

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

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

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

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

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

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

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

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

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

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

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

February 2016 - Resilient Communities Scrutiny Committee - Extract of Minutes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Access Rate

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

Recovery Rate

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

IAPT Waiting times

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

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

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

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

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

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

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

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

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

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