpool is now a Time to Change Hub and working with partners to tackle mental health in the town.

6.3. **Priority Four: Early intervention**

- 14
- Deliver Better Start for children pre-birth and up to their fourth birthday and their families (See 6.2.1 Due North recommendation 2 above)
 - Implement Head Start for 10-16 year olds
 - Prevention and wellbeing visits
 - Implement the Healthy Weight Strategy and Local Authority Declaration on Healthy Weight

6.3. Head Start is now in its second year and has 14 out of the 16 projects underway. The
15 programme has been developing and delivering brave and creative projects, some of which have been specifically designed for Blackpool Children. The Local Authority Declaration on Healthy Weight has been in place for two years, and good progress has been made in implementing the priorities. Blackpool was the first to sign the declaration and is being held as a beacon of success with many other local authorities across the North West implementing their own declaration. Other counties such as Yorkshire and Northumbria and the South West are looking to adopt the Local Authority Declaration. A Healthy Weight summit is being held on 8 March 2018 to

celebrate the successes of local businesses achieving the healthier choices award, along with our partners who have developed a healthy weight declaration.

A fuller update is included at Appendix 6 (b).

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 6 (a) Diagram of the new health visiting service model.

Appendix 6 (b) Health and Wellbeing Board Strategy update.

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

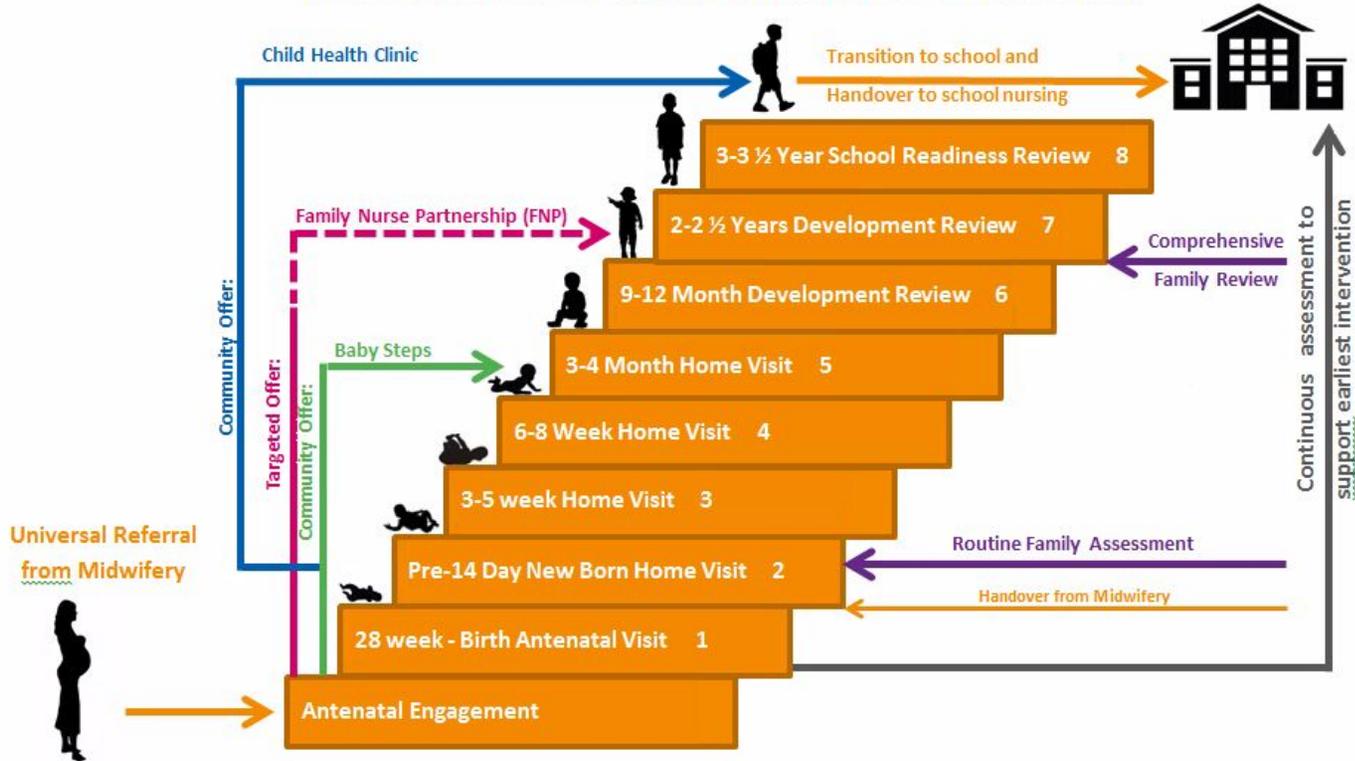
15.0 Background papers:

15.1 None.

Appendix 6 (a): Health Service Model



**BLACKPOOL UNIVERSAL HEALTH VISITING SERVICE:
CONTRIBUTION TO THE HEALTHY CHILD PROGRAMME**



Priority One: Housing	
Action	Progress
Reduce the number of HMO's	There is no definitive measure of the number of HMOs in the town but the principal actions being taken to improve quality and reduce the density of HMO accommodation are tighter Planning restrictions on the new supply, and the work of Blackpool Housing Company to acquire and convert or improve HMO properties. The Housing Company is on course to deliver 100 new units each year, to higher standards than the existing private rented stock.
Develop Queen's Park estate, creating 191 new homes	The re-development will be completed by summer 2018. The first phase was completed in 2015, with the 99 units in the second phase completing from November 2017 to June 2018.
Build over 400 new homes Bloomfield	<p>150 homes have been completed to date, with 79 let as Affordable Rent units and 70 sold to owner-occupiers. The CPO process and the principal infrastructure works have all been completed. Hollinwood Homes continue to sell and build homes and we are looking at further ways of assisting buyers, including the introduction of a shared ownership option.</p> <p>A bid was recently made to CLG's Housing Infrastructure Fund for grant funding to help deliver further new homes at Foxhall Village, significantly exceeding the 410 that are planned within the current development.</p>
Continue to implement selective Licensing	There is a selective licensing scheme still in operation in Claremont, with Additional Licensing for HMOs also in operation across the Central area. A revised Selective Licensing proposal for the Central area should go back to the Sec of State for approval by June 2018. Comprehensive area inspections are taking place in Central currently.
Continue to implement Cosy Homes in Lancashire	CHIL continues to provide access to assistance with energy efficiency improvements. Around 100 Blackpool households recently received new central heating systems following a successful Lancashire-wide bid. While the level of funding available through the largest national programme – the Energy Company Obligation (ECO) – has been disappointing, the latest figures show that Blackpool has the highest number of ECO measures installed per 1,000 households of all LA areas in Great Britain – 185.7 households per 1,000 households in the borough have benefitted from ECO measures since the programme began.
Continue to support people with complex needs and chaotic lifestyles	The principal support comes through the Council's Housing Options team. The number of households who were assessed as homeless in the year to the end of September 2017 was 649,

<p>with their housing needs</p>	<p>compared with 694 in the equivalent period to September 2016. But cases are becoming ever more complex. The number of prevention and relief cases increased from 1,194 in the year to Sept 2016 to 1,341 in the year to Sept 2017. It is positive that more households are being helped before they become homeless. Rough sleeping increased by 11% between 2013/14 and 2016/17 but has been the subject of recent multi-agency work that has reduced numbers over the last few months. A new Housing First project funded by Fulfilling Lives should help further to get entrenched rough sleepers established in more settled lives.</p>
<p>Deliver the Health works hub to support people with health problems into work</p>	<p>The Healthy Lifestyles and Healthy Futures services are now fully embedded. Healthy Lifestyles supports individuals through one to one and group sessions. Individual's are assigned coaches who facilitate motivation, behaviour change methods and empowerment, to help make healthy lifestyle changes and sustain lasting health improvement and provide health education to people to improve health and encourage healthy lifestyles / promote behavioural change.</p> <p>Healthy Futures consists of a dedicated Employment Adviser post to exclusively support clients in drug and alcohol treatment to access employment, training and education. The service offers intensive, individualised one-to-one support, which includes help with CV writing, job search, completing application forms, interview techniques and signposting to other services and training. There are plans to submit a bid for Blackpool to be part of Public Health England IPA pilot and this will develop the Healthy Futures service further by expanding the team and embedding it fully within Horizon. In addition, the new team will encourage new clients in the service to access employment, training and education support as well as those in recovery.</p> <p>Current outcomes are good with 40% of Healthy Futures referrals sustaining employment. Feedback from Healthy Lifestyle clients has also been good:</p> <p><i>'Working with my coach has helped me become healthier and more positive. I have a better understanding of what I need to have a healthier lifestyle. I have set myself goals and achieved them and they will be ongoing.'</i></p> <p><i>'Sharon was a very caring person and gave me the opportunity to go to the gym and build up my confidence. Sharon has changed my life.'</i></p> <p><i>'My Lifestyle Coach made me feel very comfortable within the meetings. He is very approachable,</i></p>

helpful and supportive. I think people would value & get a lot more from this service. Excellent service.'

Referrals into Healthy Lifestyle are now increasing and the service has identified improvement areas to focus on over the forthcoming months, which are:

- Increasing engagement at first appointment
- Increasing attendance rates at the final completer assessment appointment

Priority Two: Tackling substance Misuse (alcohol, drugs and tobacco)	
Action	Progress
Review and recommission drug and alcohol treatment services by 2017	<p>Delphi Medical Consultants Ltd. were awarded the contract to provide integrated drug and alcohol adult treatment provision (including clinical treatment for young people) and the new service provision started on 1st April 2017. The service provides community-based drug and alcohol treatment for adults and young people. This provision includes all clinical/health & wellbeing aspects of treatment and therapeutic/recovery support. Delphi Medical now deliver a significant proportion of the Horizon brand.</p> <p>Delphi are in the process of implementing service transformation and are progressing cultural change amongst inherited staff. The benefits of this can be seen in Q2 performance data where there has been an increase in GP referrals into Horizon and a marked increase in the numbers of alcohol clients engaged in the treatment service. This should continue to increase with the development of the integration within the GP hubs.</p> <p>Delphi has identified improvement areas to focus on over the forthcoming months and these are:</p> <ul style="list-style-type: none"> • Increase referrals to Healthy Futures • Increase clients engaged and successfully completing detox • Increase capacity and numbers engaged in community rehab • Increase all successful completions
Continue to implement and integrate Fulfilling Lives to support people with complex needs	<p>Fulfilling Lives is now into its fourth year, having started operating in September 2014. Between September 2014 and September 2017, 316 people with multiple complex needs who live in Blackpool have been accepted onto the programme, to be supported (navigated) into specialist services to help them on the route to a more fulfilling life.</p> <p>As well as navigating people with multiple complex needs into services, Blackpool Fulfilling Lives is also part of a national research programme, and is part of a national learning set to provide evidence of how services can best support people who have Multiple Complex Needs. This learning will enable recommendations for system change, to better support people with multiple complex needs, both at strategic policy level, and locally. We are also able to evidence quality of the work we do, as the outcomes for service users are exceeding expectations (in terms of assessment at</p>

referral and assessment upon handover to specialist services).

Overseeing the project is a Strategic Partnership Board consisting of all statutory services and a range of other partner agencies who work with our client group. The Strategic Partnership Board have overseen the development of the service, and provide an appropriate level of challenge and scrutiny. We are pleased to report the following developments:

Strategic Developments:

- Appointment of a new Partnerships Manager who has strategic oversight for partnerships and related operational developments
- Well-attended and functional Strategic Partnership Board, which leads the direction of the programme for Blackpool.
- Development of Blackpool Fulfilling Lives 'Strategic Change Action Plan Objectives' which was co-ordinated by MEAM (Making Every Adult Matter) in the role of critical friend, and in co-designed with members of the Blackpool Fulfilling Lives Strategic Partnership Board
- Securing seconded Police Community Support Officer and Student Social Workers to help navigate the system, alongside an existing Police Constable who has been seconded since the start of the project
- Pilot the 'Housing First' scheme with Blackpool Council Housing team – this will provide learning as to the effectiveness of navigation centred around clients placed in stable accommodation with support
- In order for service user involvement to drive learning we are securing external provision for Lived Experience Team to advise at strategic and operational levels, and be involved throughout the project's governance and day to day activities

Operational Developments:

- The admission criteria threshold has been lowered, so referrals must be not currently known to services and have only 2 of the 4 Multiple Complex Needs can now be referred into the service (the 4 being Homelessness, Mental Health, Substance Misuse and Offending behaviour) – previously it was 3 or the 4 conditions
- The service is now fully staffed, as vacancies were initially left to ensure the correct mix of staff skills and roles were present in the service
- The navigators (front line workers) are organised into teams, with each team leader specialising in one of the three following key areas; Housing, Substance Misuse and

	<p>Offending. An operations manager is the lead for Mental Health</p> <ul style="list-style-type: none"> • We now have an increased focus on navigating clients into primary care, following learning from death's reviews <p>Contribution to Systems Change Learning so far:</p> <ul style="list-style-type: none"> • Our service model evidences good delivery as the outcomes for users are far better than anticipated at commencement • Our experience is that the optimum caseload is 10 clients, which is emerging from other Fulfilling Lives programmes • The optimum engagement period for navigation is 12 months • Involvement with local and national evaluations
<p>Continue to lobby central government for a minimum unit price for alcohol</p>	<p>Should any members of the H&WB wish to visit the project, I would be happy to facilitate that.</p> <p>The Director of Public Health sits on the North west regional group chaired by Margaret Carney, which is taking forward this piece of work.</p>
<p>Continue to develop Specialist Services to help people to stop smoking</p>	<p><u>Continue to develop Specialist services to help people to stop smoking</u></p> <p>Following the decommissioning of the Specialist Stop Smoking Service, from <i>Solutions 4 Health</i> on 30th September 2017, Public Health is currently working on options and models for future stop smoking support. In the interim period, individuals who would like support to stop smoking are being advised to speak to their GP or visit their local pharmacy for brief advice or contact the Smoke free National Helpline on 0300 123 1044</p> <p><u>Introduce smoke-free outdoor public places</u></p> <p>Public Health commissioned Infusion Research to undertake some insight work to inform any introduction of smoke free spaces in Blackpool, specifically to understand:</p> <ul style="list-style-type: none"> • Whether smoking is a problem in various outdoor spaces across Blackpool • Whether residents and visitors are agreeable to the Council introducing smoke free spaces • Whether residents and visitors would be more or less likely to visit parts of Blackpool if they were smoke free spaces • What impact smoking in public spaces is having on them at the moment and what impact introducing smoke free spaces might have? <p>Infusion spoke to over 407 people, both current, ex and never smokers and found that 75% of people either strongly agree or agree that families should be able to enjoy outdoor spaces in</p>

	<p>Blackpool in a smoke free environment. This rises to 85% amongst people who have children under the age of 5.</p> <p>The next stage of this work has been to approach Blackpool Zoo to encourage them to be the first attraction to go smoke free and act as the ambassador for this project. Work continues with the Zoo to achieve this goal. We plan to approach the Zoo again in November 2017 (once the season has finished) to progress with this. In the meantime, a toolkit has been developed which will be used to support businesses in going smokefree.</p>
Utilise insights with pregnant women to develop effective interventions to reduce smoking during pregnancy	<p>Recent insights work with pregnant women undertaken by Activmob and funded as part of a Tommy's lead research project, has told us that women want interventions for stopping smoking delivered from within the maternity service – ideally by the midwife, who understands her pregnancy.</p> <p>As Blackpool and Fylde & Wyre CCGs have some of the highest rates of maternal smoking across the Country, NHS England has awarded targeted financial support in 2017/18 to help further current efforts to reduce smoking in pregnant women. This funding has enabled learning from the insights to be tested, with Blackpool Teaching Hospitals Trust expanding the current Maternity Health Trainer service from 1.8 to 6.0 WTE Maternity Health Trainers (Fylde Coast). This additional capacity will focus on public health interventions and provide targeted stop smoking support for pregnant women, including the direct supply of free NRT and an incentive scheme – so keeping this provision within the maternity care pathway.</p> <p>All of this work sits within the existing BabyClear pathway in maternity services where women receive up to 15 Carbon Monoxide screens during their pregnancy to ensure the midwife is able to identify women who smoke and refer them using the positive consent opt-out referral pathway for targeted support (delivered within Midwifery Health Trainer service). This current service is being monitored and formative evaluation will shape future provision.</p>

Priority Three: Building community resilience and reducing social isolation	
Action	Progress
Develop a Self-Care Strategy for Blackpool	<p>A Fylde Coast Self Care Strategy has been developed by a multi-agenda stakeholder group and is now available in draft. It focuses on the three main component parts of self care: -</p> <ul style="list-style-type: none"> • For maintenance of good health and lifestyles and the prevention of ill health, • For episodic periods of ill-health and treatment of minor ailments, and • Of acute illness. <p>A formal consultation period is to be launched during November 2017 before a final document is brought to the Fylde Coast Accountable Care System Board for sign off.</p> <p>A detailed action plan is currently in development which will deliver the aims and objectives of the self-care strategy; which includes the focus on healthy lifestyle choices; increasing levels of social prescribing and recognising the positive role that people and communities can have in influencing their own health and wellbeing (e.g. volunteering and peer support).</p>
Piloting Community Orientated Primary Care in a Vanguard Neighbourhood	<p>The Central West Community Orientated Primary Care (COPC) pilot with residents by way of a citizen's inquiry is now complete with a report of the process and recommendations published.</p> <p>https://sharedfuturecic.org.uk/central-blackpool-health-wellbeing-inquiry/</p> <p>Issues raised and debated included; access to alcohol, effects of poverty, isolation, crime and mental health. Residents continue to meet to take forward these actions, bringing in stakeholders to help to make connections, facilitate solutions focused actions and address concerns when needed.</p> <p>Due to the success of this model of involvement, two further phases of COPC are underway; in the Far North and South Neighbourhoods of Blackpool. A final two phases of the work are also planned in 2 / 3 remaining neighbourhoods.</p>
Deliver the CYP Emotional Health, Wellbeing and Resilience Transformation Plan	<p>Priority work at the Blackpool Transformation Board currently focusing on emotional well-being and mental health care pathways for vulnerable groups who are categorised in future in mind as looked after children, CYP at risk of CSE, CYP with LD, ASD & ADHD, CYP in the criminal justice system.</p>

	<p>Work underway to roll out a mental health anti-stigma campaign</p> <p>Re-design underway of what is currently understood to be the CAMHS service. The new model will be designed around the Thrive model using CCG funding from existing mental health provision and additional transformation monies to do this. The new service will meet the needs of CYP and put them at the centre – the remodel will include an infant mental health provision, which is a gap currently. The new model is expected to be in place by April 2019.</p> <p>A new service has been commissioned to provide practical help, training and support to parents and schools for CYP with undiagnosed conditions that are suspected to be related to ASD. ASD diagnosis takes a considerable amount of time to undertake to be sure it is done effectively and holistically. Parents sometimes struggle for help with their children in the meantime until a diagnosis is made and for those CYP who do not receive a diagnosis support is available.</p>
<p>Strengthen our approach to volunteering for public sector services</p>	<ul style="list-style-type: none"> • A number of partners have now come together to form the Lancashire Volunteer Partnership (this includes all top tier authorities, police, Fire and PCC etc.) • All partners now have access to a central ICT system for the management and deployment of their volunteers across the County • A website has been developed which advertises all partner opportunities and can be found at www.lancsvp.org.uk • Shared policies and procedures have been agreed that cover data protection, health and safety, safe deployment of volunteers and LVP staff along with shared branding and recruitment material • We have a central office at Police HQ and 6 bases across the County (these will be collocated premises which house early intervention services) • Integrating volunteering services has provided for the formation of an emergency response function that at any one time could call upon nearly 4,000 public service volunteers across Lancashire • Early evaluation of the Programme indicate potential to achieve a 1 to 5 ratio of cost vs. benefit • Development of a social action network supported by the PCC has begun and aims to create a network of social action groups across the entire County • The largest volunteer recruitment campaign Lancashire has seen has encouraged over 300 people to apply to LVP in September

	<ul style="list-style-type: none"> • LVP are an inclusive employer and provider of volunteering opportunities. We work closely with stonewall and other partners to promote volunteering for everyone. • Our Community Support Volunteers are available to assist in step down facilities that reduce demand on public services and encourage resilience • We have over a hundred volunteer opportunities across Lancashire public services and offer of 30 types of volunteering activity • Over 700 of our volunteers are under the age of 18 and we encourage young people (many of whom are vulnerable) to engage in social action activity • Lancashire has been recognised as one of the leaders in this area of business and is one of the first to attempt such an integrated volunteer offer
Public Health Mental Health Action Plan	<ul style="list-style-type: none"> • Suicide prevention work is happening locally and across the STP footprint. A Lancashire and South Cumbria Suicide Prevention Logic Model Action Plan consultation event took place in September – long-term outcomes for the proposed plan are reduction in suicides, reduction in self-harm and improved outcomes for those affected by suicide. Actions within this plan are being delivered on a local level (for example, mitigating risk in high-risk areas, delivering interventions aimed at high-risk groups) and others on an STP level (for example, effective support for those who are affected/bereaved by suicide). • Twenty non-mental health professionals will be trained to deliver Behavioural Activation for depression by December 2017, with a second cohort to be trained by March 2018. This will enable treatment delivery for mild to moderate depression for people accessing non-mental health services, for example, Horizon substance misuse and harm reduction services, Healthy Lifestyles at Healthworks and the Extensive Care Service. • Street therapy pilot is ongoing –a qualified therapist is working with volunteers on an outreach basis, administering therapy/having therapeutic conversations with people where they feel more comfortable • Blackpool is now a Time to Change Hub – there is a multi-agency hub partnership group and a champion’s campaign group. The partnership delivered a celebration event for world mental health day on October 10th at the Winter Gardens. At least 1000 conversations took place focusing on mental health and the hub will be working with partners to deliver further activity for Time to Talk Day in February. • ASIST (Applied Suicide Interventions Skills Training) continues to be offered to those living and working in Blackpool • A local network of organisations delivering activities that may appeal to men has been

created to look at whether these activities could be marketed under the banner of the 'Men in Sheds' initiative to improve mental health outcomes for men and decrease social isolation.

Priority Four: Early intervention	
Action	Progress
<p>Deliver a Better Start for children pre-birth and up to their fourth birthday and their families.</p>	<p>Better Start's work is focused around our four cornerstones, Using a Public Health approach, Evidence Based Interventions, Reframing and Systems Transformation and Centre for Early Child Development.</p> <p>Around Cornerstone One, Public Health approach, Better Start has undertaken research and consultation with our communities in a number of areas namely Alcohol Exposed Pregnancies, Parks and Open spaces around the redevelopment of green spaces in Revoe, Claremont, Mereside and Grange Park and Oral Health. Early Years Park Rangers have been employed to run activities in green spaces with an early years focus grow community cohesion and enable communities to take pride in the green spaces available to them. Our Dads Engagement Group have been working to redevelop the early years reading spaces in libraries and through this we have launched our Fathers Reading Every Day programme to encourage fathers engagement within their children's early literacy skills. So far, 3400 people have been involved in consultations and 3000 in community events and 200 parents attended parenting courses. A major Oral Health Campaign is underway across the town and in partnership with Public Health; NHS England has been working with us to launch Starting Well, which will involve Dentists in prevention work with this age group. 10 community connectors have been appointed to work with the Community Team. They will be based in their communities with 3 having a specific focus on Liaison with Dentists, Diet and Nutrition and working with the professionals in TaB (Central West) neighbourhood pilot.</p> <p>Our second Cornerstone seeks to expand evidence based interventions across the town, working with our Public Health colleagues as part of the transformation of the Healthy Child Pathway we have are expanding our Antenatal Baby Steps programme universally to every pregnant woman in Blackpool. Blackpool will be the first place in the UK to offer an evidence based programme to all pregnant women and invested in the transformation of the Health visiting Service. We are currently working with Oxford University to develop a bespoke intervention re Behaviour Therapy for women suffering PND and with University of Michigan, University of Buffalo and Birmingham University to develop a Trauma Informed approach across the town.</p> <p>Other evidence-based programmes which have been implemented by the NSPCC Service Delivery team include Video Interactive Guidance, Parents Under Pressure, SafeCare and Survivor Mums. These programmes are receiving good numbers of referrals from partners and are being delivered at capacity and early indications show that these programmes are having a positive impact with</p>

those families that they are working with. We are working with a multidisciplinary team on MABIM (Mothers and Babies in Mind) looking at our pathways in perinatal mental ill health to ensure that our offer gives the support required when required.

Cornerstone three, we have continued our work with Frameworks (Washington DC) to reframe the messages re Early child Development and build a common language across the community and professionals. A Great deal of training has been offered and taken up, 3500 to date have received free high quality training in Early Child Development. The re commissioning of services has been part of the systems change programme which has included health Visiting and Speech and Language Services following major reviews involving the community an stakeholders. We along with the other 4 A Better Start Sites are working with NATCEN to understand better the early years workforce, including volunteers and the training that needs to be implemented to ensure we have a fully trained workforce delivering consistent messages, Linda Dutton is leading the Workforce Transformation Group for the A Better Start partnership

Cornerstone Four, the Centre For Early child Development, has been visited by a range of major organisations to find out more about the work in Blackpool including Joseph Rowntree Foundation and major academic institutes. It is part of the New York Academy of Science Global Early Help Compact and our Expert Advisory group is made up of national and internationally renowned Academics who provide their time to ensure that t Blackpool has the best evidence base to build their interventions on. Clare Grant, Senior Development Manager has been offered a Winston Churchill Fellowship to develop the Trauma informed work with experts if both the United States and Australia. Professor Leon Feinstein is also working with the Centre to develop a dashboard and evidence base to enable us to interrogate what works and where necessary increase dosage to improve outcomes. The Data Warehouse , hosted by the Hospital Trust has gone live and anonymised information is now available to feed into this

Implement Head Start for 10-16 year olds

The programme is now in its second year and 14 out of the 16 projects are well under way, with the plan for all 16 to be in place by January 2018. It has taken longer than expected to recruit staff and commission partners to support the delivery of the projects. The programme has been developing and delivering brave and creative projects, some of which have been specifically designed for Blackpool children. Examples of the projects are:-

- Friend for life project
- Edge of exclusion project

- Development of a new version on BoingBoing's resilience framework
- Learning week action plan
- Workforce development
- Bounce forward course
- Learning to do things ourselves
- Vlogs
- The resilience revolution
- Co-production

To keep up to date with on a regular basis, you can follow HeadStart on social media on "HSBlackpool" across all platforms.

Detailed below are a couple of links which demonstrate the work undertaken by the young people

<https://www.youtube.com/watch?v=ghVW4SjU0TU&feature=youtu.be>

<https://www.youtube.com/watch?v=8Sj2-Q8B5tI>

<https://www.youtube.com/watch?v=NnZBZAMmyoc>

Prevention and Wellbeing visits

Fire as a Health Asset: A developing partnership

Work through the transition from a Home Fire Safety Check Service (HFSCs) to a new, co-designed holistic 'Safe & Well' visit in partnership with Health, Blue Light, Local Authority and Third Sector Services.

- **Fundamental** to our conversation with key stakeholders, is the relationship across the health inequality determinants and the recognised vulnerability and susceptibility to a poor outcome from a 'Fire' related event.
- Broadens the scope of our delivery, introduces options around brief advice / interventions

that contribute to preventing people from escalating into crisis and narrowing the gap across health inequalities.

- Prevention structure specifically framed around the Integrated Neighbourhood Model.

How can LFRS add value?

- A redesign of our primary prevention and engagement product.
- A light touch health & wellbeing check of persons in the home.
- Identification of risk factors while in the domestic setting.
- Broader concept of brief interventions and advice. (MECC principles)
- Referral to specialist advice and support where appropriate e.g. health, local authority or voluntary organisations. (Lancashire Volunteer Partnership.)

Project Overview:

Five Key Areas – develop the strategic ambition framed around:

- A transition from HFSCs to a visit constructed across life course.
- A place based approach in ‘narrowing the gap’ in health inequalities.
- Developing a Service Offer that is complementary to an integrated, collaborative approach, within ‘Public Service Lancashire.’
- Aspiration to contribute within the Lancashire and South Cumbria STP.
- Specifically the five LHSCE footprints aligned to the H&WB Partnerships under the formation of a single pan-Lancashire H&WB Board.

Six key themes framed around brief advice / intervention

1. Falls Prevention

Determine through qualifying conversation to establish if risk is present. (Draw upon F.R.A.T.)
Carry out interim home environment risk assessment. Identifying and advising where necessary.
Referral post brief advice / intervention onto Falls Team/s (STEADY On!)

2. Social Isolation

Identification of isolation where a lack of social network / connectivity may be a cause.
Referral – with consent, LFRS Revisit Process, Befriending Services (Local Authority, Lancashire Wellbeing Service & AgeUK) Silverline.

3. Dementia

Develop the Dementia Champion / Dementia Friends / Dementia Guardian approach.
Referral - Referrals can be made to AgeUK, the Lancashire Wellbeing Service, Local Authorities, and Dementia Action Alliance. These organisations can offer Befriending Services, support and guidance to carers / family members.

4. Diabetes

Determine through a qualifying conversation to subtly establish if risk is present. Specific testing can be completed without an appointment and for free at most pharmacies and as part of a wider health check with their GP. Signposting - (NHS Choices)

5. Healthy Homes / Winter Pressures

As people get older, difficulties in maintaining a warm home can be detrimental to their health and wellbeing, increasing their risk of illness resulting in hospitalisation.

Referral Pathways: Local Authorities, AgeUK, Lancashire Wellbeing Service and Home Improvement Agencies. Many of our partner agencies run Winter Warmth Campaigns in which we can be integrated to contribute to the wider engagement and risk reduction.

6. Home Security / Arson Vulnerability

Frail / elderly members of the community can be prone to crime as they can be seen as more vulnerable. It is important that the most vulnerable are aware of safety and security measures that can give them extra protection.

Aligns with an arson vulnerability assessment, Offer advice aligned to Lan Con - Early Action approach.

Current update:

- The trial period has now concluded and a training package refined. This has been rolled out, with training across all staff commencing on 9 October 2017.
- An automated referral process tailored to the geographic area, with key partners has been established. This allows the person carrying out the visit to make one click and a referral is made to the relevant agency.
- The Safe and Well checks will be enhanced by the adult care data shared by all 14 districts, which allows LFRS to target those most at risk.
- So far in Blackpool district we have:
- Completed 144 visits, with 115 scoring high risk (80%) 28 of these visits were the new holistic safe and well variant of our home fire safety check.
- We are currently working on 60 referrals, which are either booked in or need a visit due to not answering the initial calls from our contact centre.

Implement the Healthy Weight Strategy and Local Authority Declaration on Health Weight

A separate report has been produced for the Health and Wellbeing Board which provides a full update on the Health Weight Strategy and Local Authority Declaration on Healthy Weight

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	14 March 2018

ADULT SOCIAL CARE REGULATED CARE SERVICES - OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To provide an update on the current status and developments in the regulated care sector for Blackpool (including residential and nursing provision and care at home services).

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements and consider whether any areas would benefit from further scrutiny.

3.0 Reasons for recommendation(s):

3.1 To maintain compliance with statutory duties for the provision of care services to eligible adults 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? Yes

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 increasing resilience".

5.0 Background Information

5.1 Care Quality Commission (CQC) Ratings and feedback

5.1.1 CQC ratings for residential and care at home services have been collated and are shown in Appendix 7 (a) for noting. Blackpool's contracted Residential and Nursing provision continues to compare favourably with homes in the North West and Nationally, and Blackpool's contracted Care At Home provision continues to compare favourably with those in the North West and nationally.

5.1.2 Feedback from CQC continues to confirm that support being provided to Blackpool providers through the quality monitoring function is having a positive impact on the quality of care provision locally.

5.2 Care at Home Developments and Retendering

The Blackpool Care at Home service is under development, with a view to a redesigned model being implemented in 2019. Appendix 7 (b) provides a summary progress report.

5.3 Extra Care Housing

Background care for service users in two Extra Care Housing schemes, Elk View and Tulloch Court, has been retendered and a summary is provided in Appendix 7 (c).

5.4 North West Benchmarking 2016/17

The North West Association of Directors of Adult Social Services (ADASS) has released a balanced scorecard for 2016/17, which incorporates data relating to Health and Social Care and allows the benchmarking of an individual Local Authority's performance against Regional, National and Nearest Neighbour comparators. Appendix 7 (d) contains an extract of some noteworthy points as well as the balanced scorecard itself.

5.5 Fee Rates and Uplifts

Using established costing models, contract rates for the provision of Adult Social Care services in 2018-2019 have been proposed. These rates take account of increases in the National Living Wage and other inflationary pressures. See Appendix 7 (e) for further details.

5.6 **Adult Care and Support**

In anticipation of increased demand for social care 'at home' over the Christmas period and beyond up to 31 March 2018 (Winter), the Council's In-House Homecare Service increased its capacity to deliver an Urgent Care Stand-By Model equivalent to:

- 2 x experienced care staff on stand-by covering an early session of provision (typically between 7am – 1pm)
- 2 x experienced care staff on stand-by covering a late session of provision (typically between 4pm – 10pm)
- Between 16-32 hours of care per day available if stand-by staff called in to duty

5.6.1 The scheme delivered urgent/crisis care and/or additional care at home capacity to enhance and support safe discharges from hospital and prevent the necessary admissions. This was achieved through innovative changes to operational arrangements and the use of existing employees across the workforce and in part reliant upon good will of staff to commit to providing the Stand-By.

5.6.2 The arrangements were particularly helpful over the New Year period when Blackpool Teaching Hospitals declared Operational Pressures Escalation Levels (OPEL) 3/4 (significant service delivery problems) and the In-House Service were able to respond to delivering 'same day care' which enabled the release of beds within the hospital and support the critical situation at that time. This support remains in place and continues to support the system-wide response to the current difficulties, which is enhancing discharges from Hospital and ensuring people are receiving the right care in the right place at the right time. See Appendix 7 (f) for further details.

5.7 **Supporting New Models of Care and the Vanguard Programme**

5.7.1 One of the key components of the Vanguard programme has been the focus on Enhanced Primary Care, centred on the creation of six neighbourhood Hubs, each consisting of a number of GP practices, working with the patients/their families registered with them.

5.7.2 Each Hub has a number of disciplines, including District Nurses, Therapy staff and support workers. Each Hub Team also has a dedicated social worker co-located, working alongside their NHS colleagues. Although it is early days, the first Hub worker starting in September 2017, and all Hubs having a worker by the end of that year, early feedback is positive from both our staff and the wider team. A focus on those with chronic long-term conditions and carers is moving the prevention agenda forward, as well as the immediate acute situations that the teams have to deal with. The co-located staff also provide a good link back into the other Adult social work teams based at Bickerstaffe (main Council building) and other sites.

- 5.7.3 Avoiding people being unnecessarily admitted to hospital, with all the consequent risks that this can create, and the contribution to delays in discharge, is a high profile area, both locally and nationally. Two further developments are in the process of being implemented to try and address these, both at the “front door” of the hospital, and following admission.
- 5.7.4 Three dedicated social workers on a seven-day a week rota to work within A&E have been recruited to, and will be starting to work in this area over the next couple of months. Their main focus will be on preventing unnecessary admissions to hospital by being part of the assessment process at the point of entry into the hospital. Their knowledge of, and expertise about, the type and range of community services available as an alternative to admission, and their links with community services, should prevent a number of avoidable admissions. Their success in achieving this will be monitored as they establish themselves within the A&E setting.
- 5.7.5 At the other end of the hospital spectrum, we know that there are avoidable delays in people being discharged due to some of the practical help and assistance they need to get home. This can include things like making sure someone has heating on, food in their cupboards, furniture re-arranged to meet changed needs, for example. Six Case Assessors have been recruited to, specifically to provide that practical help and assistance, ensuring people can get home safely, to an environment that helps keep them there. We are using three staff based within the hospital setting, and three based within neighbourhood teams, trying to do some action research of the effectiveness between the “pulling out” approach” versus the “pushing out” approach. This will inform and shape our future service design. Once in post, we can start to evaluate this.

List of Appendices:

- CQC ratings and feedback - Appendix 7 (a)
- Care at Home summary report - Appendix 7 (b)
- Extra Care Housing - Appendix 7 (c)
- North West Benchmarking - Appendix 7 (d)
- Fee Rates and Uplifts - Appendix 7 (e)
- Adult Care and Support - Appendix 7 (f)
- Scorecard 2016-2017 (benchmarking Adult Social Services’ performance) - Appendix 7 (g)

6.0 Legal considerations:

- 6.1 None other than the need to ensure regulatory compliance.

7.0 Human Resources considerations:

- 7.1 None other than staffing details listed in the report / appendices.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None - developments/options within existing budgets

10.0 Risk management considerations:

10.1 None other than those identified in the report / appendices.

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 None but ongoing work with the health sector and other partners.

13.0 Background papers:

13.1 None.

Appendix 7 (a)

A snapshot of the work of the Quality Monitoring Team and partnership with other services

Specialist Care at Home / Supported Living provider rated Good by the Care Quality Commission (CQC).

The Provider is delivering services across a number sites following transfer of in-house care packages.

Complaints and concerns were received about commissioned care not being delivered. Issues with staffing levels were identified.

The provider was suspended from offering new packages of care and all sites were visited to assess the quality of care. Individual improvement plans were put in place alongside fortnightly performance meetings. Significant support was provided by the Council's Quality Monitoring officers and other services.

Internal systems and quality of care have shown significant improvement.

Care and Nursing home rated Requires Improvement by the Care Quality Commission (CQC).

The home was newly registered by the Care Quality Commission (CQC) and there were almost immediately quality of services issues received from multiple sources. The frequency and seriousness of the issues quickly escalated.

A regime of enhanced monitoring was put in place jointly with Blackpool Clinical Commissioning Group (Continuing Healthcare) and numerous internal clinical and system failings were identified.

Information was shared with the Care Quality Commission (CQC), and the CQC inspected in December 2017 resulting in a rating of Requires Improvement with breaches of two regulations.

An improvement plan was put in place to address the concerns of the Council, Clinical Commissioning Group (CCG), and the Care Quality Commission (CQC).

The provider's regional office has been resistant to the intervention of the Council in seeking improvement and improvement has been slow. The situation is being closely monitored and a further meeting with the provider, the Council, Clinical Commissioning Group, and the Care Quality Commission (CQC) has been arranged to discuss the findings of the CQC inspection report.

Residential Care Home rated Requires Improvement by the Care Quality Commission (CQC).

The home is an out of borough sister home of a Blackpool contracted home (i.e the out of borough home is not contracted by the Council)

An aggressive social media campaign was instigated by a relative following the death of a parent in the home. There has been no suggestion that the home has been responsible in any way for the death.

There appears to have been a campaign started when the home refused to hand over bankbooks and cards to the son of the service user. The son did not have Power Of Attorney (POA).

The son had little contact with the service user or the home prior to the death. The service user was care resistant and could be challenging. The family had been looking for a new placement since December 2017. Photographs of the service user's room and a video of staff have been posted on Facebook.

Allegations have been made that staff have been threatened and intimidated and vehicles damaged.

A Quality Monitoring Officer (QMO) visited the Blackpool home to check conditions and made an offer of support to the manager and staff.

The Blackpool home and staff appear not to be significantly affected and no issues were found with the environment or care provision.

Residential Home rated Good by the Care Quality Commission (CQC).

There was an unexpected death of a service user which is being treated as suspicious by the police.

The commissioning of new placements were temporarily suspended as a position of neutrality and precautionary checks were made at the home with regard to record keeping and the signing in and out of visitors whilst the police conducted their investigation.

There were some issues identified with the record keeping and these have now been rectified. Suspension has now been lifted subject to ongoing monitoring of record keeping.

Residential Home rated Inadequate by the CQC.

Low level concerns were received about the home shortly after opening and a number of issues were identified at a contract review prompted by the concerns. There were significant

management failings in the home which had led to weak systems and poor care quality.

Findings were shared with the CQC who undertook an inspection and rated the home 'Requires Improvement'. The inspection report indicates Inadequate in Safe, Effective, Responsive, and Well Led domains and requires Improvement in Caring.

The home was suspended from taking new placements to allow for improvement work to be done. Removal of the suspension is conditional on evidence of improvement in Safe, Caring, and Well Led Domains.

The manager was replaced and an improvement plan was put in place covering all Council and CQC requirements.

The new manager is being supported to make improvements and the home is making good progress.

Care at Home Provider rated Good by Care Quality Commission (CQC)

The provider has a history of periods of missed, late, short visits and also had a serious incident in 2017.

A number of staff walked out over the Christmas period resulting in late, missed and short visits.

The Provider met with the Director of Adult Social Services (DASS) in January 2018 and gave assurances that staffing issues were resolved.

The service has improved significantly but improvement has been slow and the quality of service for some service users remains inconsistent and unsatisfactory. Following our Policy for Managing Poor Performance the next stage of performance management is for consideration to be given to formal suspension to new packages, to enable the provider to focus on achieving acceptable standards consistently.

Residential - Comparative Care Quality Commission (CQC) Ratings as at 09.02.2018

Blackpool's contracted Residential and Nursing provision continues to compare favourably with homes in the North West and nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	4	5.80%	27	1.50%	301	2.02%
Good	57	82.61%	1274	70.58%	11473	76.84%
Requires Improvement	7	10.14%	432	23.93%	2852	19.10%
Inadequate	1	1.45%	72	3.99%	305	2.04%
	69	100.00%	1805	100.00%	14931	100.00%

Care At Home Comparative Care Quality Commission (CQC) Ratings as at 09.02.2018

Blackpool's contracted Care At Home provision continues to compare favourably with those in the North West and nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	0	0.00%	19	2.35%	159	2.38%
Good	17	94.12%	644	79.80%	5469	81.96%
Requires Improvement	0	5.88%	135	16.73%	981	14.70%
Inadequate	0	0.00%	9	1.12%	64	0.96%
	17	100.00%	807	100.00%	6673	100.00%

Care at Home Tender

Date: February 2018

Background

In Blackpool, the term 'Care at Home' covers four distinct types of service:

- Pop in Care at Home for Adults (including Mental Health, Physical Disability and Continuing Health Care)
- Children's Care at Home
- *Supported Housing Care at Home (including Mental Health and Physical Disability) for people requiring 'call in' support
- *Supported Living (Learning Disabilities) is specialist care and a separate area in its own right - already in the PDPS Framework for people requiring constant close supervision and 24/7 care

The care that people receive includes support with personal care; getting out of bed, washing, dressing, and support with other essential daily living activities and 1:1 care as required. Providing care for someone in their own home can prevent or delay admission to more expensive forms of institutional care such as residential care and nursing homes.

* Supported Housing Care at Home (includes Mental Health and Physical Disability) is a separate area in its own right and is excluded from this tender. Supported Living (Learning Disabilities) is also excluded from this tender as there is already a PDPS Framework in place.

Progress to date

A Care at Home Project Design Group has been formed which is chaired by the Director of Adult Social Services and includes representatives from the Local Authority and Clinical Commissioning Group including; Adult Social Care, Quality Monitoring Team, Commissioners (Adults and Children), Corporate Procurement. Representation is also required from Children's Services.

Existing Local Authority contracts on the current framework are in place until 31 March 2019 to allow for tender preparations. On 15 January 2018, the Contracts Team issued a

notice extension to existing Care at Home providers in relation to taking up the 'option to extend' that was already in place.

The timeframe is to commence procurement in Summer 2018 leading to implementation in Spring/Summer 2019.

Commissioners planned a Care At Home model design workshop with stakeholder representatives including: Care Providers, Local Authority representatives and Clinical Commissioning Group staff, this took place on 23 February 2018. 'Save the Date' invitations were circulated to existing contracted suppliers and a PIN notice was published via the Chest inviting other interested parties to participate. The PIN closed on 15 Feb 2018.

Key questions were posed at this workshop, which will influence the specification and our approach to contracting with Care at Home providers, as well as our operational delivery requirements.

- Clarify the distinctions between types of Care at Home and descriptions of care - define lots for tender specification
- Determine a care planning approach – specified times/tasks versus outcomes and flexibility. Extent of customer choice, flexibility, and consistency of carers, time specific versus time banded
- Determine lots and zones/geographical boundaries

Next Steps

- A detailed project plan to be drafted
- Following the workshop we will finalise the specification
- Procurement documents for the procurement to commence over the summer

Regular updates will be provided to the Adult Social Care Senior Management Team and Adult Executive.

Extra Care Housing Update

Following a re-tender of the Peace of Mind background care and support contract for two extra care housing schemes in Blackpool (Elk View and Tulloch Court); the successful bidder for the contract was ICare.

ICare has an established Head Office in Blackpool and already provides Care at Home services in Blackpool and across the North West, Midlands and Scotland.

In total, seven submissions were received for this background care and support tender and resident representatives from both schemes were involved in the evaluation.

The new contract will start in April 2018.

Implementation meetings have been scheduled between the current provider, Comfort Call and ICare; with resident meetings also taking place in March 2018.

Current staff are scheduled to be transferred (Transfer of Undertakings (Protection of Employment) Regulations or TUPE) across to the new provider which will ensure continuity for tenants at the scheme.

Appendix 7 (d)

North West benchmarking of performance

On an annual basis, the North West Association of Directors of Adult Social Services (ADASS) produces a compilation of publicly available data relating to health and social care that allows the benchmarking of an individual local authority's performance against regional and national comparators, as well as against 15 other authorities in the Chartered Institute of Public Finance and Accountancy's (CIPFA's) Nearest Neighbour Group. The balanced scorecard for 2016-2017 has recently been released, and can be found annexed (Appendix 7(g)) to this report.

The following list extracts some points worthy of note from the benchmarking from the year to March 2017:

- In the annual Adult Social Care Survey, the percentage of overall satisfaction of people who use Blackpool's services with their care and support increased to 74% from 67.7% the previous year. Blackpool was ranked top in this area of the 16 CIPFA authorities, with the national average standing at 64.7%.
- In the same survey, Blackpool was also top of the CIPFA group for social care-related quality of life, which service users scored 20 out of a possible 24. This compares to the national average of 19.1.
- The survey showed that 82.4% of people who use services said that they find it easy to find information about support, compared to 73.5% nationally, which again was the highest response in the Nearest Neighbour Group.
- In the separate survey of carers that is carried out every two years, Blackpool's carers said that they were more satisfied than the National, Regional and Nearest Neighbour Group in almost all categories. For example, 76.8% of carers reported that they have been included or consulted in discussion about the person they care for, compared to the England average 70.8%, North West average of 70.6%, and Nearest Neighbour average of 72.5%.
- The percentage of care home beds rated 'outstanding' or 'good' by the Care Quality Commission is consistently above the North West average. It is interesting to note that Blackpool continues to see an increase in the number of care home beds in a challenging market. Only a third of all beds, however, are for nursing, compared to approximately half in the North West, and the supply of nursing beds is an issue that commissioners are addressing.

- In the SALT (Short- and Long-Term) data, it can be seen that Blackpool provided social care support to a much more significant proportion of people over the age of 65 than other areas of the country. Despite this, there are fewer requests for support from new clients, which would indicate that we are already reaching the service users who need our help.
- The SALT data also shows that a significantly higher proportion of older clients' access services for the first time following discharge from hospital than the regional and national averages. This would indicate that more people are coping at home without services for longer, and only seeking support following a hospital stay.
- Blackpool Council admits a larger proportion of service users into residential care when compared to the North West and England. However, a larger percentage of Blackpool's population have limited resources, meaning that they are unable to finance their own care and responsibility for a greater number of people therefore falls to the Council. This being said, our own analysis reassures us that no-one is placed in residential care who does not need this level of support.
- The issue of Delayed Transfers of Care (DToc), or 'bed-blocking', is one of keen interest in the media. The data for 2016-2017 shows a relatively stable position, which is not dissimilar to the North West and CIPFA group. However, it should be noted that the performance measures could be difficult to interpret in a meaningful way, as there are all sorts of challenges regarding data reporting and consistency between local areas.
- With respect to finance, Blackpool spends more per head of population than its comparators. Again, this can be explained by the fact that a much smaller proportion of service users can afford to self-fund their care.

Appendix 7 (e)

Adult Social Care Fee Rates and Uplifts

The following contract rates for the provision of Adult Social Care services have been proposed and subject to approval of the budget by the Council on 28 February 2018 will be applied from 16 April 2018:

	2017/18 Rate	2018/19 Proposed Rate	Increase %
	£	£	
Care at Home (per hour)	13.70	14.20	3.6
Supported Living (per hour)	14.20	14.70	3.5
Sleep-in (per hour)	10.77	11.23	4.2
Standard Residential (per week)	434.14	449.05	3.4
Higher Residential (per week)	476.49	493.36	3.5
Direct Payment (per hour)	9.17	9.50	3.6
Day Care (sessional)	31.24	32.53	4.1
Shared Lives Band 1 (weekly)	200.00	201.60	0.8
Band 2 (weekly)	250.00	253.40	1.4
Band 3 (weekly)	319.20	337.40	5.7
Band 4 (weekly)	363.65	387.10	6.4
Shared Lives (per hour)	7.90	8.10	2.5

The proposed increases take into account the 4.4% increase in the National Living Wage (NLW) from £7.50 per hour to £7.83 per hour from 1 April 2018, the increase in the amount employers are required to contribute to pension auto-enrolment schemes and other inflationary pressures. Further details on how the uplifts have been calculated for the larger contracts can be found in the following paragraphs.

Care at Home – A costing model based on the UK Home Care Association (UKHCA) recommended model is used to establish the care at home rate and support the calculation of annual uplifts to the rate. The proposed increase of 50p per hour allows for approximately 33p additional payroll costs and 17p for non-pay inflation. Using a number of assumptions, the rate has been calculated to allow a basic hourly pay rate of £8.18 per hour (or 35p above the NLW) in recognition of the challenges providers describe with the recruitment and retention of staff. Providers are asked to consider a pay rate for staff above the NLW and in line with the Council’s assumptions if possible.

Supported Living - The rate for supported living has been increased in line with the care at home rate but with an additional premium of 50p per hour to reflect the amount of training required to adequately equip staff to support people with all aspects of their life, from personal care to help with budgeting, advice on nutrition and paying bills, etc. Staff need much wider training and are expected to have an understanding and

knowledge of mental capacity, deprivation of liberty, person centred values, etc. The proposed increase of 50p per hour allows for approximately 34p additional payroll costs and 16p for non-pay inflation.

Sleep-ins - The sleep-in rate was increased by 26% with effect from 1st August 2017 to reflect feedback from providers that the rate was not sufficient to cover overheads in addition to payment of the national minimum/living wage. The increase now proposed allows for a basic hourly rate of £8.18 per hour (subject to assumptions as above), National Insurance, pension, training time and an amount for overheads.

Residential Care - Again using an established costing model with a number of assumptions, the standard and higher residential rates have been calculated and increased to allow for payment of a basic hourly rate of £8.18 per hour. Again, providers are asked to consider a pay rate for staff above the NLW and in line with the Council's assumptions if possible. Non-pay staffing costs have also been increased in line with inflationary pressures such as the increase in the Consumer Price Index (main measure of inflation). The proposed increase of £14.91 per week in the Standard Rate allows for approximately £11 additional payroll costs and £3.90 non-pay inflation. The proposed increase of £16.87 per week in the Higher Rate allows for approximately £12.97 additional payroll costs and £3.90 for non-pay inflation. The recent increase in the bank base rate from 0.25% to 0.5% has not been reflected and any further increases may result in an added financial pressure for those providers with mortgaged care homes. (The model allows for 4% borrowing costs, which should not change significantly as a result of the current rate increase).

Feedback from Providers - A short questionnaire was sent out to all care at home, residential/nursing and supported living providers in November 2017. All providers were given the opportunity to describe any financial and/or operational issues, which are having an adverse impact on business and/or the delivery of services. Further increases in the NLW and pension auto-enrolment contributions and the continuing challenges associated with recruitment and retention of adequately skilled staff were common concerns.

Residential care providers described financial and operational pressures as a result of:

- The high costs associated with employing agency staff;
- Cost price increases in non-staffing costs such as electricity, gas, water, insurance premiums, CQC fees, maintenance, etc.;
- The cost of replacement furniture and equipment required as a result of breakages;
- The cost of profile beds and air flow mattresses;
- There is concern about future increases in interest rates;
- There is concern about impact of vacancies on financial viability.

Care at Home and Supported Living providers described financial and operational pressures as a result of:

- The implementation of mobile electronic call monitoring;
- The apprenticeship levy, increases in CQC registration fees, increasing insurance premiums;
- Pressure to maintain staff pay differentials in line with increases in the NLW;
- Difficulties in recruiting supervisors and staff to other roles with added responsibility due to the narrowing of pay differentials;
- Concern about holiday pay legislation and the impact on sleep-in payments;
- Liability for the payment of arrears for sleep-in payments.

Feedback from providers as above has been taken into account and has informed the decision-making process.

Appendix 7 (f)

Adult Care and Support

The stand-by arrangements created additional capacity to reduce the likelihood of Delayed Transfer of Care (DToC) by making care available at the time of need thus enhancing the discharge process from hospital. Furthermore the arrangements meant that the In-House Service was better able to respond to community referrals where this prevented a hospital admission thus mitigating the risk of Delayed Transfer of Care (DToC) in the future and supporting the wider health and social care systems resilience by making available additional capacity to support 'patient flow' across the whole system.

North West ADASS Annual Balanced Score Card

2016/17

Blackpool

< Please select your Local Authority here

Dear colleagues,

Welcome to the 2016/17 North West Region Balanced Scorecard. This document contains a variety of publicly available data from sources such as the Adult Social Care Outcomes Framework, Health (UNIFY and SUS), Care Quality Commission, Office of National Statistics, Public Health Outcomes Framework and Department of Work and Pensions.

We hope you find it useful in understanding your performance and aiding our regional Sector Led Improvement Programme, as this document is designed to sit alongside our Quarterly Performance Reports.

Please select a Local Authority from the drop down list above. Choosing a Local Authority from the drop down menu will automatically change all of the data in the separate tabs to that Local Authority.

If you have any questions about the Balanced Scorecard or the wider Sector Led Improvement Programme please contact the NW ADASS Programme Office

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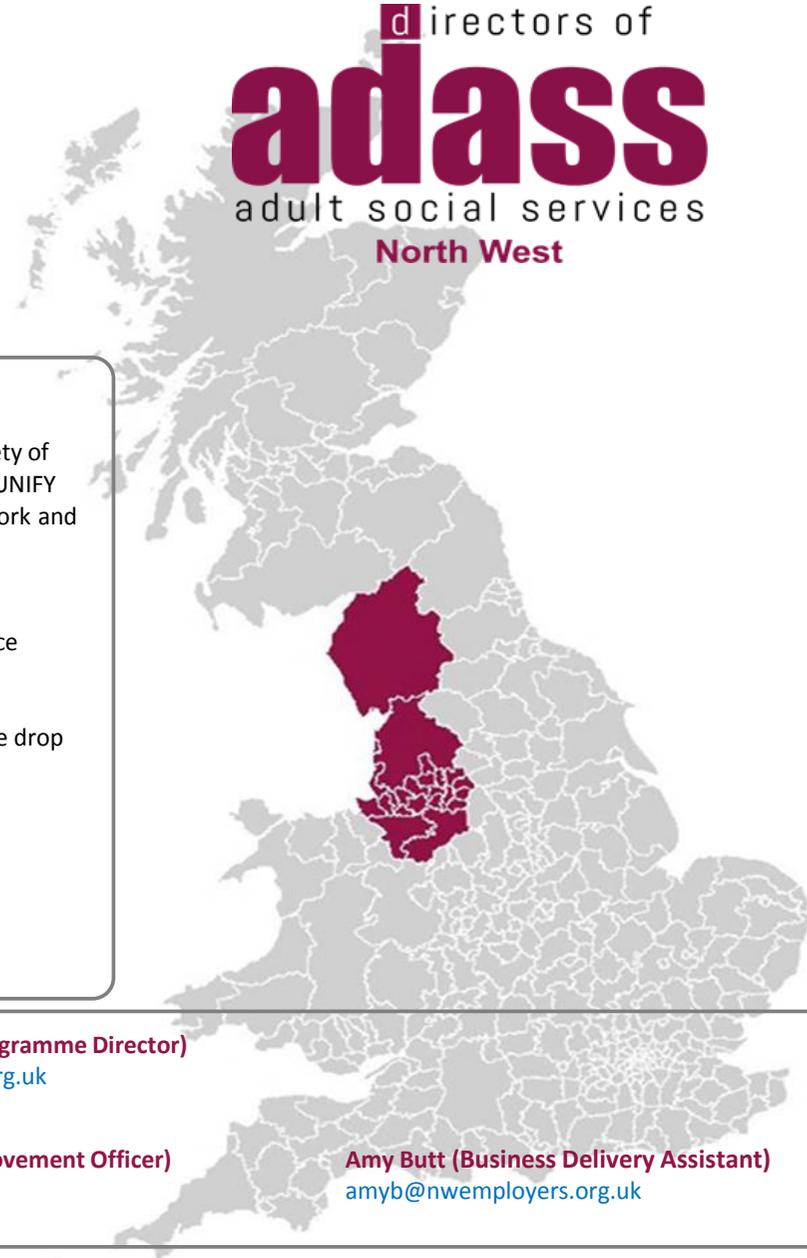
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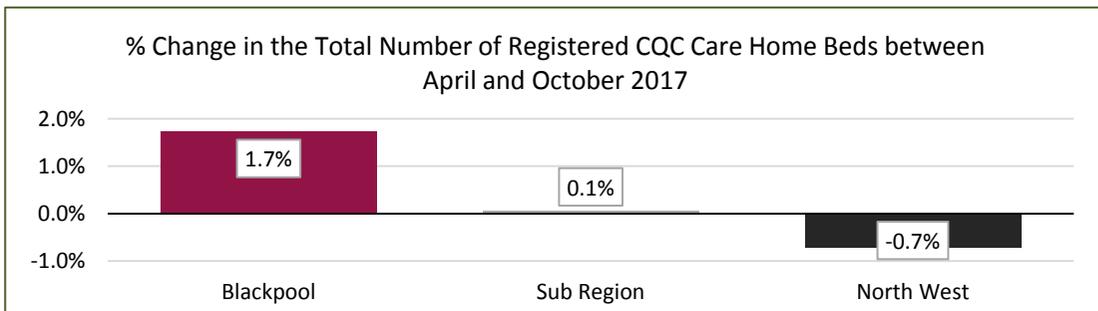
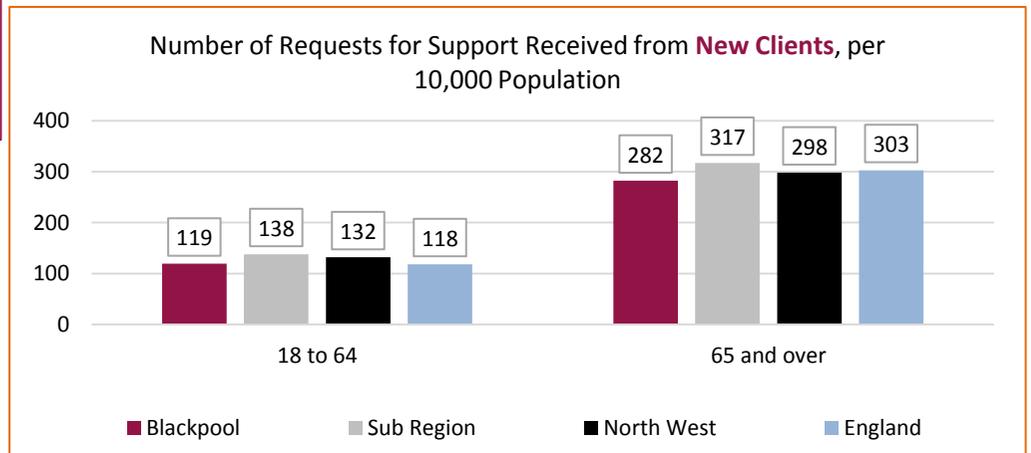
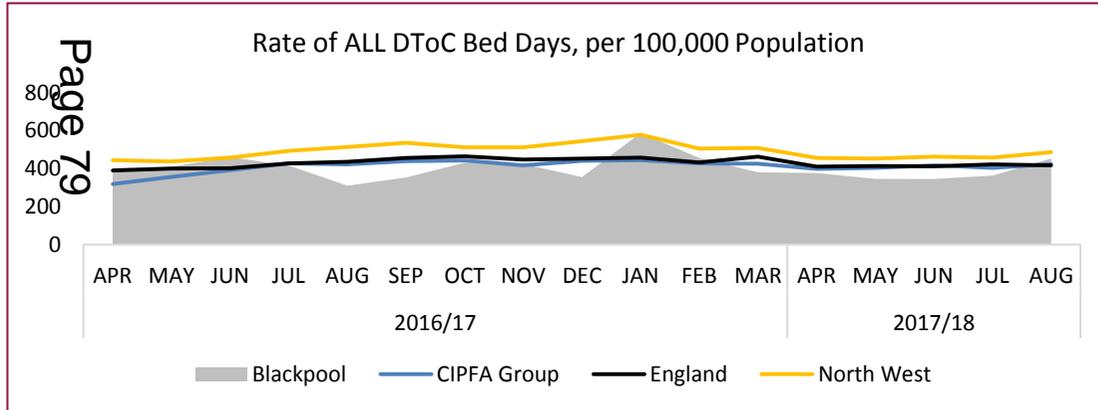
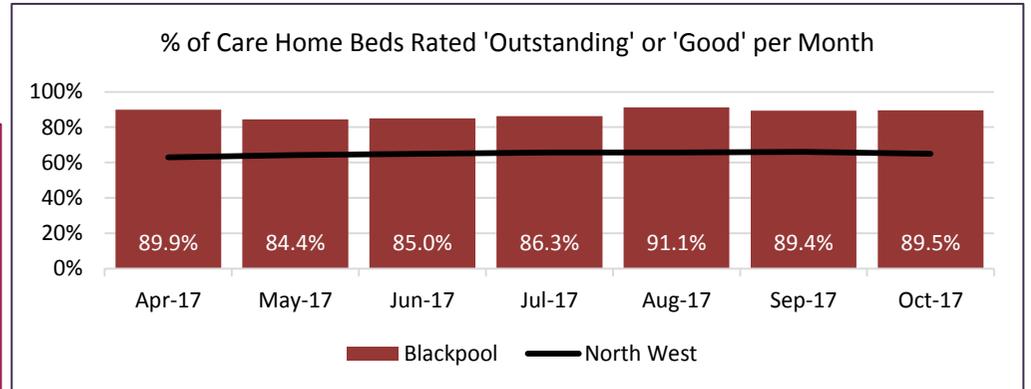
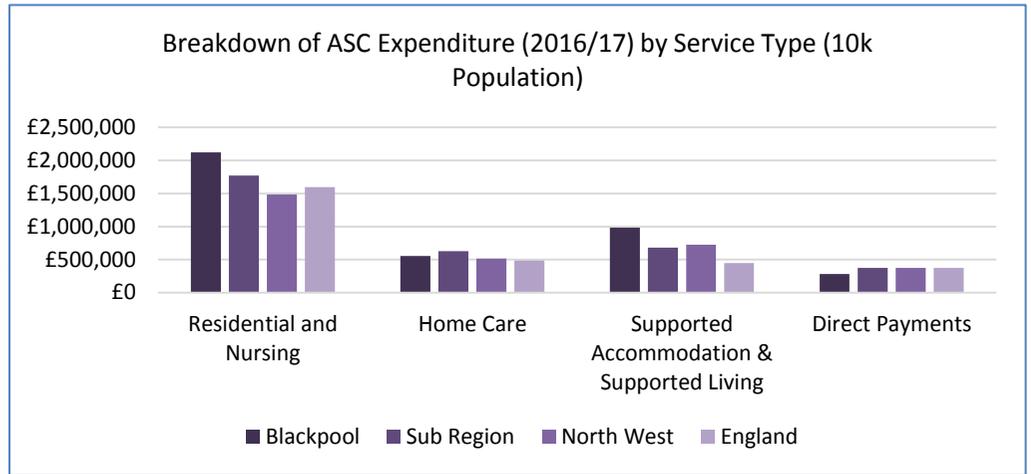
directors of
adass
adult social services
North West



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Measure	2015/16	2016/17	Nat Average	CIPFA Rank
1A Social care-related quality of life score	19.3	20	19.1	1
2A1 Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes	19.4	19.5	12.8	11
2A2 Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes	984.3	926.4	610.7	15
2B1 The % of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation	78.1	83.9	82.5	9
2B2 The proportion of older people who received reablement/rehabilitation services after discharge from hospital	1.9	2.9	2.7	8

For 'CIPFA Rank' above; 1 is best in comparator group and 16 is worst

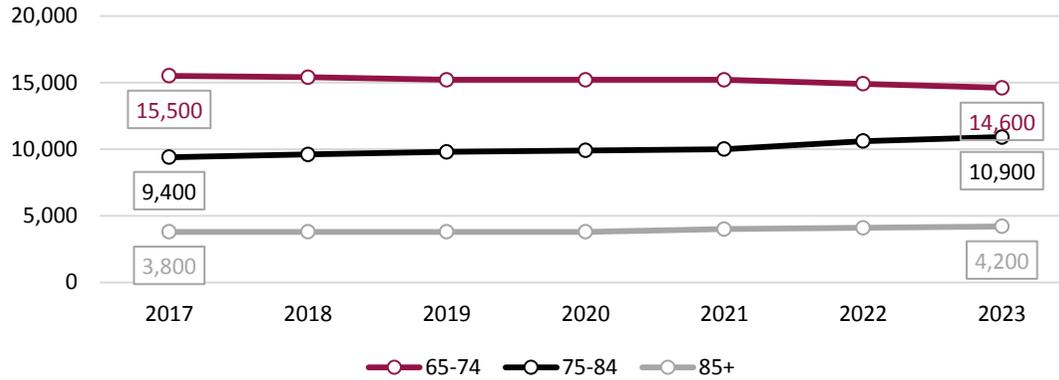


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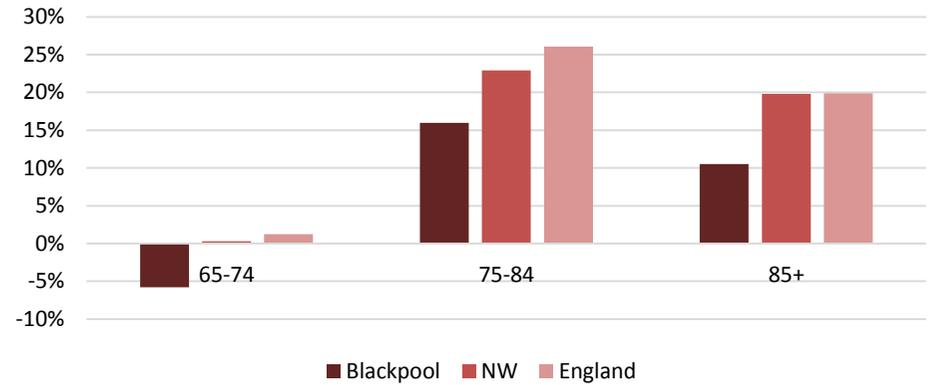
DEMOGRAPHICS

Blackpool

ONS Projected 65+ Population (2017 to 2023)



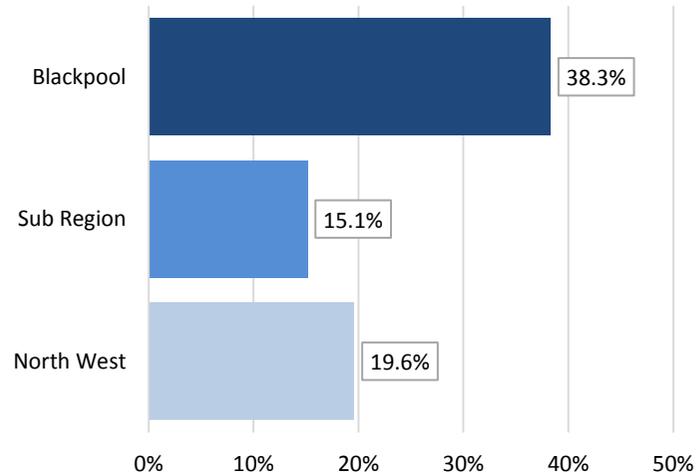
ONS Projected 65+ Population Increase (2017 to 2023)



DEPRIVATION

The Indices of Multiple Deprivation (2015) analyses levels of deprivation in England

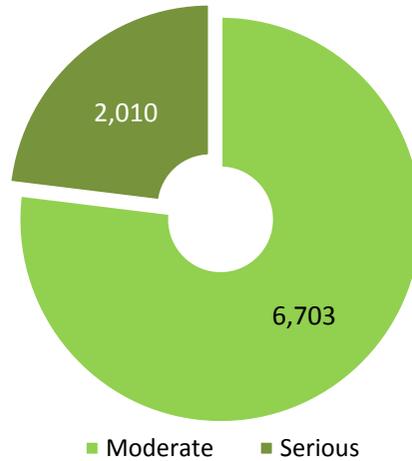
81 % of the Local Authority that is in the top 10% Most Deprived Areas in England



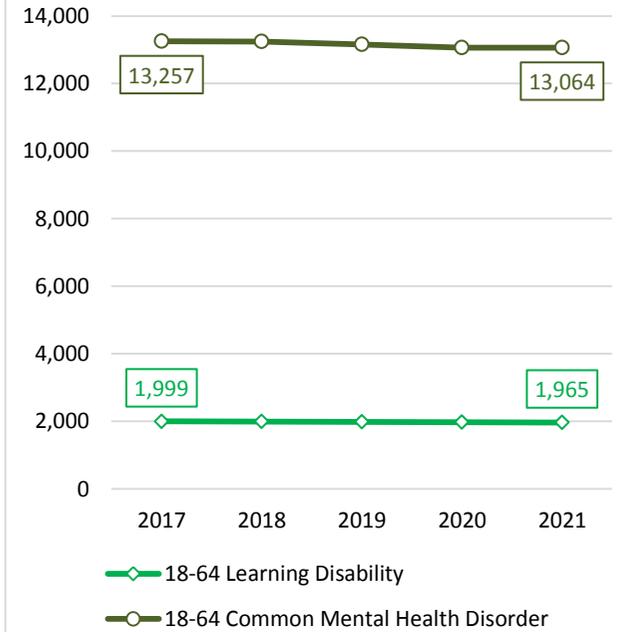
PANSI DATA (18-64 INDIVIDUALS)

PANSI (Projecting Adult Need & Service Information System) predicts various adults needs in the next five years

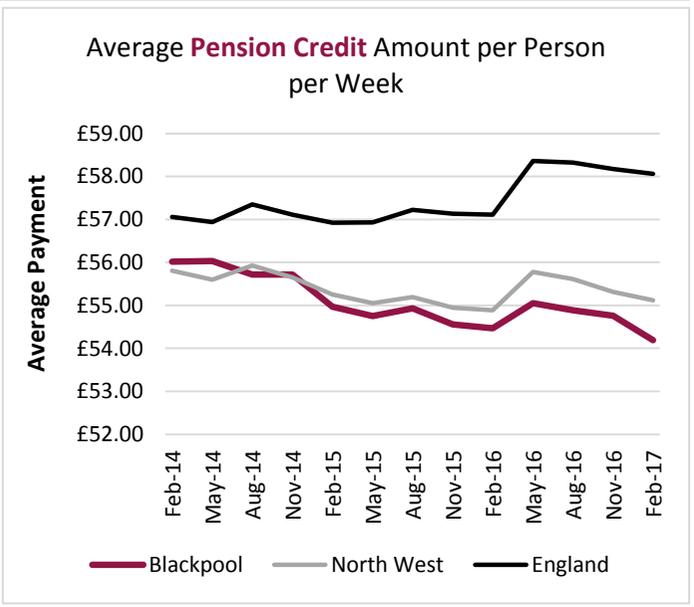
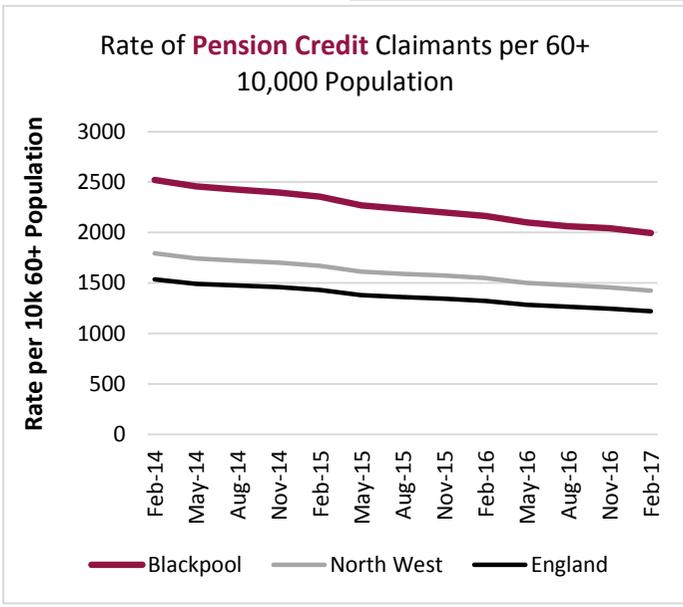
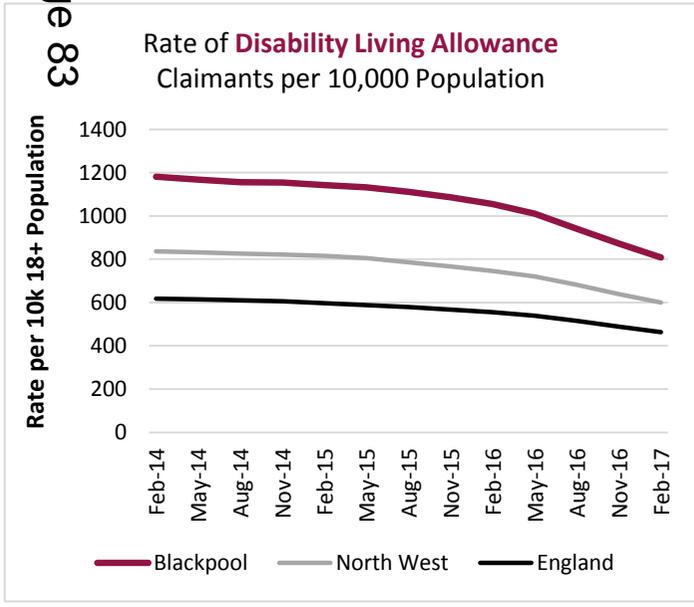
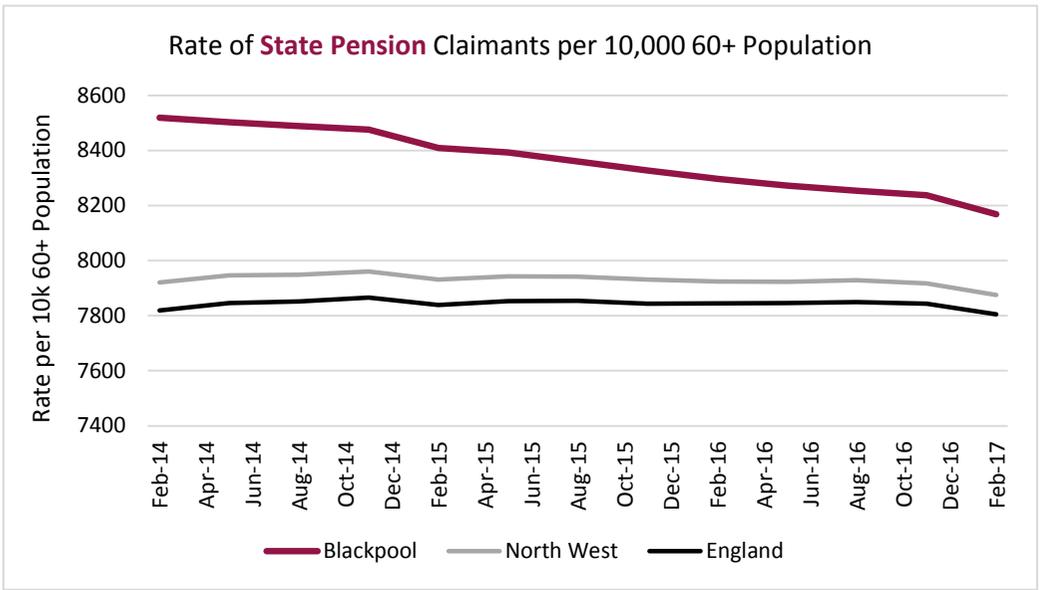
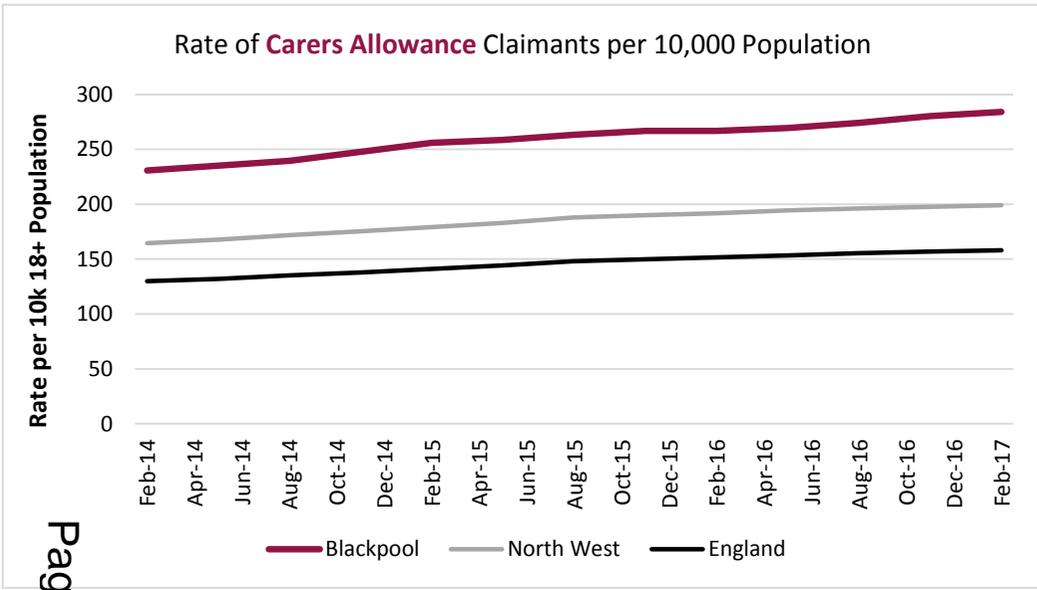
Estimated 18-64 Individuals with a Moderate and Serious Physical Disability in 2017



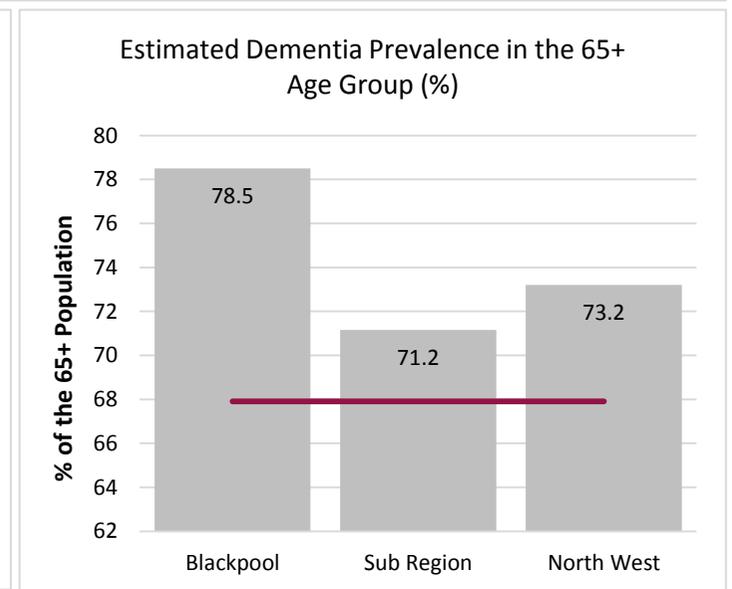
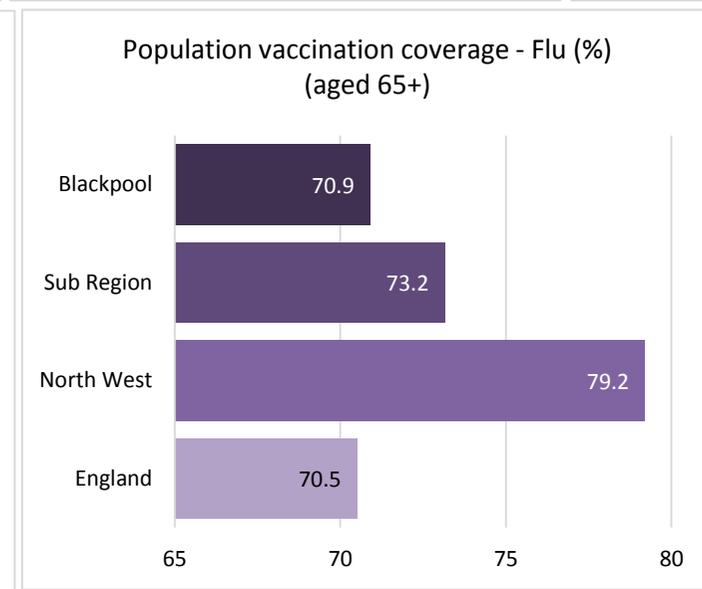
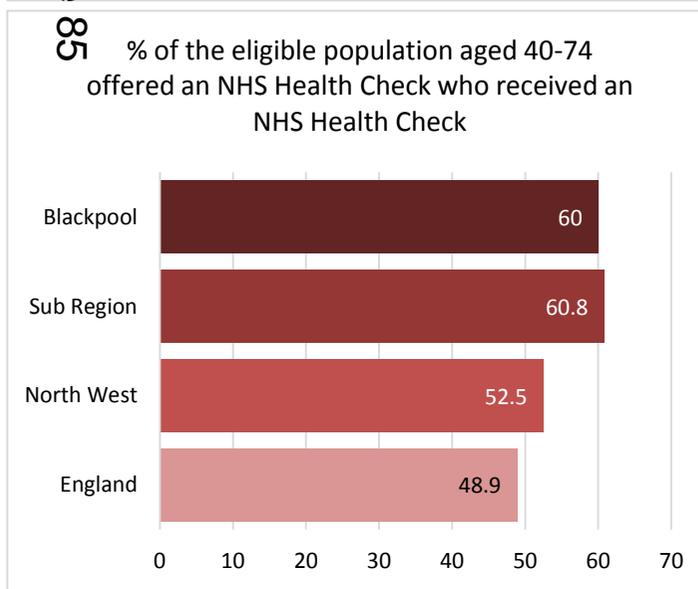
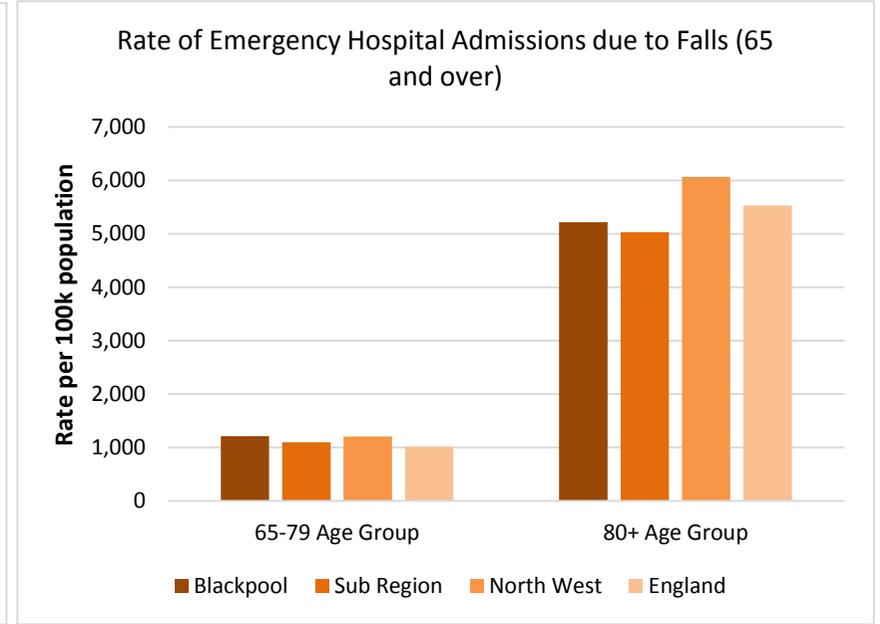
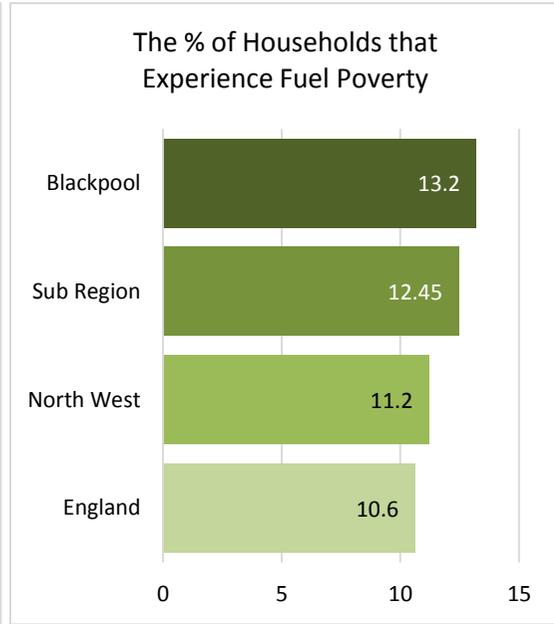
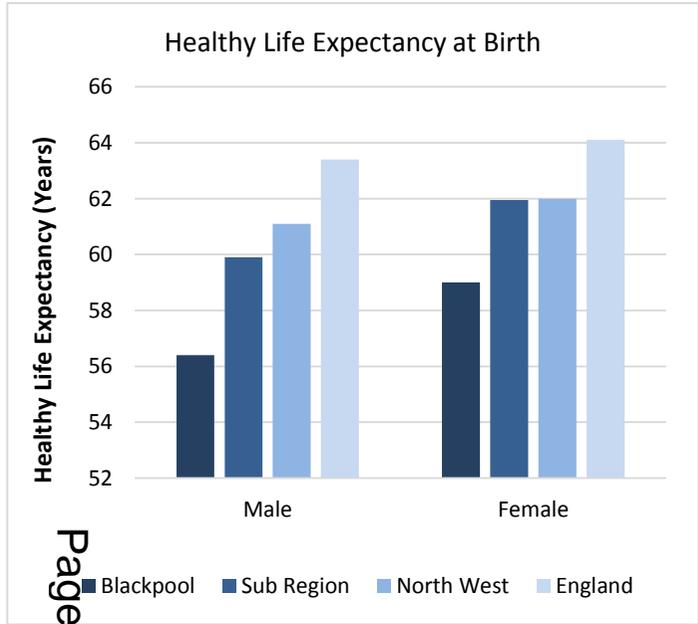
Predicted 18-64 LD and MH Residents



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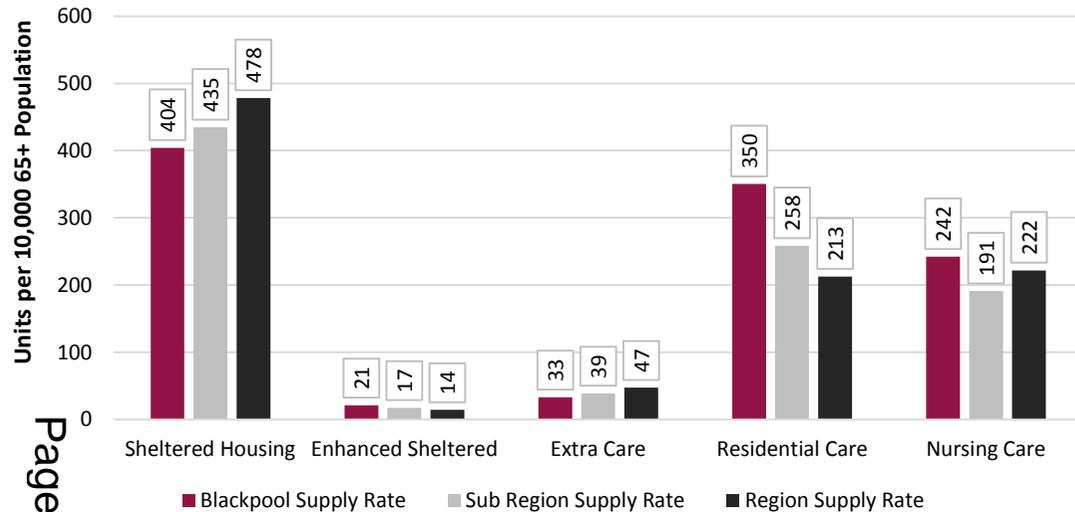


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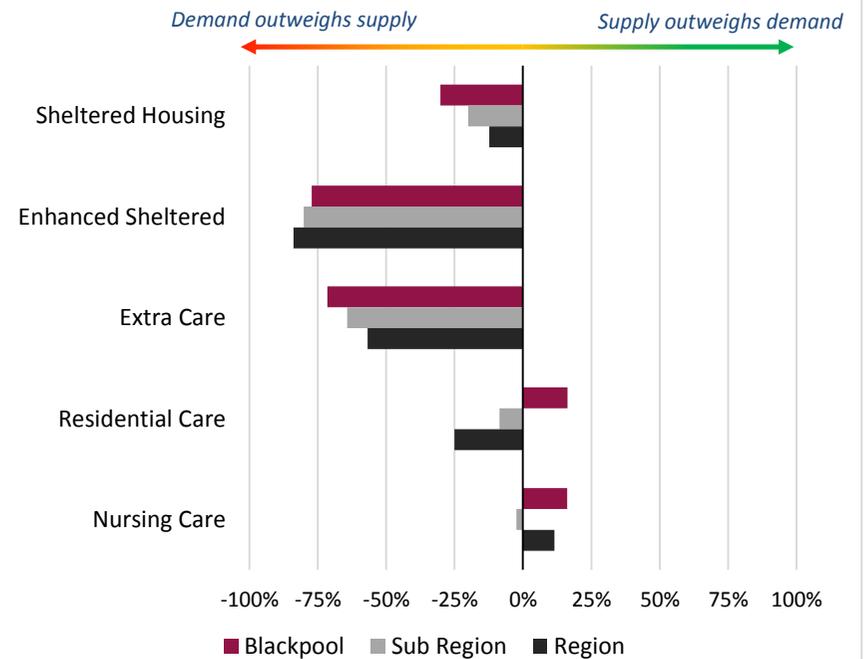
Current Supply of Various Housing Types.
Rate of Current Units per 10,000 65+ Population (As at 2014)



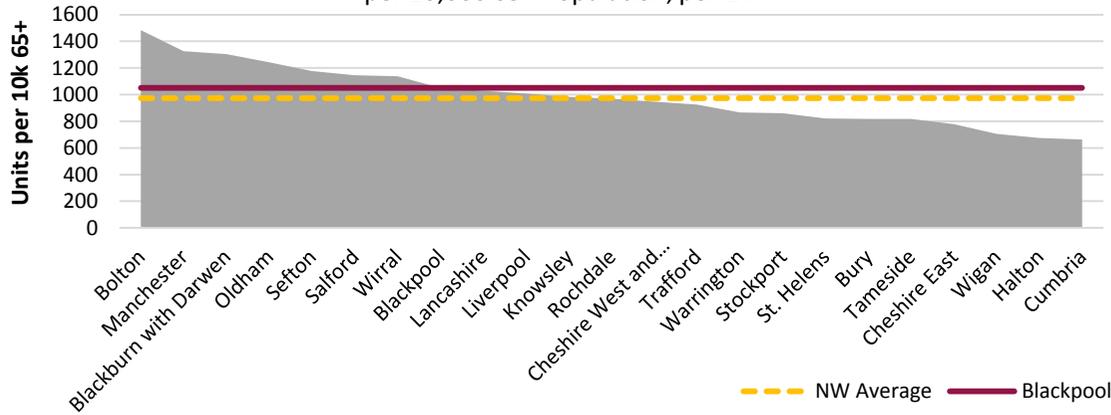
Analysing the Housing Supply and Demand in Blackpool in 2014, based on Housing LIN methodologies

Housing Type	Demand	Supply	Variance
Sheltered Housing	1,650	1,152	-30%
Enhanced Sheltered	264	60	-77%
Extra Care	330	94	-72%
Residential Care	858	998	16%
Nursing Care	594	690	16%

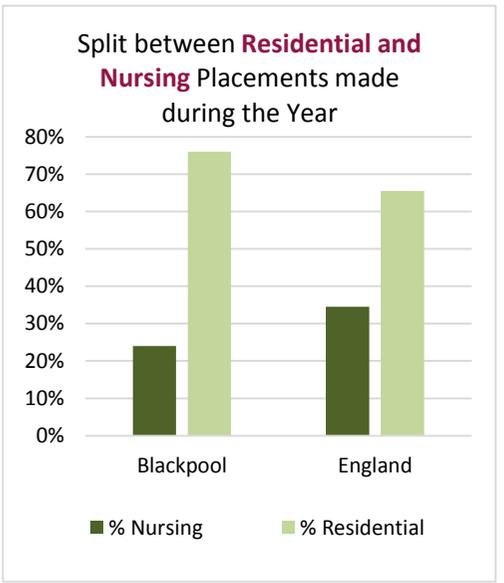
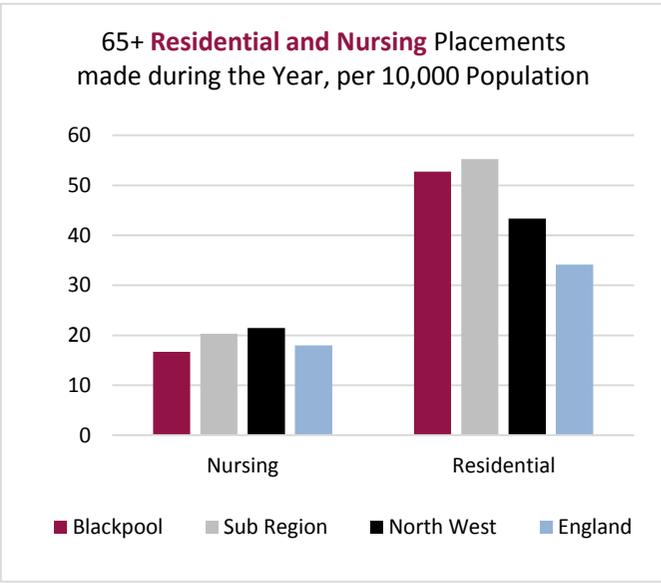
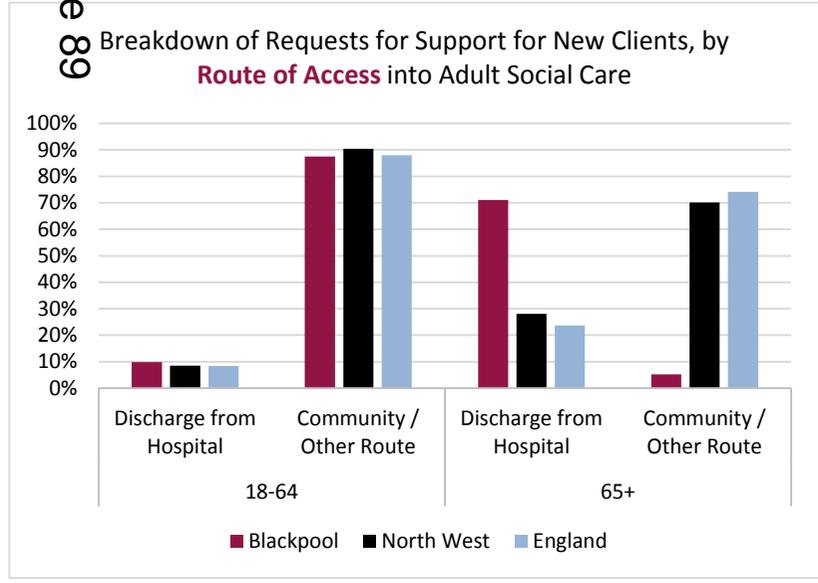
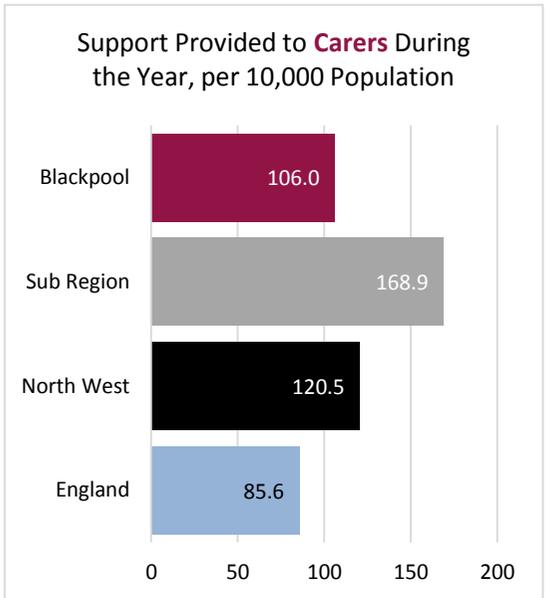
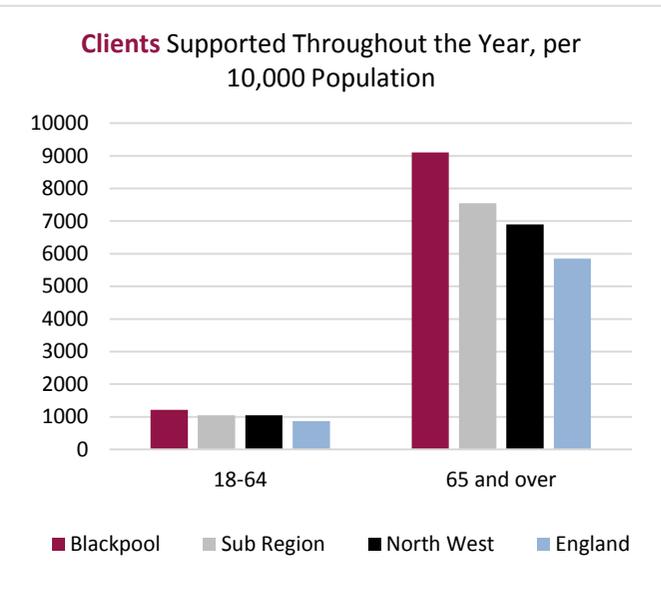
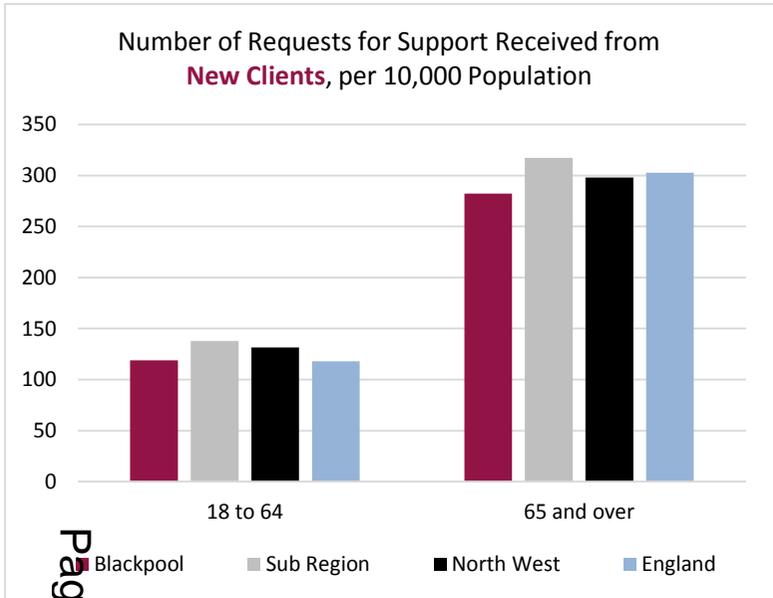
Analysing Supply vs Demand for Various Older People (65+) Housing Types in Blackpool



Rate of Supply of Units/Beds for ALL Five Housing Types above per 10,000 65+ Population, per LA



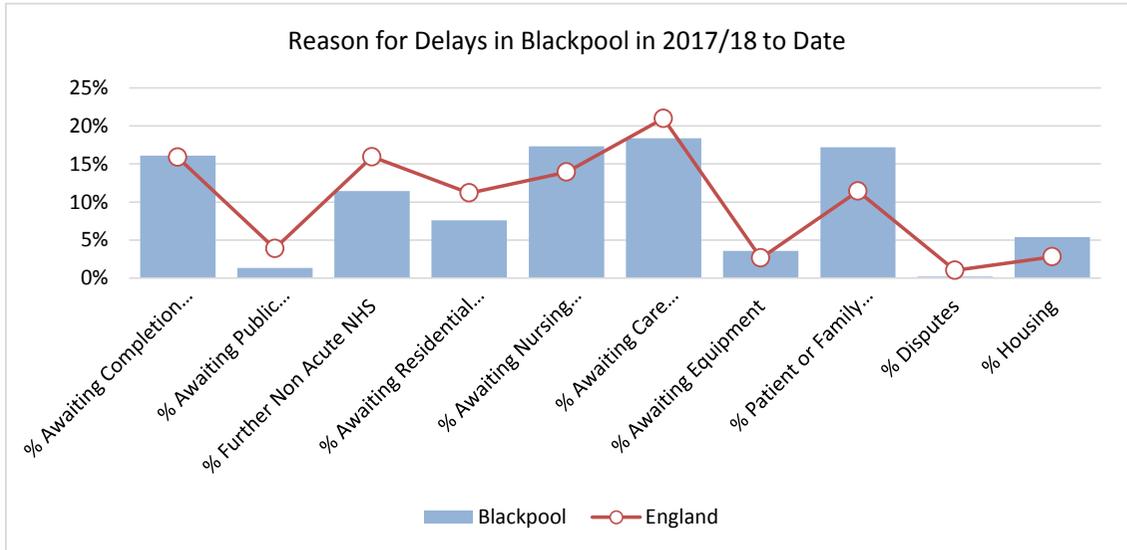
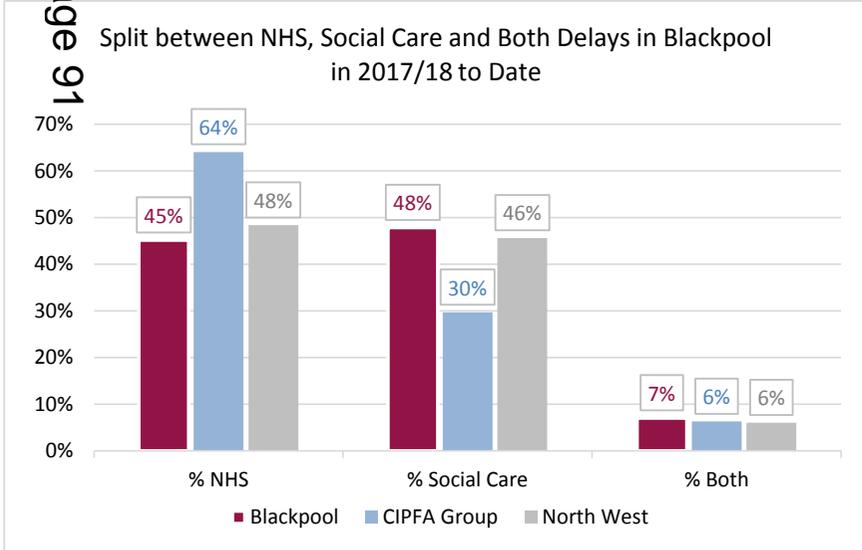
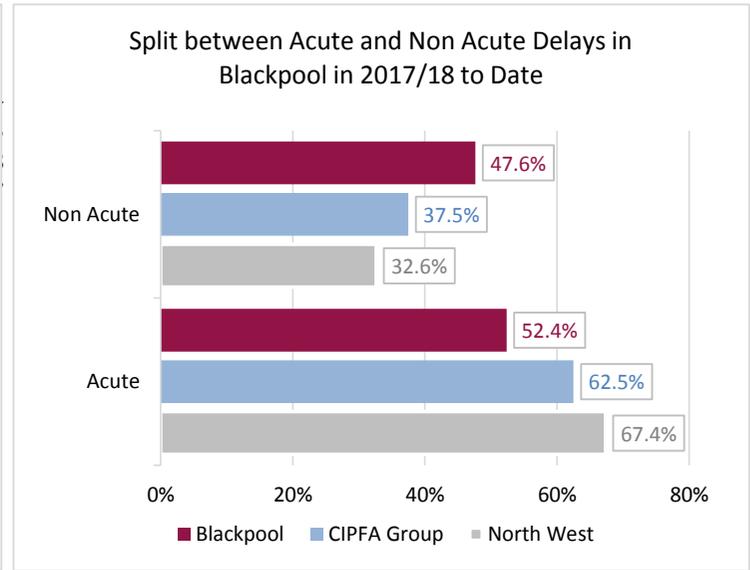
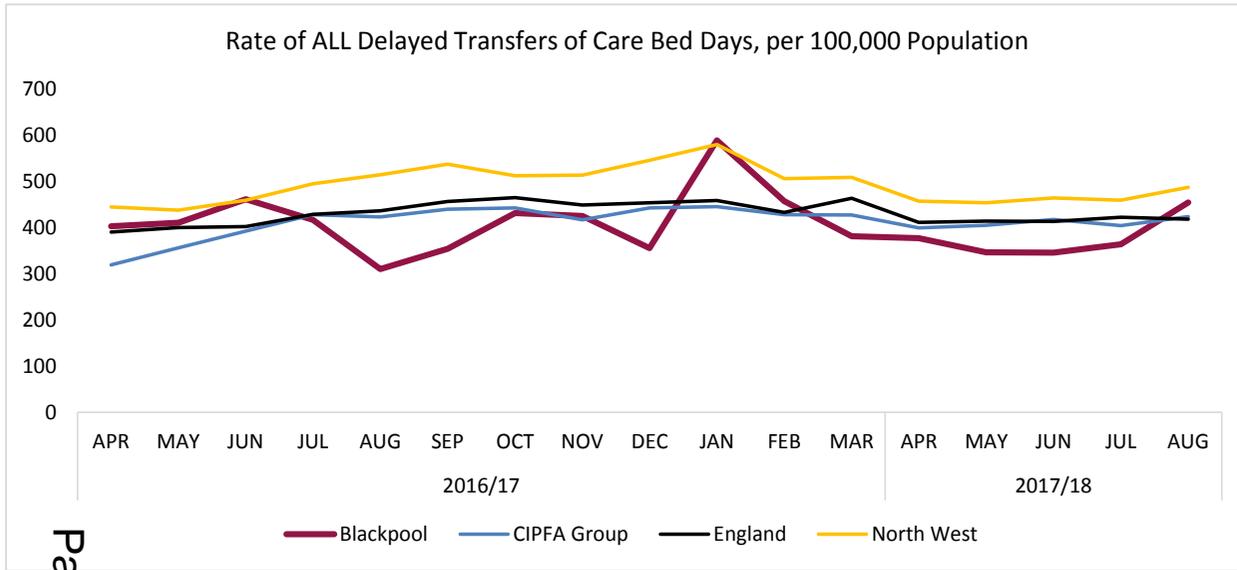
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DELAYED TRANSFERS OF CARE

Blackpool



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ADULT SOCIAL CARE OUTCOMES FRAMEWORK

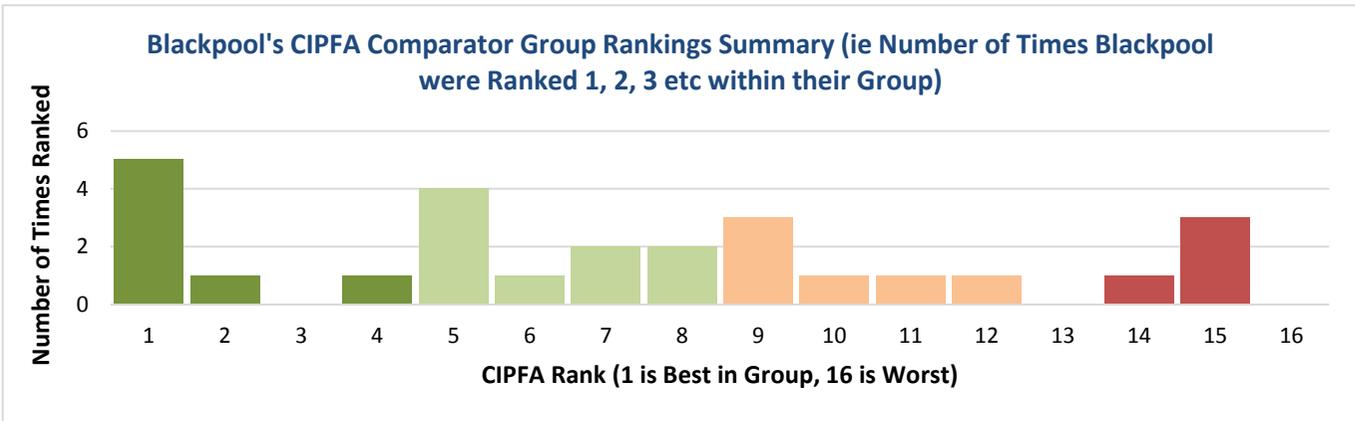
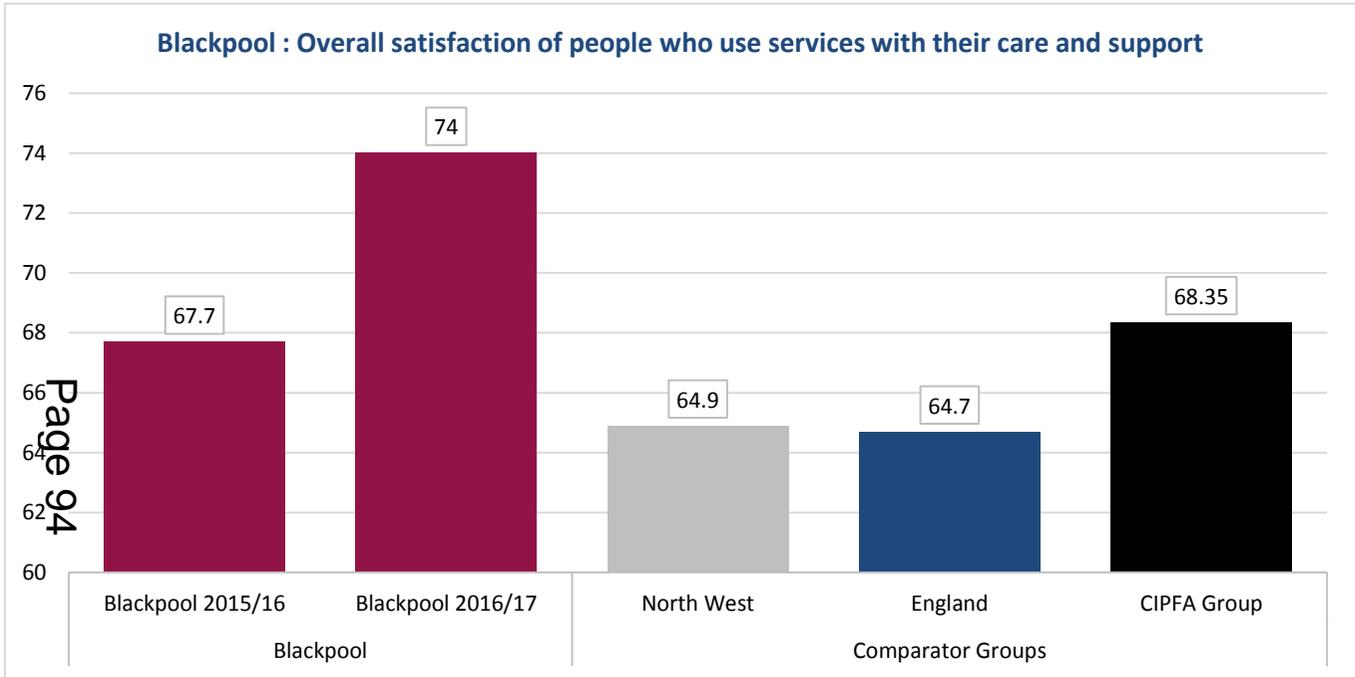
Blackpool

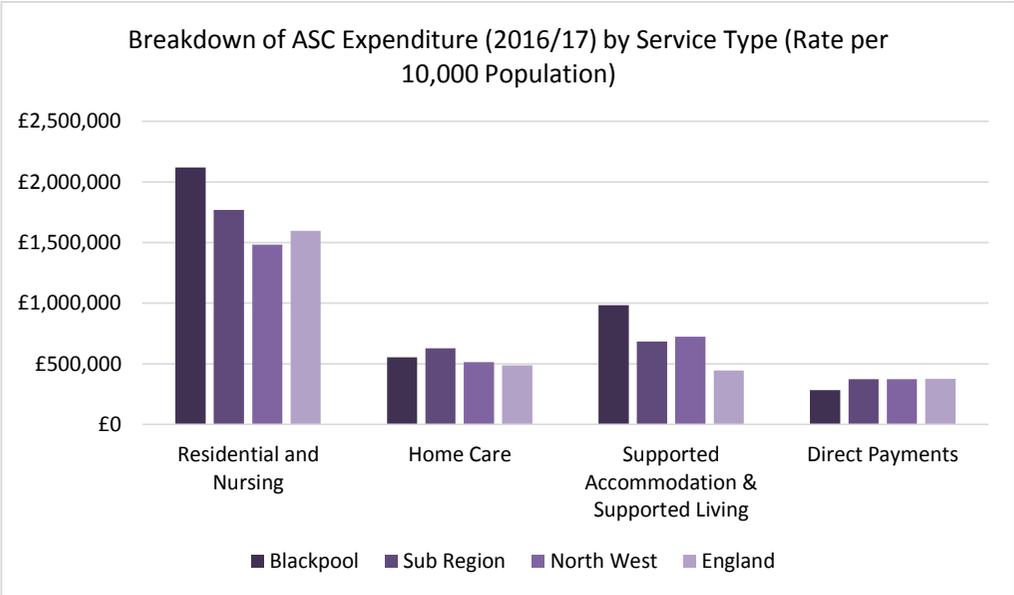
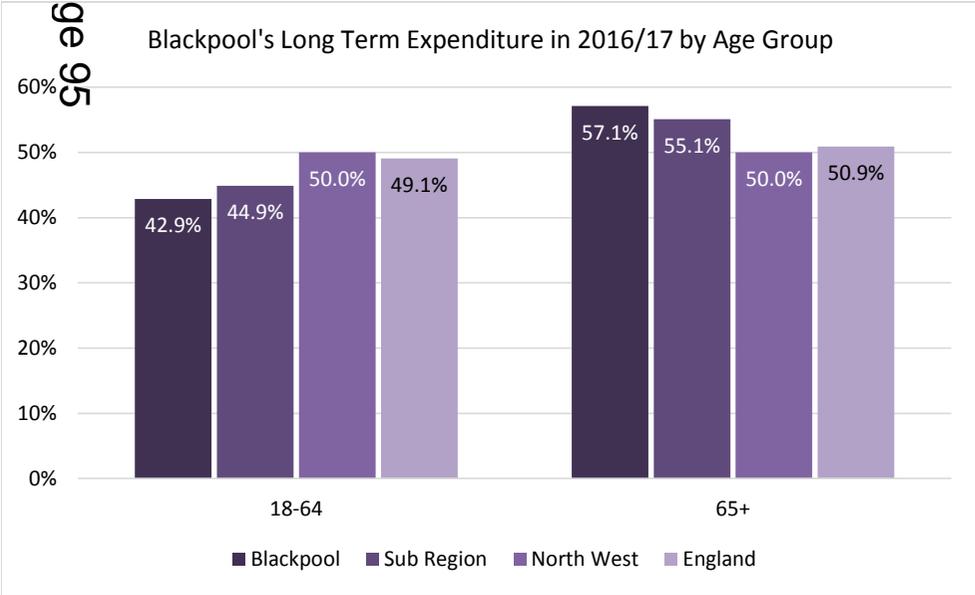
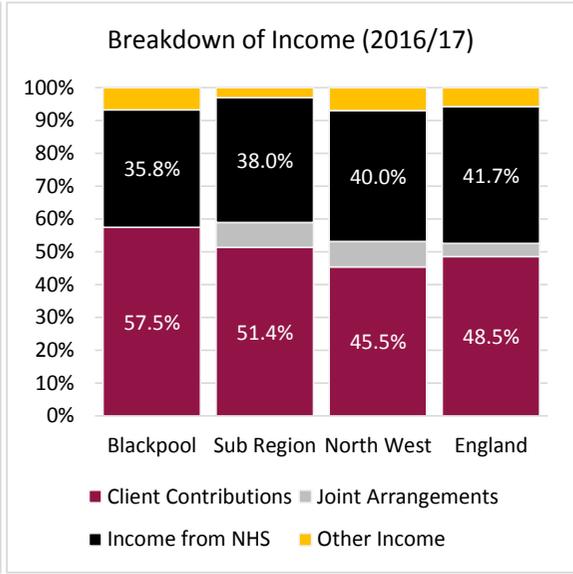
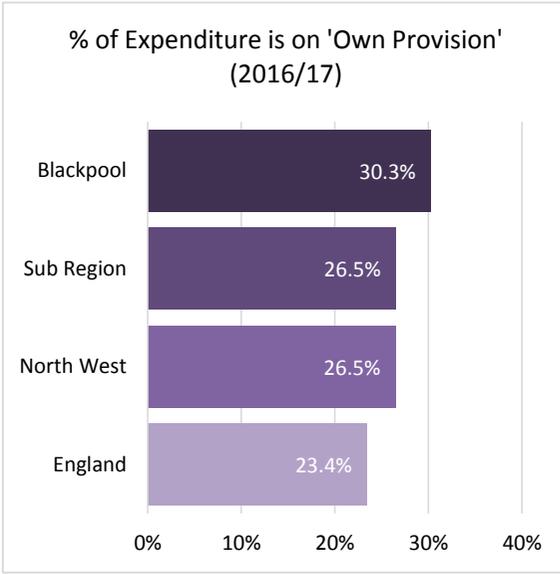
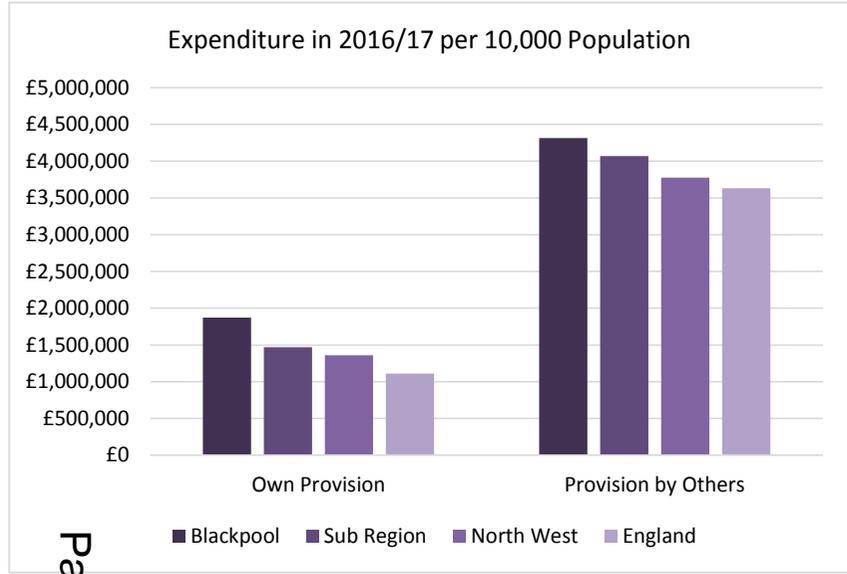
Please note that the CIPFA rank on the right is based on: 1 = Best in Nearest Neighbour Group and 16 = Lowest in Group

Measure		LA Year on Year		2016-17 Benchmark Groups			
		2015-16	2016-17	NW	ENG	CIPFA Median	CIPFA Rank
1A	Social care-related quality of life score	19.3	20	19	19.1	19.6	1
1B	The proportion of people who use services who have control over their daily life	77.7	84.1	77.4	77.7	79.7	2
1C1A	The proportion of people who use services who receive self-directed support	100	100	86.5	89.4	97.2	1
1C1B	The proportion of carers who receive self-directed support	100	100	83.3	83.1	94.2	1
1C2A	The proportion of people who use services who receive direct payments	18	19.7	23.8	28.3	24.0	15
1C2B	The proportion of carers who receive direct payments	42	70.3	74	74.3	70.8	9
1D	Carer-reported quality of life score	N/A	7.8	7.7	7.7	7.8	8
1E	The proportion of adults with a learning disability in paid employment	5.5	4.9	4.2	5.7	5.0	9
1G	The proportion of adults with a learning disability who live in their own home or with their family	90.6	90.5	88	76.2	84.9	5
1I1	The proportion of people who use services who reported that they had as much social contact as they would like	50	50.5	44.5	45.4	49.5	5
1I2	The proportion of carers who reported that they had as much social contact as they would like	N/A	35.7	35.8	35.5	37.7	10
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	N/A	0.43	0.40	0.40	0.42	5
2A1C	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes	19.4	19.5	17	12.8	16.9	11
2A2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes	984.3	926.4	769	610.7	825.9	15
2B1	The % of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation	78.1	83.9	81.8	82.5	84.2	9
2B2	The proportion of older people who received reablement/rehabilitation services after discharge from hospital	1.9	2.9	2.8	2.7	2.8	8
2C1	Delayed transfers of care from hospital, per 100,000 population	13.8	18.4	17.5	14.9	12.7	12
2C2	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	3.8	10.2	8.4	6.3	5.1	14
2D	The outcome of short-term services: sequel to service	68.6	68.6	72.3	77.8	78.4	15
3A	Overall satisfaction of people who use services with their care and support	67.7	74	64.9	64.7	68.4	1
3B	Overall satisfaction of carers with social services	N/A	42.5	40	39	41.3	7
3C	The % of carers who report that they have been included or consulted in discussion about the person they care for	N/A	76.8	70.8	70.6	72.5	4
3D1	The proportion of people who use services who find it easy to find information about support	77.6	82.4	72.6	73.5	77.3	1
3D2	The proportion of carers who find it easy to find information about support	N/A	68.8	64	64.2	66.6	6
4A	The proportion of people who use services who feel safe	70.5	73.5	70.7	70.1	72.9	7
4B	The proportion of people who use services who say that those services have made them feel safe and secure	81.5	92.6	85.8	86.4	89.3	5

Overall satisfaction of people who use services with their care and support

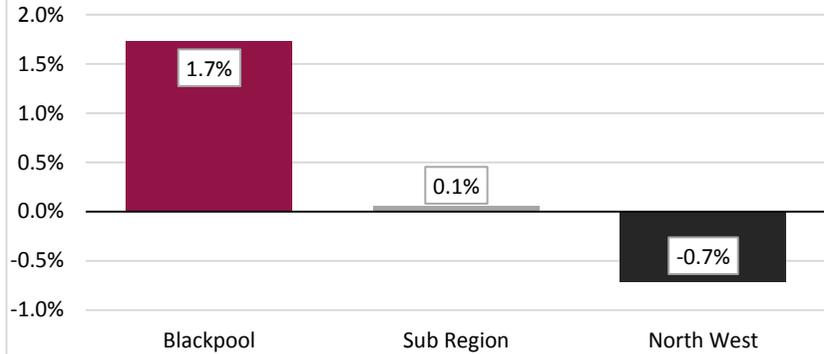
To change the chart below, select the indicator above from the in cell drop down list



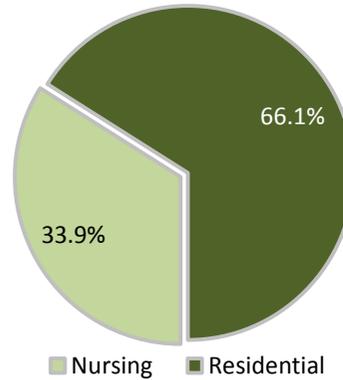


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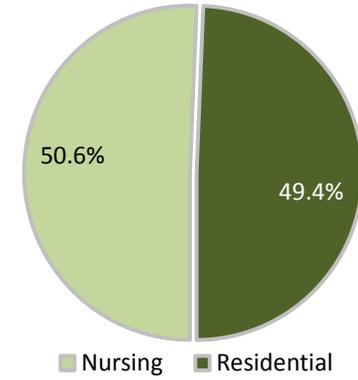
% Change in the Total Number of Registered CQC Care Home Beds between April and October 2017



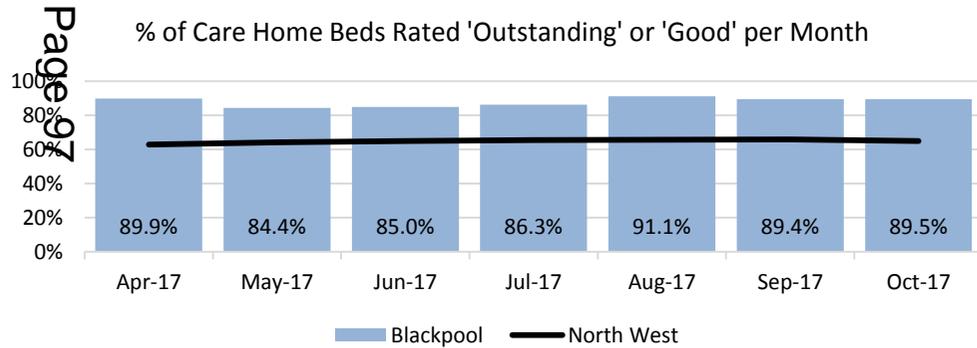
Split between Residential and Nursing in Blackpool in April 17



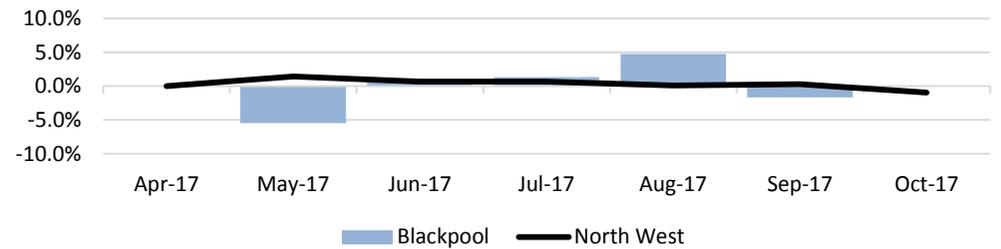
Split between Residential and Nursing in the NW in April 17



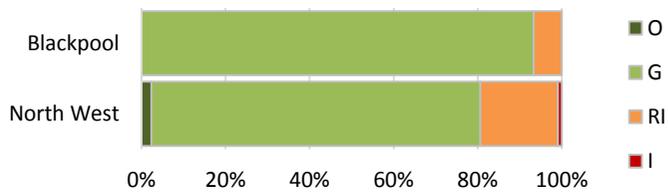
% of Care Home Beds Rated 'Outstanding' or 'Good' per Month



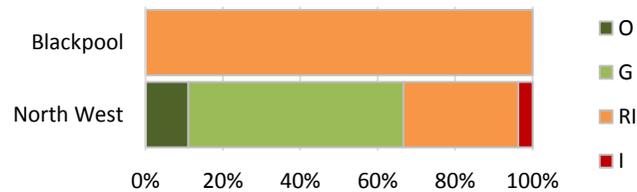
Month on Month % Change of Care Home Beds Rated 'Outstanding' or 'Good'



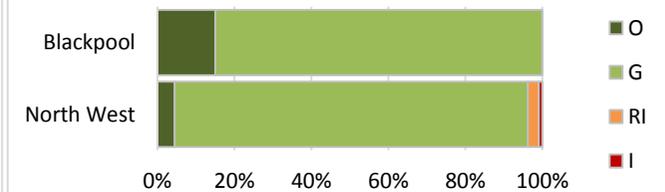
Community Based ASC Quality (Oct 17)



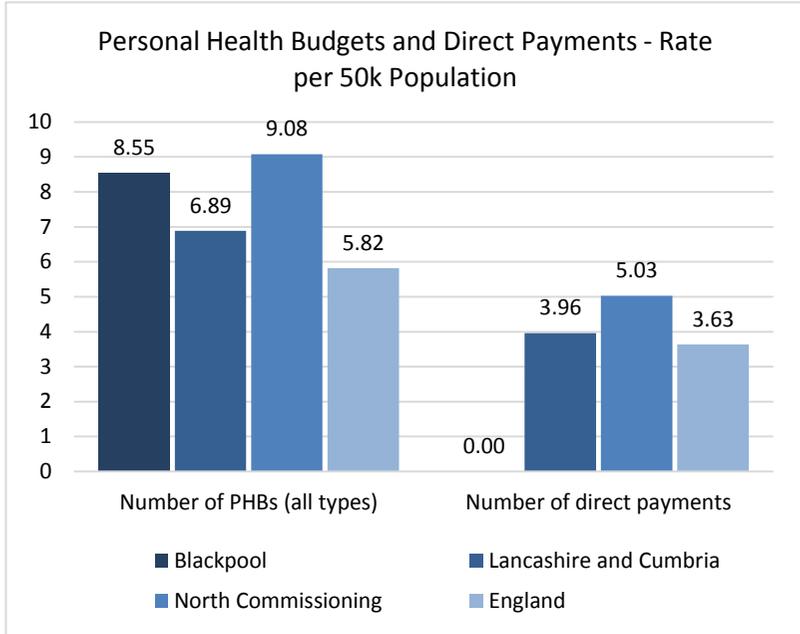
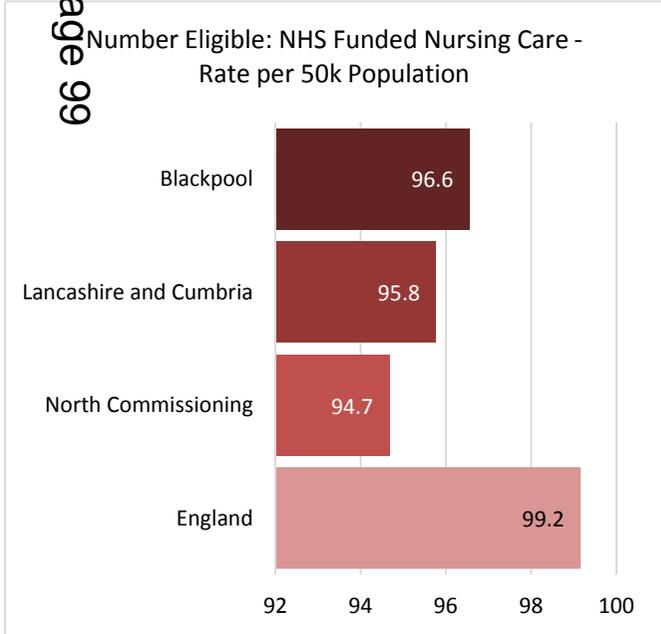
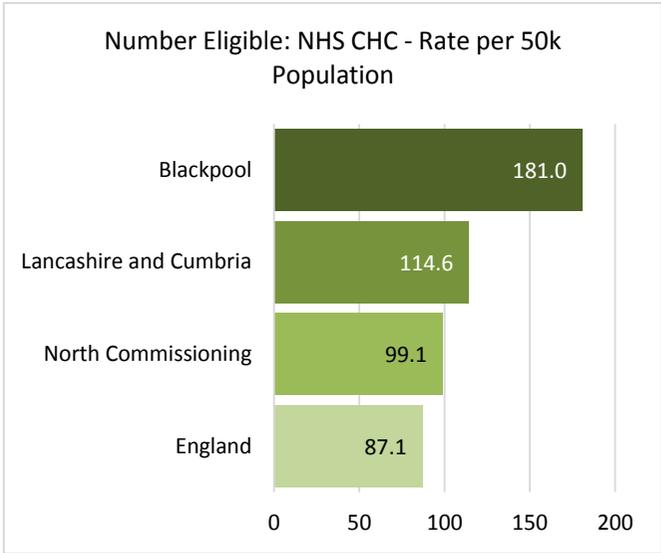
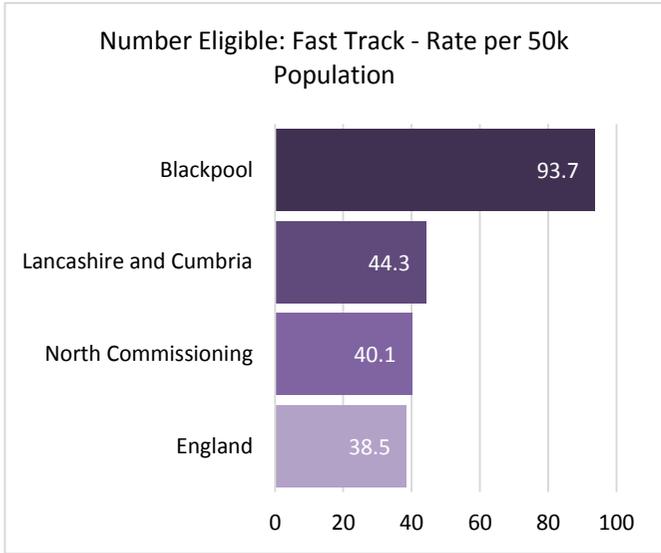
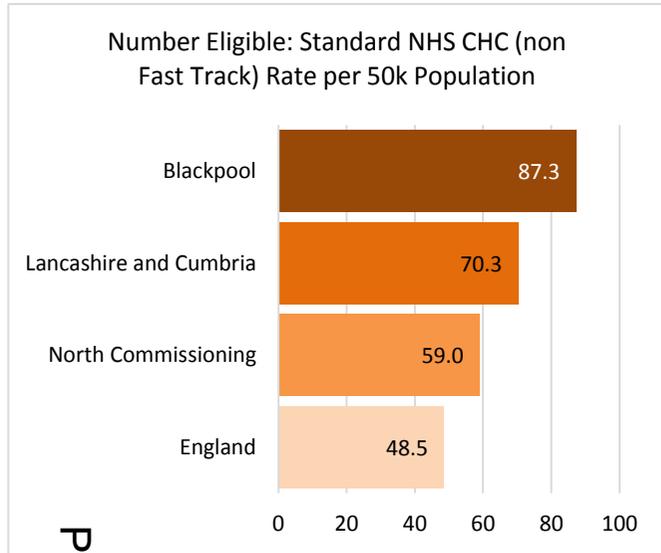
Acute NHS Trust Quality (Oct 17)



GP Practices Quality (Oct 17)



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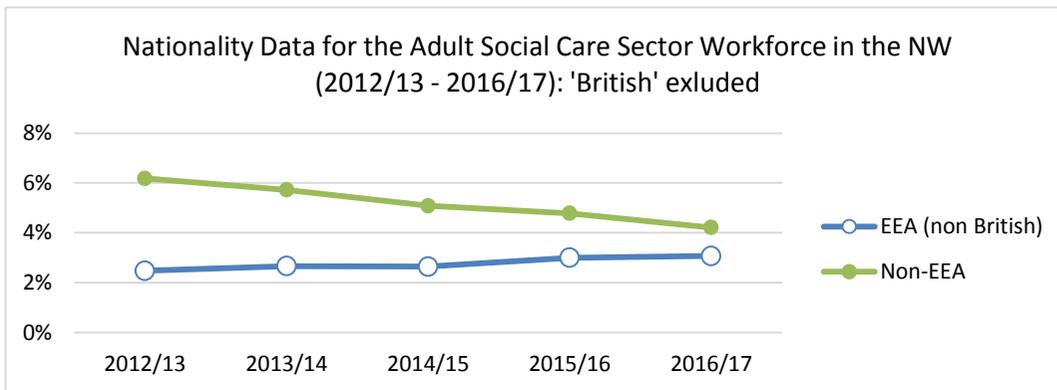
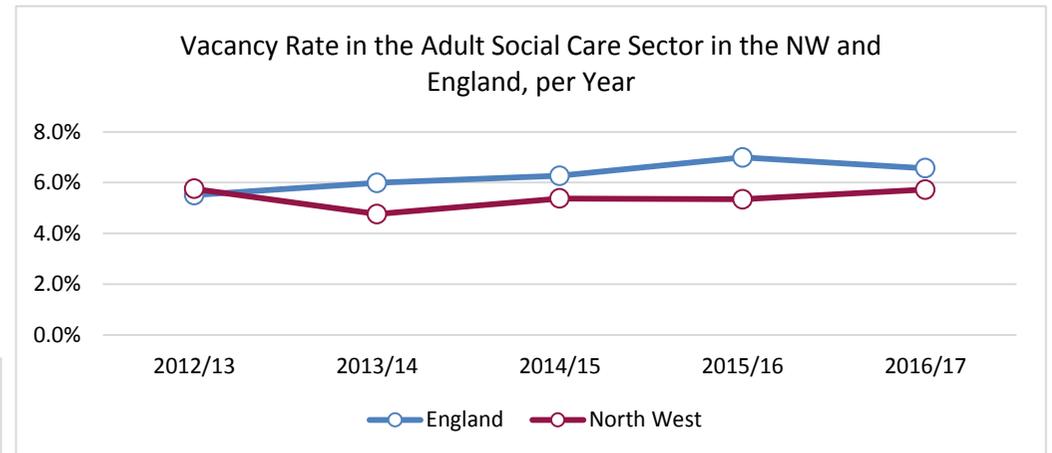
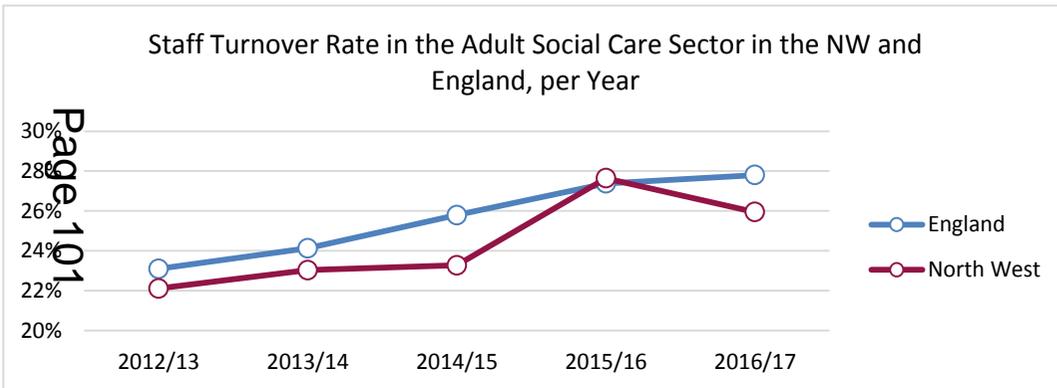
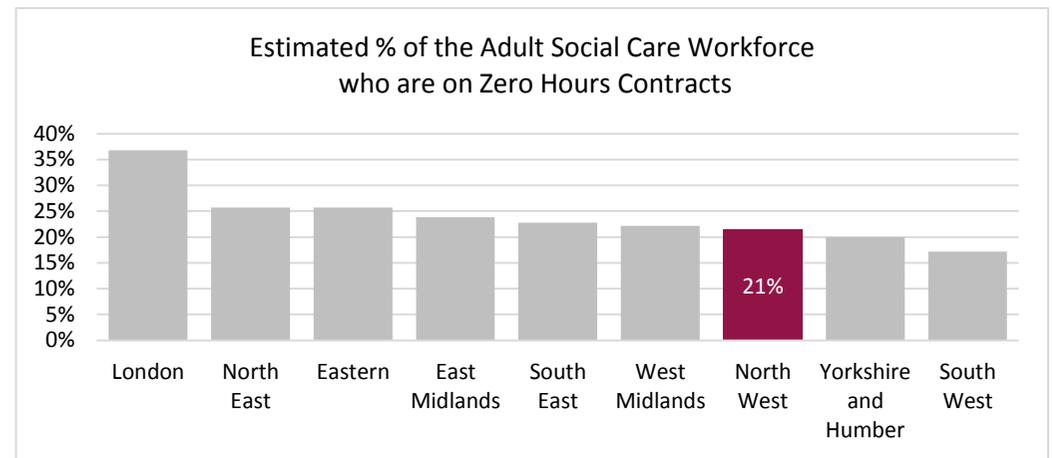
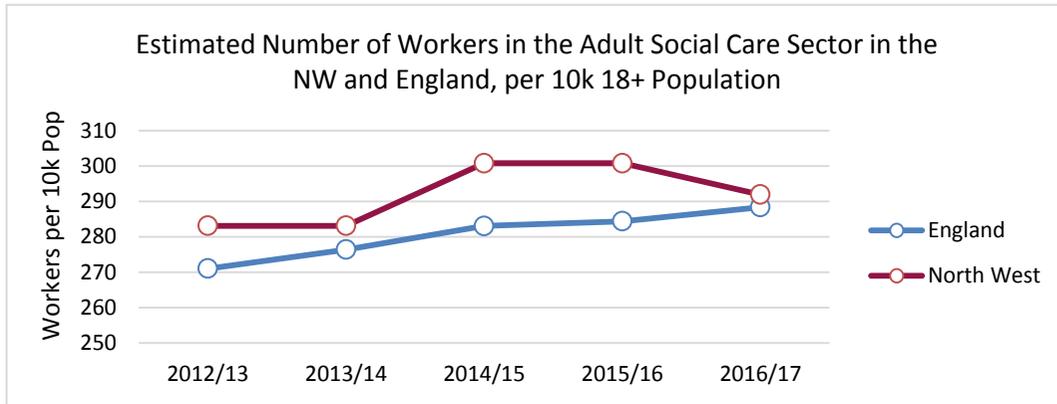
CCG to LA Mapping - for the purpose of this tab, the following CCG to LA links were made:

1. Vale Royal CCG and West Cheshire CCG to **Chesher West and Chester LA**
2. Eastern Cheshire CCG and South Cheshire CCG to **Cheshire East LA**
3. North Cumbria CCG to **Cumbria LA**
4. Chorley & Ribble CCG, East Lancashire CCG, Fylde & Wyre CCG, Greater Preston CCG, Morecombe Bay CCG and West Lancashire CCG all to **Lancashire LA**
5. South Sefton CCG and Southport & Formby CCG to **Sefton LA**
6. Heywood, Middleton & Rochdale CCG to

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WORKFORCE (SKILLS FOR CARE DATA)

Due to data completeness at Local Authority Level from NMDS, only regional data is below



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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	14 March 2018

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 8 (a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.

5.1.2 Members are invited, either now or in the future, to suggest topics that might be suitable for scrutiny in order that they be added to the Workplan.

5.2 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 8 (b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

5.3 Implementation of Recommendations/Actions

5.3.1 The table attached to Appendix 8 (c) has been developed to assist the 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 8 (a), Adult Social Care and Health Scrutiny Committee Workplan 2017-2018

Appendix 8 (b), Adult Social Care and Health Scrutiny Committee Review Checklist

Appendix 8 (c), Implementation of Recommendations/Actions

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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Adult Social Care and Health Scrutiny Committee - Work Programme 2017-2018	
9 May 2018	<ol style="list-style-type: none"> 1. Tackling Childhood / Adult Obesity 2. Access to Mental Health Services and Support Options - Blackpool Clinical Commissioning Group to discuss 'mapping' of mental health and community services work with particular reference to good access / the range of support options available. Public Health and Blackpool Teaching Hospitals' Families and Mental Health Services to be invited. 3. Stop Smoking - Service Model - specification options (may be covered in July overview report as more practical) 4. Domestic Abuse Strategy - Action Plan 5. Health and Social Care Integration Progress (focus on STPs) including detailed financial costings and patient case studies (e.g. 'step up / step down') with attendance of clinician / hub team leader
4 July 2018	<ol style="list-style-type: none"> 1. Availability/Duration of GP Appointments and A&E waiting times (Access to Services and Quality) 2. Annual Council Plan Performance report on relevant Priority Two projects, complete with 'Blackpool Outcomes' - for summer 2018. 3. Adult Services Overview (to include Transforming Care for Adults with Learning Disabilities progress) 4. Public Health Overview (to include progress with breastfeeding / infant feeding support)

Items covered during 2017-2018	
5 July 2017	<p><u>SHORT PROGRESS ITEMS</u></p> <p>1. Council Plan Overview Report (Adult Services and Health indicators) - End of Year 2016-2017 (Apr 2016 to Mar 2017) - include healthchecks explanatory update, Daily Mile - see action tracker</p> <p>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)</p> <p><u>PUBLIC HEALTH THEMED ITEMS</u></p> <p>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).</p> <p>4. Public Mental Health Strategy - Action Plan and Progress (c/f) including improving feedback, speed, outcomes of GP mental health referrals for acute cases</p> <p>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)</p> <p><u>SUSTAINABILITY AND INSPECTIONS THEMED ITEMS</u></p> <p>6. The Harbour - Inspection Progress 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) but local performance will be extracted. Staff survey outcomes and improvement actions to be considered.</p>
27 Sept 2017	<p>1. Healthwatch Progress Report 2016-2017 (Apr 2016 - Mar 2017), 2017-2018 Priorities</p> <p>2. Health and Social Care Integration - Progress (focus on Sustainability and Transformation Planning including Projected Costings/Savings, New Models of Care, Healthier Lancashire). Interim update circulated to Members - Apr 2017.</p> <p>3. Clinical and Financial Sustainability - Blackpool Teaching Hospitals - Progress Follows Dec 2016 meeting, further assurance required following winter (pressures) performance</p>
15 Nov 2017	<p>1. Blackpool Safeguarding Adults Board Annual Report 2016-2017</p> <p>2. Priority Two - Key Priority Report: Public Health and Social Care</p> <p>3. Adults Services Overview report (to include dementia support)</p> <p>4. Public Health Overview report (may include NHS Healthchecks explanatory update, Daily Mile progress, Free School Breakfasts, Life Expectancy, Sexual Health action plan, Breastfeeding)</p>
24 Jan 2018	<p>1. Public Mental Health Strategy update (including suicide prevention)</p> <p>2. Blackpool Clinical Commissioning Group Performance Report</p>
14 Mar 2018	<p>1. Integrated Drug and Alcohol Support Service - first year progress</p> <p>2. Public Health Overview (include performance of Healthy Child Programme (0-5) with health visitors and school nursing update; Due North progress; and Lancashire/Blackpool Health and Wellbeing Strategy - Blackpool Action Plan)</p> <p>3. Adult Services Overview (include Quality/Costs Care Providers, Commissioning Adult Services)</p>

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:

ADULT SOCIAL CARE AND HEALTH SCRUTINY - ACTION TRACKER

Note - from 5 July 2017 replaced the old [Action Tracker](#) which contained actions from Health Scrutiny and Resilient Communities Scrutiny. Numbering retained so does not start from number one. Actions from 5 July 2017 which were amber or new have been included (some are now marked as green).

Colour code: red = significant risk of missing deadline / not being completed (mitigation required); amber = some risk; white = new action; green = complete

GREEN ACTIONS ARE ONLY SHOWN FOR THE IMMEDIATE MEETING FOLLOWING COMPLETION OF ACTION (FULL LIST AVAILABLE IF REQUIRED)

AMBER ACTIONS**NEW ACTIONS (OR NOT DUE YET) - THESE ARE NOT COLOUR CODED**

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - ANY EXTENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)	RED AMBER GREEN
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, Cabinet Member for ASC / Health	17.04.17 Reminder to be sent, response expected before 26.04.17. 27.09.17 - a comprehensive report on the new service will be provided as part of the Public Health overview report (Nov 17). 28.11.17 - ref made during 15.11.17 meeting to new service to support smoking reduction to be commissioned in early 2018, Scrutiny will want opportunity to comment. 16.01.18 Potential new service specification / model will be considered at 14.03.18 meeting and can include an update on GP patient referral rates. 14.03.18 Item deferred.	Amber
39	ASCH 27.09.17	Receive a copy of Sustainability and Transformation Plan Impact Report	Oct / Nov 2017	David Bonson, CCG	07.11.17 The impact report won't be available until spring 2018 when Scrutiny is next due to receive an STP update (May 2018).	Not due yet
41	ASCH 15.11.17	Performance reports to include targets for all indicators in the main pages.	11.07.18 tbc	Ruth Henshaw, Council performance	Note - next report (end year) due July 2018. Interim response from ASC - not appropriate to set targets for every indicator. The performance report will explain where this is the case - Members can discuss and decide whether they still want a target.	Not due yet

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - ANY EXTENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)	RED AMBER GREEN
42	ASCH 15.11.17	Target-setting methodology to be in performance reports where targets were not being met or where there may be proposals to reset targets.	11.07.18 tbc	Ruth Henshaw Supported by service leads (Karen Smith, Arif Rajpura)	Note - next performance report due July 2018 but if Directorate Overview reports (due March 2018) contain targets off-track / changes proposed then methodology info required.	Not due yet
43	ASCH 15.11.17	Within performance reports and in reference to the target of people with learning difficulties who had paid employment, consideration should be given to including, people working in the voluntary sector or other unpaid work who had learning difficulties.	14.03.18	Karen Smith, Director of Adult Services	Note - next overdue report due 14.03.18 06.03.18 - not permissible within definitions given for indicators by Department of Health. Action completed.	Green
44	AHSC 24.01.18	'Zero' suicide target should be adopted within Blackpool	14.03.18	Zohra Dempsey, Public Health	06.03.18 To be raised by Public Health (Judith Mills) at the next Suicide Prevention Oversight Group for Lancashire and South Cumbria on 19 March 2018.	Not due yet
45	AHSC 24.01.18	Provide written demographic profiles of local suicides	14.03.18	Zohra Dempsey, Public Health	06.03.18 For 2014-2016, 38 notifications of deaths by suicide, all Blackpool residents apart from 2 - who were out of area but had taken their own life in Blackpool (rate published on Public Health Outcomes Framework includes Blackpool residents only). 2014: 15 deaths, 2015: 12 deaths, 2016: 11 deaths - 30 males, 8 females - Ages ranged from 21 to 81, average age 47.5 - 7 aged 20-29, 8 aged 30-39, 5 aged 40-49, 9 aged 50-59, 5 aged 60-69 (where groups totalled less than 5 people are not separately recorded, i.e. aged <21 or > 69 were less than 5 people so totals add up to 34 people) - The most common place of death was at home - Majority of people were employed. Action completed	Green

46	AHSC 24.01.18	Provide a simple written summary of the Suicide Prevention Logic Model	14.03.18	Zohra Dempsey, Public Health	<p>06.03.18 Performance framework breaks down the activity in an easier to read format.</p>  <p>Copy of Lancs Suicide Performance</p> <p>The performance framework is attached as an annex at the end of the Action Tracker.</p> <p>Action to be considered.</p>	Amber
47	AHSC 24.01.18	Consider targeted community options for support and mental health awareness-raising and report back on progress.	14.03.18	Zohra Dempsey, Public Health	<p>06.03.18 This is being considered as part of the scoping work for a local adult mental wellbeing campaign using the five ways to wellbeing - the campaign will link people up with community-based options and there will be some targeting of those at risk of low wellbeing.</p> <p>There are also plans for a national campaign, raising awareness of mental health. The national campaign will concentrate on people without a diagnosis - those coping and those struggling. There will be a strong emphasis on self-care and how we can help other people. It may target particular populations (e.g. perinatal women).</p> <p>The campaign will cover anxiety, depression, sleeping, low mood and stress, debt, building resilience, exercise and mindfulness. It will also show people how to recognise the signs of stress in others, promote good listening skills and how to have supportive conversations.</p> <p>Initial action completed (left on tracker for progress</p>	Not due yet

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - ANY EXTENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)	RED AMBER GREEN
48	AHSC 24.01.18	Cabinet Member for Adult Social Care and Health be asked to clarify current support offered in schools, such as social worker support (not necessarily with that title), which would be useful help for young people.	14.03.18	Cllr Cross, Cabinet Member for ASC / Health	<p>Information from Director of Children’s Services covers joint working, building resilience, range of support available, referrals and proactive offer for families</p> <p>Council’s two primary mental health workers:</p> <ul style="list-style-type: none"> - provide point of contact between specialist CAMHS, primary and community services e.g. GPs, schools, social care, Police etc. - have excellent links with services regularly in contact with children & young people, parents & carers. - support a wide range of children & young people’s workforce by offering consultation, liaison, advice & training to identify & address appropriately, emotional & mental health difficulties with children, young people & families as early in their development as possible. - offer consultation, advice, liaison, joint working, direct and indirect intervention if appropriate at an early stage building capacity and capability within community services, third sector and voluntary organisations, in relation to prevention, early identification and intervention to support children and young people’s emotional and mental health needs. - promote the awareness and importance of emotional health and wellbeing for children, young people and families and improve the perceptions and attitudes towards mental health and emotional wellbeing. - facilitate decision making to support access to appropriate local services including specialist CAMHS 	Green

					<p>via consultation according to level & nature of need - provide evidenced based direct therapeutic work with children, young people, parents or carers who are appropriately assessed as being within the remit of the PMHW role and seen within in an accessible none stigmatising environment.</p> <p>Currently the Council has a new offer delivering an early help Hub (working title) which enables wider partners but particularly schools to refer cases in for discussion or additional support to children and families but also for professional support for partners. This supports them to provide a focussed prevention and early intervention to prevent escalation. This way of working has proved effective and early feedback from schools is that it is positively received. To further develop this model we will be introducing inclusion and SEND support and advice and as part of the school improvement board work we have identified managers from children's services as a single point of contact to improve relationships and forge a better collaboration, In addition a service manager will be aligned to each school family to support strategic change.</p> <p>As part of the opportunity area plan a priority has been identified to place a family support worker type post as well as inclusion workers into the schools to develop and embed a pastoral approach to our most vulnerable children to address issues at the earliest opportunity and improve outcomes for children and families particularly increased learning and attendance for children in schools</p>	
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REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - ANY EXTENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)	RED AMBER GREEN
					Head Start provide resilient support in schools via groups and key worker sessions. Action completed.	
49	AHSC 24.01.18	Receive an update on school nurses as well as the new health visitors' service as part of the Public Health Overview Report	14.03.18	Donna Taylor / Arif Rajpura, Public Health	14.03.18 On agenda, completed.	Green
50	AHSC 24.01.18	Invite Blackpool CCG to the Committee's meeting in either March or May 2018 to discuss its 'mapping' of mental health and community services work with particular reference to good access and the range of support options available. PH and BTS' Families and Mental Health Services also to be invited.	09.05.18	Helen Lammond- Smith, CCG Elaine Walker, BTH	06.03.18 - CCG confirmed attendance, other confirmations awaited.	Not due yet
51	AHSC 24.01.18	A&E targets, with clear explanations, should be shown in future CCG performance reports	11.07.18 tbc	Kate Newton. CCG		Not due yet
52	AHSC 24.01.18	Dec 17 performance figures for NWS would be provided by the Committee's next meeting on 14 March 2018.	14.03.18	Kate Newton. CCG	06.03.18 To be chased.	Amber

Note - Response to Action 46 - Suicide Prevention Logic Model Performance Framework - is attached as an annex to the Action Tracker

Annex to Action Tracker

Response to Action 47 - Suicide Prevention Logic Model Performance Framework

is progressing
Red = the project has stopped, and/or some of the outcomes look unlikely to happen
Amber = there are increasing risks to the delivery of the outcomes
Green = project is on track and is expected to deliver the outcomes
Blue = project has not started

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Short Term Outcome	Activity	Responsible Officer	Timescale	Investment required	Update	RAG Rating	Risks
ST Outcome 1 An effective Suicide Prevention Oversight Board	Bi Monthly SP Oversight Board meeting (Lancs and SC) (Yrs1-5)	Sakthi Karunanithi/ Debbie Nixon	Bi Monthly	Officer Time	Suicide Prevention Oversight Board established and meeting regularly	On Track	Engagement of stakeholders at meetings/
	To attend at each Health and Wellbeing Board to seek support for the Lancs and SC STP action plan action plans	Louise Thomas and Neil Smith	November to January 18	Officer Time	LT and NS will begin to attend HWB across Lancs and SC once the Suicide Prevention Plan has been agreed in July 17	Increasing Risk	Staff Capacity
	To provide update reports to local Safeguarding Boards and Health and Wellbeing Boards on the development and delivery/ implementation of the Suicide Prevention STP Plan	Louise Thomas and Neil Smith	Quarterly	Officer Time	LT and NS will begin to provide briefing reports to HWB across Lancs and SC once the Suicide Prevention Plan has been agreed in July 17	Increasing Risk	Staff Capacity
	Strategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action Plan	Louise Thomas and Neil Smith	Jan-18	Officer Time	Activity not started yet	Not Started	
	Signed up to No More Zero Suicides Alliance	Sakthi Karunanithi/ Debbie Nixon	Aug-17	Officer Time	Activity not started yetMembers of the Suicide Prevention Oversight Board to agree to sign up to the Alliance in July meeting. Strategic Leads across Lancs and SC agree and sign up to the No More Zero Suicide Alliance.	Increasing Risk	
ST Outcome 2 Greater integration of suicide reduction activities within other strategies and service plans	To develop a Suicide Prevention narrative and key areas for action for strategies and plans where suicide and suicide prevention is a related issue or risk e.g. drugs and alcohol, long-term conditions	LA PH Leads	November to January 2017	Staff Capacity	Activity not started yet	Not Started	
	Key stakeholders to audit current policies and procedures to establish if suicide prevention/ risk of suicide is included	Key Stakeholder HR departments	December to March 18	Staff Capacity	Activity not started yet	Not Started	
	Mapping of key stakeholders data to allow for segmentation and targeting for those high at risk of suicide	Data Analyst	November to January 2017	Financial	Blackpool, BwD and LCC have recently conducted Suicide Audits. Business Intelligence time needed to collate the information and map those groups that are	Increasing Risk	South Cumbria have not conducted a Suicide Audit
Short Term Outcome 3 Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health champions	Define the role of Mental Health and Suicide Prevention Champion	LA PH Leads	September - March 2018	Staffing Time	Activity not started yet	Not Started	
	LA PH Leads to present the role and expectation to LA Cabinet meetings	LA PH Leads	September - March 2018	Staffing Time	Activity not started yet	Not Started	
	To identify Elected Members that will take on the role of Mental Health and Suicide Prevention Champion	LA PH Leads	November - March 2018	Staffing Time	Activity not started yet	Not Started	
	Train the MH/ Suicide Prevention Champions	TBD	February - April 2018	Financial Training	Activity not started yet	Not Started	

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Prevention Work Stream- Lead Officers: LA PH Leads (Chris Lee, Zohra Dempsey, Shirley Goodhew, Mike Conefrey)

Short Term Outcome	Activity	Responsible Officer	Timescale	Investment required	Update	RAG Rating	Risks
ST Outcome 4 Increased awareness of suicide risks and suicide prevention	To undertake suicide prevention awareness raising during world Suicide Prevention Day	LA PH Leads	September 2018- Annual		Activity not started yet	Not Started	
	To develop suicide prevention social marketing campaign material	LA PH Leads/ Hannah Towler Lord	Jan-18	Financial	Suicide Prevention Communication Strategy to be developed	Increasing Risk	
	To deliver a "Time to Change" campaign as part of MH Awareness week	LA PH Leads			Lancashire Mind have been commisioned to coordinate Time to Change activities during MH	Increasing Risk	
	Scoping of the level of debt advice support available across STP	LA PH Leads	Mar-18		We have begun scoping council and third sector debt advice services	Increasing Risk	
	Identify gaps in debt/ money services	LA PH Leads	Mar-18			Increasing Risk	
	Develop a standard/ universal approach to debt advice across the STP	LA PH Leads	Mar-18			Not Started	
ST Outcome 5 Improved mental health and wellness	Write 5 Ways into all relevant new service specifications	CCG and PH Commissioners			This is included in PH contracts.	Not Started	
	Measure volunteer hours across STP					Not Started	
	Monitor changes in PHOF physical activity data					Not Started	
	Partnership to develop wider mental health training capacity (eg use of e learning tools).	Neil Smith/ Annie Murray				Not Started	
Short Term Outcome 6 Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately	Map out current 'e' learning suicide prevention training that is available/ being used	Neil Smith/ Annie Murray/ Jane Mathieson	Mar-18	Financial Staffing	NS is linked in to the digital innovation work stream of the STP	Increasing Risk	
	To identify potential gatekeepers or champions for suicide prevention in local authorities	LA PH Leads	August- March 2019	Financial Training Staffing	Activity not started yet	Increasing Risk	
	CCGs to allocate protected learning time sessions/ 1 hour session for Suicide Awareness/ REACH training to programmed statutory safeguarding training	CCGs	November to April 2018	Financial Staffing Training	Activity not started yet	Not Started	
	Develop a Suicide Prevention training programme/ matrix which covers ACEs/ Self Harm/ MH First Aid/ ASSIST/ Safe Talk	Jane Mathieson to lead	Mar-18	Financial Training Staffing	Activity not started yet	Not Started	

Short Term Outcome 7 The media delivers sensitive approaches to suicide and suicidal behaviour	To host a meeting with key media organisations which focuses in suicide awareness and responsible media reporting	Jane Mathieson and Mike Conferey with Key Stakeholder Communications Departments	January- May 2018	Staffing	Activity not started yet	Not Started	
	To relaunch the Samaritans media guidance	Samaritans	January- May 2018	Staffing	Activity not started yet	Not Started	
	Standardised guidance document produced for reporting of suicides	LA PH Leads/ Annie Murray PHE/ Chris	Dec-17	Staffing	Activity not started yet	Not Started	
	Principles of the reporting guidance adopted by all key agencies	Strategic Leads from all Key Stakeholders	Mar-18	Staffing	Activity not started yet	Not Started	
Short Term Outcome 8 Restrict access to means and respond effectively to High risk locations	Identify Top 10 high risk locations in Lancs and South Cumbria	Police/ NWAS/ National Rail/ LA Planning Departments/ Local Travel Companies/ British transport Police	November- March 2018	Financial for target hardening of locations	High risk locations have been shared by British Transport Police. Information shared with Neil Smith	On Track	Financial costs to make locations safe may impact on the work being delivered
	Work with Network Rail, Coast Guard, BTP, Lancashire Police, Highways Agency, and Waterways Agency to reduce access in the top 10 high risk locations	Police/ NWAS/ National Rail/ LA Planning Departments/ Local Travel Companies/ British transport Police	Ongoing	Financial for target hardening of locations	Local Suicide Prevention Groups to lead on this action- BTP data to be shared with LA Suicide Prevention groups	On Track	Financial costs to make locations safe may impact on the work being delivered
	Carry out Environmental Visual Audits of high risk locations	Police/ NWAS/ National Rail/ LA	Ongoing	Financial for target hardening of	Local Suicide Prevention Groups to lead on this action- BTP data to be	On Track	Financial costs to make locations safe may impact on the work being
Short Term Outcome 9 Increased awareness of impact of Adverse Childhood Experiences	Raise awareness of ACEs i.e. what they and the long lasting impact they can have on CYP	Dr Helen Lowey/ Shirley Goodhew	Ongoing	Staffing to deliver training	ACEs video has been developed by BwD and has begun to be rolled out.	On Track	
	Include ACEs in future Suicide Audits	LA PH Leads	Nov-17	Staffing	Task and Finish group being set up to standardise the Suicide Audit	On Track	
	Include ACEs in all relevant commissioned services that are being re designed	PH Commissioners/ CCGs Commissioners	Ongoing	Staffing Training for Commissioners on ACEs	Activity not started yet	Not Started	
Short Term Outcome 10 Development of an Offender MH Pathway for when released in to the community	Mapping of current pathway	Louise Thomas/ Neil Smith/ Probation/ Police/ CRC/Prison/ LCFT/ CFT	Dec-17	Staffing	Activity not started yet	Not Started	

	Gaps identified	Louise Thomas/ Neil Smith/ Probation/ Police/ CRC/ Prison/ LCFT/ CFT	Dec-17	Staffing	Activity not started yet	Not Started	
	Offender Health Pathway protocol developed	Louise Thomas/ Probation/ Neil Smith/ Police/ CRC/ Prison/ LCFT/ CFT	Dec-17	Staffing	Activity not started yet	Not Started	
	Key Stakeholders agree and sign up to protocol	Prison/ Police/ Probation/ CRC/ LCFT/ CFT	Dec-17	Staffing	Activity not started yet	Not Started	

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Intervention Work Stream: Lead Officer- LCFT- Max Marshall and CFT- Pam Travis

Short Term Outcome	Activity	Responsible Officer	Timescale	Investment required	Update	RAG Rating	Risks
Short Term Outcome 11 Preventing and responding to self-harm, ensuring care meets NICE guidance	Establish current level of self-harm rates across Lancs and SC	CCGs	Mar-18	Data Analyst support	Activity not started yet	Not Started	
	To identify “ frequent” self-harmers accessing A&E Departments and NWAS	NWAS/ A&E Departments	Mar-18	Data Analyst support	Activity not started yet	Not Started	
	To review current self-harm support and interventions for adults and young people in Lancs +SC	CCGs	Mar-18	Data Analyst support	Activity not started yet	Not Started	
	To undertake an audit in each A&E of implementation of Nice guidance relating to self-harm and psychological assessments in A&E	A+E depts/ CCGs	Mar-18	Data Analyst support	Activity not started yet	Not Started	
	To review local self-harm care pathways against NICE guidance (CG133)	LCFT/ CFT	Mar-18	Finance Staffing Data Anaylst	Activity not started yet	Not Started	
	To deliver suicide prevention and self-harm training for staff	PH Leads/ Training providers	Ongoing	Finance Training Staffing	To establish what suicide prevention training is currently delivered to front line staff in A+E	Not Started	
	To develop an information sharing system between NWAS and LA PH teams re number of attempted suicide/self-harm	Neil Smith	Jul-18	Technology Finance Staffing	Linked in to the digital innovation work stream	Not Started	
	To develop a consistent system of sharing data with GPs from A&E and NWAS	Neil Smith	Jul-18	Technology Finance Staffing	Linked in to the digital innovation work stream	Not Started	
	To develop a consistent response with primary care to those patients flagged as attempted suicide/self-harm from A&E and NWAS	Neil Smith/ CCGs/ Primary Care/ A+E	Jul-18	Staffing	Linked in to the digital innovation work stream. Activity not started	Not Started	
Short Term Outcome 12	To baseline data relating to services for depression, that is IAPT, antidepressant prescribing and suicide rates by postcode, evidence of application of NICE guidelines across primary and secondary care and days lost in employment in Lancs and SC	Debbie Nixon/ Dr Tom Phillips	Mar-18		Activity not started yet	Not Started	

Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance	To design with patients and stakeholders a 'perfect depression care pathway' with key outcomes	Debbie Nixon/ Paul Hopley	Mar-18			Not Started	
	To secure sign up across all MH Trust providers and commissioners (mental health) for commissioning of this care pathway	Debbie Nixon/ Paul Hopley/ CCGs	Mar-18			Not Started	
	Establish a baseline for the number of patients that are currently being treated with anti-depressants and that the care meets NICE guidelines	Debbie Nixon/ Dr Tom Phillips				Not Started	
Short Term Outcome 13 High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices	Review and modify current risk and clinical assessment tools to ensure consistency and comprehensiveness in MH Trusts	CCGs/ LCFT/ CFT				Activity not started yet	Not Started
	To pilot a minimum/optimal standard for suicide risk assessment tools in primary care (CCGs)	CCGs				Activity not started yet	Not Started
	To develop a Lancs+ SC standard for suicide prevention in secondary care	LCFT/ CFT/ PHE/ Samaritans				Activity not started yet	Not Started
	To develop a process to enable learning from suicide attempts Consult and engage with families of those with suicidal ideation					Activity not started yet	Not Started
	To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented	Neil Smith	Oct-17	Staffing		Activity not started yet	Not Started
	To strengthen the management of depression in primary care					Activity not started yet	Not Started
	To review local care pathways against Antenatal and postnatal mental health: clinical management and service guidance NICE guidance (CG192)	Julia Charnock-NWC SCN				Update required from Julia around the Peri Natal MH work	Increasing Risk
Short Term Outcome 14	To develop crisis care arrangements to enable access to 24/7 support for all-age groups particularly children						

24/7 functioning CRHTT that are high CORE fidelity	To ensure that CRHTT are high CORE fidelity teams	CCGs	Mar-18		A CORE fidelity peer review has been completed for LCFT which has provided areas for development. A peer review of CFT is currently being scheduled	On Track	
Short Term Outcome 15 Liaison Mental Health Teams that meet CORE 24 standards	To develop LMH implementation plan for 2018/ 2019 (CCGs)	A+E Departments/ CCGs/ LCFT/ CFT/NHS England/ Paul Hopley	Mar-19		LCFT have been awarded Wave 1 transformation funding from NHS England for 2018/2019. Implementation plan currently being developed.	Increasing Risk	
	Implement a Liaison Mental health team which has CYP specialists in Acute hospitals (CCGs)	A+E Departments/ CCGs/ LCFT/ CFT/NHS England/ Paul Hopley	Mar-19		LCFT have been awarded Wave 1 transformation funding from NHS England for 2018/2019. Implementation plan currently being developed.	Increasing Risk	
	To recruit staff to meet CORE 24 LMH standards (CCGs)	LCFT/ CFT/ A+E Departments	Mar-19		LCFT have been awarded Wave 1 transformation funding from NHS England for 2018/2019. Implementation plan currently being developed.	Increasing Risk	
Short Term Outcome 16 Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented	Establish current baseline	Chris Lee	Jul-18		Activity not started yet	Not Started	
	Develop dual diagnosis pathway that meets NICE Guidance	Chris Lee	Jul-18		Activity not started yet	Not Started	
	Pathway signed off and agreed by MH steering group	Chris Lee	Jul-18		Activity not started yet	Not Started	
	Pathway embedded into working practices	Chris Lee	Jul-18		Activity not started yet	Not Started	

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Postvention Work Stream: Lead Officer- Helen Bradley/ Louise Thomas/ Chris Lee

Short Term Outcome	Activity	Responsible Officer	Timescale	Investment required	Update	RAG Rating	Risks
Short Term Outcome 17 All those bereaved by suicide will be offered timely and appropriate information and offered support by bespoke bereavement services within 72 hours	To review what services are currently available/ commissioned across Lancs+ SC for people that are bereaved by Suicide	Bereavement Task and Finish Group	Jul-17	Staffing	A bereavement workshop was held on Monday 19 th June which looked at what support services were available across the region. The information will be collated and used to identify gaps in services	On Track	
	Develop an online directory of services and resources for those affected by Suicide including ADFAM, Samaritan, MIND ED etc.	Bereavement Task and Finish Group	Mar-18	Technology Staffing Finance	A Bereavement Support Service Directory has recently been identified that was commissioned by GM SCN. This covers the whole of Lancs and SC and will provide a baseline	On Track	Directories of services go out of date very quickly so we need to ensure that the option chosen is one that is easy to update
	Develop a consistent approach taken by all key stakeholders for signposting, advice provided and support offered to those affected by suicide	Bereavement Task and Finish Group	Mar-18	Technology Staffing Finance	It was found at the Bereavement workshop that each agency utilise different literature when support families bereaved by suicide	Increasing Risk	
	To consult with those bereaved by suicide to develop a Lancs and SC suicide bereavement pathway.	Bereavement Task and Finish Group	Apr-18	Technology Staffing Finance	Activity not started yet	Not Started	
	To scope the potential for additional commissioning of suicide bereavement support to	Bereavement Task and Finish Group	Apr-18	Financial	Mapping work has begun around what services are available	Increasing Risk	
	To scope current arrangements across Lancs and SC in relation to post-vention interventions, e.g.	Bereavement Task and Finish Group	Sep-17	Staffing	This work is underway and a meeting has been arranged to collate the findings from the bereavement workshop. The initial findings/ feedback is	On Track	
	To upskill current bereavement support services so they are able to offer/ provide specialist suicide support to those affected by suicide			Apr-18		Activity not started yet	Not Started
Short Term Outcome 18	Review PHE Guidance for developing Community Cluster Action Plans	Neil Smith/ Jane Mathieson	Mar-18		Cumbria have conducted a lot of work on this and are willing to share best practise across the STP footprint	Not Started	

All identified suicide clusters have a community response plan and schools have a post suicide intervention protocol in place	Develop Standardised Suicide Prevention Community Cluster Action Plan procedure	Neil Smith/ LA PH Leads/ Police/ PHE			Activity not started yet	Not Started	
	Define what is meant by a suicide cluster i.e. 2 or more/ same modus operandi (MO)	Neil Smith/ LA PH Leads/ Police/ PHE			Activity not started yet	Not Started	
	All key stakeholders sign up, agree and implement procedure	Neil Smith/ LA PH Leads/ Police/ PHE/ LCFT/ CFT			Activity not started yet	Not Started	
	Development of post suicide intervention protocol in schools	Neil Smith/ LA Education Teams				Not Started	

Intelligence Work Stream: Lead Officer- Neil Smith/ Emily Davis

Short Term Outcome	Activity	Responsible Officer	Timescale	Investment required	Update	RAG Rating	Risks
Short Term Outcome 19 To establish a data collection and evaluation system to track progress	Develop a performance management framework that is able to track progress made against the action plan	Neil Smith/Louise Thomas/ Chris Lee	Nov-17	Data Analyst	Performance monitoring system and stakeholder group on Yammer being established to allow key partners to update plkan which can then be reported to Oversight Board group	Not Started	
	Produce reporting template that can be used in CCG IAF submissions.	Neil Smith/Louise Thomas/ Chris Lee	Nov-17	Data Analyst	Activity not started yet	Not Started	
		Stakeholder agree data sources that will be used for performance monitoring					
Short Term Outcome 20 A consistent Suicide Audit template and schedule is agreed by all LAs	Review the current suicide audits templates that are currently being used for data collection across Lancs and SC	Emily Davis/ Neil Smith	Nov-17	Officer time to complete the Suicide Audits Data Analytical support for collating the data across the STP area	A small Task and Finish Group is being established with the PH Leads to move this forward. Each area has circulated the template that they currently use to complete suicide audits	On Track	
	Develop Suicide Audit template	Emily Davis/ Neil Smith	Nov-17	Officer time to complete the Suicide Audits Data Analytical support for collating the data across the STP area	A small Task and Finish Group is being established with the PH Leads to move this forward. Each area has circulated the template that they currently use to complete suicide audits	On Track	

	Develop Suicide audit timetable which is agreed by all LA PH leads	Emily Davis/ Neil Smith	Nov-17		Activity not started yet	Not Started	
Short Term Outcome 21 To have a 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths	Feasibility scoping exercise conducted for implementation of a 'Real Time Suicide Surveillance system	Neil Smith/ Louise Thomas/ Dr James Adeley/ Cumbria Lead Coroner	Mar-18	Financial investment Staffing Technology	NS has met with Dr James Adeley and he is willing to look at how this system would work.	Increasing Risk	
	Consistent data collection process agreed	Neil Smith/ Louise Thomas/ Dr James Adeley/ Cumbria Lead Coroner	Mar-18	Financial investment Staffing Technology	Activity not started yet	Not Started	
	Develop information sharing protocols	Neil Smith/ Louise Thomas/ Dr James Adeley/ Cumbria Lead Coroner	Mar-18	Financial investment Staffing Technology	Activity not started yet	Not Started	
	Mapping of current data that is collected around suicide, attempted suicides and drug related deaths	Neil Smith/ Louise Thomas/ Dr James Adeley/ Cumbria Lead Coroner	Mar-18	Financial investment Staffing Technology	Activity not started yet	Not Started	
Short Term Outcome 22 Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview and Domestic Homicide Reviews	To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented	Louise Thomas/ Neil Smith/ LA Safeguarding Boards/ LCFT/ CFT/ Prisons/ Probation	Apr-18	Staffing	Activity not started yet	Not Started	