

Blackpool Council

18 April 2017

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

The above members are requested to attend the:

HEALTH SCRUTINY COMMITTEE

Wednesday, 26 April 2017, 6.00 pm
First Floor Meeting Room, Blackpool Carers' Centre,
Beaverbrooks House, 147 Newton Drive, Blackpool FY3 8LZ

A G E N D A

1 DECLARATIONS OF INTEREST

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

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

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

2 MINUTES OF THE LAST MEETING HELD ON 22 MARCH 2017 (Pages 1 - 10)

To agree the minutes of the last meeting held on 22 March 2017 as an accurate record.

3 PUBLIC SPEAKING

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

4 TRANSFORMATIONAL PLANNING PROGRAMME (Pages 11 - 20)

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

5 LANCASHIRE CARE FOUNDATION TRUST: HARBOUR PROGRESS REPORT (Pages 21 - 30)

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

6 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: STRATEGY, AMBITIONS AND WORK PROGRAMMES (Pages 31 - 42)

To consider a progress report on Blackpool Teaching Hospitals NHS Foundation Trust's (the 'Trust') strategy, including progress against strategic ambitions and the financial position.

7 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017 (Pages 43 - 72)

To consider the Health Scrutiny Committee Workplan 2016-2017, together with any suggestions that Members may wish to make for scrutiny review topics and note the draft content for the summer 2017 meeting.

8 NEXT MEETING

To note the date and time of the next meeting as Wednesday, 5 July 2017 commencing at 6pm in Committee Room A, subject to approval at Annual Council.

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

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.

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Owen
Mrs Callow JP	Hutton	L Williams

In Attendance:

Councillor Graham Cain, Cabinet Secretary for Resilient Communities

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

Dr Arif Rajpura, Director of Public Health, Blackpool Council

Lynn Donkin, Consultant in Public Health, Blackpool Council

Hazel Gregory, Head of Safeguarding, Blackpool Teaching Hospitals NHS Foundation Trust

Kelly Gorrie, Named Nurse (Looked After Children), Blackpool Teaching Hospitals NHS Foundation Trust

Donna Taylor, Lead Nurse / Senior Public Health Practitioner, Blackpool Council

Ms Valerie Watson, Delivery Development Officer, Blackpool Council

Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 14 DECEMBER 2016

The Committee agreed that the minutes of the Scrutiny Committee meeting held on 14 December 2016 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Chairman welcomed the attendance from young people and representatives of the Blackpool Youth Council, the HeadStart resilience support programme and the UR Potential youth support group. The Committee noted that there were no formal applications to speak by members of the public on this occasion. However, the Chairman explained that, after each report item had been presented and Committee Members had asked questions, there would be an opportunity for any of the young people present to put forward questions and suggestions.

4 COUNCIL PLAN PERFORMANCE REPORT - QUARTER THREE 2016-2017

Ms Valerie Watson, Delivery Development Officer, Blackpool Council reported on the 'direction of travel' for key performance indicators relating to health services. Five of the eight indicators were reported annually at the end of each year (quarter four, January-March) covering smoking, obesity and healthcheck targets. The indicators would be

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discussed at the July 2017 meeting. Performance for quarter three, October-December 2016, related to three groups (opiate drug users, non-opiate drug users and alcohol users) and the percentages of those substance users successfully completing treatment. For drug users, recovery meant not re-presenting within six months.

Alcohol misuse - recovery rates

Alcohol users had been highlighted as an 'exception' with a shortfall in performance requiring more detailed reporting. The Chairman noted that the percentage of alcohol users successfully completing treatment had dropped for each of the last three quarters and was currently 36.7%, well below the quarter four or end-year target of 60% of people recovering.

Dr Arif Rajpura, Director of Public Health, Blackpool Council explained that the support service, Horizon (commissioned by the Council), for people trying to recover from substance misuse, including alcohol, had been reviewed. Staff had previously focused mainly on providing narrow drug advice and support to people but a requirement had been identified for a more integrated and holistic service, involving specialist staff with alcohol expertise. The service would increase recovery by focusing on people's immediate situation and their wider longer-term needs such as mental health support, housing opportunities and building skills for potential employment. Innovative approaches would be pursued including community-based working with GPs. The new service, continuing under the Horizon brand, would start on 1 April 2017 and he believed would help increase recovery rates across all areas.

NHS healthchecks

The Chairman referred to the annual target for numbers of people aged 40-74 years old taking NHS healthchecks. He noted that the percentage of healthchecks had dropped substantially from over 76% in 2013-2014 to 52% in 2015-2016. The current target was for an improvement on 2015-2016.

Dr Rajpura explained that Blackpool had previously had the best healthcheck rates in the country so the decline was being investigated and would be reported to the next meeting. Double-counting of healthchecks may have occurred so data accuracy needed to be verified and made more robust. Also people who were more willing had undertaken earlier healthchecks but 'harder to reach' people now needed to be encouraged. He added that the quality of healthchecks was paramount as people in the 40-74 age range were at increased risk and prone to higher blood pressure and conditions such as diabetes and heart disease. Early effective intervention was key to preventing worsening health so robust healthchecks were needed and payment would be levered to ensure quality information was being secured. He hoped that the percentage of healthchecks would increase to over 75% again.

Drug misuse - recovery rates

The Chairman referred to the 8% target for opiate drug users to sustain recovery (not requiring further treatment within six months of successfully completing treatment). This

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meant that 92% of service users were failing to recover. Dr Rajpura explained that the current 6% success rate was realistic and represented people with the most deep-rooted problems. He referred to the wide range of integrated and holistic support available for vulnerable people's needs covering emotional and social aspects as well as developing skills for meaningful employment. The 8% target was considered ambitious and needed to be reviewed.

Members referred to the Committee's meeting in September 2016 when Dr Rajpura had explained that people might be treated with methadone indefinitely as there were risks associated with coming off opiate drug dependency. Methadone had fewer health risks than heroin as drugs were not being injected. Methadone allowed people to be released from heroin addiction and, in some cases, proved very successful as people found stability including employment and avoiding crime. He was asked what residential rehabilitation services were offered. He explained that a full range of accessible services were available promoting recovery noting the new Horizon service offered an 'outreach' service, i.e. getting out to people.

The Committee agreed to receive an explanatory report on NHS Healthchecks for people aged 40-74 years old at the Committee's July 2017 meeting as part of the regular report on the Council's health performance indicators.

5 YOUNG PEOPLE'S HEALTH NEEDS IN CARE

Hazel Gregory, Head of Safeguarding, Blackpool Teaching Hospitals NHS Foundation Trust and Kelly Gorrie, Named Nurse Looked After Children, Blackpool Teaching Hospitals NHS Foundation Trust presented a report on the health needs of children in Blackpool Council's care ('looked after children').

Care Quality Commission - 'Not Seen, Not Heard'

Ms Gregory explained that the Care Quality Commission had produced a report in July 2016 entitled 'Not Seen, Not Heard'. The report had followed a review of how the health and safeguarding needs of 'looked after children' were being met across Lancashire. The review had not included Blackpool but the Commission's recommendations had led to a Lancashire Improvement Plan which contained some aspects relevant locally. The Teaching Hospitals did provide services across Lancashire and locally for people resident in Lancashire but not Blackpool.

Ms Gorrie explained that they were 'frontline' issues with high numbers of 'looked after children' (1295) across Lancashire including over 500 in Blackpool. There were a number of homes with children being placed there, in partially independent placements or in short break placements. She cited the speed and challenge of placement turnover with six new placements in December 2016.

Ms Gorrie explained that the Care Quality Commission had made four key recommendations: ensuring that young people had a 'voice'; outcomes-focused care; identifying young people at risk of harm; and access to emotional / mental health support. In particular, for outcomes, the Commission recommended use of the 'so what'

approach, i.e. the impact of work and decisions needed to be effective otherwise reviewed. The recommendations had generated a number of actions.

Current service provision and outcomes in Blackpool

Ms Gorrie referred to the actions table within the report which displayed the current service provision for each action and also the outcomes that had been achieved.

Health assessments

The Chairman noted that the outcomes were stated as improvements and enquired what evidence there was to demonstrate improvement. Ms Gorrie referred, in particular, to 100% of health assessments being quality assured. Assessments not meeting quality standards were returned to practitioners).

Ms Gregory added that initial health assessments needed to be completed within 28 days (20 working days) of the Hospital Trust being notified of a new child in care. There were sometimes delays due to not being notified by the care authority (council) of a new child. However, even though there were nearly 1,300 'looked after children' across Lancashire, the Hospital Trust had a robust tracking and monitoring system. The Trust was aware if a child had failed to attend an appointment, the reasons for non-attendance and would ensure that they were seen within another week. She added that there were regular tracking meetings with the local authority.

Involving 'looked after children'

The Chairman noted the range of current provision in place and enquired what improvements to the service were being proposed and what happened when a child complained about the service. Ms Gorrie explained formal complaints processes would be discussed with a child and relevant other parties would be made aware. The young person would be offered appropriate support through any process including someone to support them at meetings. Greater effort was being applied to attracting the views of young people. They liaised with the 'Just Uz' Youth Council and were developing an app that would support the health assessment process including views of young people. They were also reviewing the route (pathway of care) that 'looked after children' undertook to ensure the most robust health assessments were secured.

Ms Gregory added that 'looked after children' might not engage with a service. In those cases, different approaches and encouragement needed to be tried. On a wider note, social media was a particular form of communication that needed to be tapped into. She gave the example of 'Kayleigh's Love Story', a nationally known short film which highlighted dangers to young people of online conversations with strangers. Essentially they needed to use tools that worked for young people.

Emotional and mental health

The Committee referred to high levels of suicide locally involving young people of both genders and enquired how 'looked after children' with mental health issues were being supported.

Ms Gorrie acknowledged that this was a challenging area particularly taking into account that 'looked after children' had often been through traumatic experiences. She referred to the National Society for the Prevention of Cruelty to Children which gave practical guidance on children's mental health and suicide prevention. A more holistic approach to supporting children was advocated. She gave examples of young people not liking the way they looked and sexual issues, i.e. society creating a pressurised environment. It was important to work with young people (and foster carers) to support their emotional health and wellbeing.

Ms Gregory added that counselling was important through the 'Connect' therapy service and Child and Adolescent Mental Health Services (CAMHS). Counsellors worked hard to encourage vulnerable young people to speak about issues.

Transitional support (moving on from Children's Services), monitoring and tracking

The Chairman enquired what support was provided for 'looked after children' moving from Children's Services onto Adult Services taking into account the high numbers of 'looked after children' and staffing levels to meet challenges. They also enquired about support for young people not in care and the challenges of transient populations.

Ms Gorrie agreed that transition was an important area and there was a robust tracking and monitoring system in place with annual health assessments for 'looked after children'. Young people aged 18 or under were entitled to receive 'universal' services which were open to all people in that age range. To help bridge the transition, they provided young people, from age 16 years onwards, with a 'health passport' which provided lots of independent advice and guidance for moving into an adult environment. It was important to empower young people and also promote relationships of trust that they might find with people.

Early support and wider partnership working

Ms Gregory explained that the 'Looked after Team' were co-located with the Safeguarding Team which meant that concerns about any young people were identified early, well before children might come into care. She added that good home environments were ideal in working with families. But when these broke down, the Looked after Children and Safeguarding Teams were alert to individual's issues and risks.

She added that there were no additional staff available but new ways of working were being explored and developed. Work took place with health visitors and could start as early as the pre-birth stage of a child. She gave other examples of crossover working such as liaising with school nurses and clinics to support the healthy weight of a child and also school nurses linking into child sexual exploitation work. Other important areas included good dental health which could often be neglected leading to low self-esteem. All 'looked after children' were registered with a dentist. She added that regular meetings took place with this wider range of health staff reviewing the care and health needs of 'looked after children'. With reference to transience, there was a robust system in place that allowed children to be tracked across Lancashire and across the country.

Dr Rajpura added that a more comprehensive health visitors' service had been introduced. This would extend the current five mandatory visits to a family to eight visits, to help establish and support the progress of a young child from birth as part of the universal service. The new approach meant the first visit was much closer to after a child was born. He highlighted the benefits of supporting early pre-school development in the first two years of a child's life. The early years approach helped better prepare a child for school taking into account a range of needs such as health and speech and provided long-term benefits. He referred to the Better Start programme which supported families with children aged 0-5 years old in seven ward areas. Helping defend against stress and abuse was important, recognising that self-harm was a particular concern amongst young people. He added that the HeadStart programme helped build resilience and support the emotional health and wellbeing of 10-16 year olds.

With reference to the ten-year Better Start programme, Members enquired as to its effectiveness. Ms Gregory and Ms Gorrie explained that research had shown it took time to change lifestyles which had developed over generations. Dr Rajpura re-iterated that early years support was critical to promote better outcomes such as good diet and effective speech. The Better Start programme was still in its early stages.

Nathan Parker, Young Person's Participation and Engagement Lead, HeadStart added that a key priority of HeadStart work was to support 'looked after children' and help them build resilience. He confirmed that supporting 'looking after children' was a key area of focus for all services.

The Committee agreed that young people who wanted to express interest in acting on any form of sounding board (set up by Blackpool Teaching Hospitals) relating to health needs of young people in care, could do so through Scrutiny channels who would forward on details to the Hospital's Looked after Children Team.

6 TRANSFORMATIONAL PLANNING PROGRAMME

The Committee agreed to defer this item to the next meeting on 26 April 2017 due to personal circumstances of the lead officer and as no replacement had been available at short notice.

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

Dr Arif Rajpura, Director of Public Health, Blackpool Council presented a report on the linked issues of young people's healthy weight and oral health. He emphasised that these were serious issues in Blackpool and needed joined-up, long-term effort from all services.

Healthy Weight

Lynn Donkin, Consultant in Public Health, Blackpool Council explained that having a healthy weight protected people from a number of serious health conditions. Wider impacts included economic loss to businesses and increased financial pressures on the NHS for what was one of the health sector's biggest challenges.

National strategy

She added that Government had agreed a national strategy imposing a financial levy on high sugar content products, principally soft drinks. National objectives included reducing sugar in food products, promoting healthier food in the public sector, minimum healthy food standards in schools and a voluntary healthy food ratings scheme in schools. Increasing physical activity in schools was the other strand.

Scale of challenges in Blackpool

Lynn Donkin explained that Blackpool had amongst the highest rates nationally for being overweight (obese). Figures for being overweight included over 1 in 4 (26.5%) of 4-5 year olds, over 1 in 3 (40%) of 10-11 year olds and 3 in 4 (74.5%) of adults. 40% of children moving from primary to secondary school were overweight and 84,000 adults (out of 140,000) were overweight. There was no simple solution and there were other impacts, e.g. on oral health with dental decay.

Food intake and calories

She explained that people were eating too much in terms of high calorie intake and needed to be encouraged to reduce calories and promote healthier food options. Modern lifestyles often equated to sedentary movement which heightened weight pressures.

Blackpool strategy

A Healthy Weight Strategy had been approved in 2016 by the Health and Wellbeing Board and had five key elements: increasing knowledge, skills and healthier food choices; reducing sugar; local environments offering healthier foods and physical activity; weight support services for young people; and focusing on young people.

Progress

Lynn Donkin referred to achievements.

Blackpool had become the first council in the country to create a Local Authority Declaration on Healthy Weight to support employees and residents. The Health and Wellbeing Board had suggested that other partner organisations needed to sign up so a Healthy Weight Summit was held in February 2017 resulting in another twenty local organisations adapting the Declaration.

'Give up Loving Pop' (GULP) was a campaign to encourage young people to give up fizzy drinks for one month. This had gained national recognition. Further work would build on this success including featuring in the 'Fit2go' programme targeting younger children.

Physical activity

The Chairman made reference to a national initiative, the 'Daily Mile', which had had spread across the UK. This was a simple initiative promoting school classes to walk a mile as a group exercise during school time. Wider benefits included higher classroom performance.

Lynn Donkin referred to a similar initiative, the Living Streets 'Walk to School' project, led by a national charity (Living Streets) and funded by the Department for Education. Blackpool was the only area nationally with all its primary schools signed up. Schools were also promoting a range of diverse physical activities. She referred again to the 'Fit2Go' programme promoting activity and skills in Year Four children and involving their families.

The Chairman acknowledged the Living Streets project but noted that involvement was subject to parents' commitment. The 'Daily Mile' was during school time so not dependent on parents and should be promoted within Blackpool schools. The Committee strongly supported the proposal and added that stronger personal responsibility messages could be made to parents.

Lynn Donkin explained that schools had their own programmes and would base decisions on available capacity to support activities. However, she would look into the option of the 'Daily Mile' initiative being promoted across local schools. Dr Rajpura echoed that there was a range of work being undertaken but the 'Daily Mile' would be considered. He advised that he would report back on whether it would be progressed locally to the Committee's meeting in July 2017.

Key focus of strategy

Lynn Donkin added that reducing calorie intake needed to be the first priority exercise would not be able to negate high calorie intake. Dr Rajpura agreed that whilst physical activity was important, better nutrition was of primary importance. Initiatives such as the free school breakfast were proving effective. He cautioned that whilst there was good work during school term, there needed to be more effective work during holidays.

Tackling wrong messages

The Chairman referred to junk mail advertising fast foods. Dr Rajpura explained that planning policies could be used to reduce the number of takeaways. He added that healthy eating businesses could be promoted through awards and rating schemes. Food businesses also needed to be encouraged to develop healthy and low cost 'fast foods'.

Information for residents - low-cost health eating options and cookery skills

Attendees agreed that it would be good to promote and distribute to residents, 'quick-fire' low-cost healthy menus with simple cooking instructions. Cllr Amy Cross, Cabinet Member for Health Inequalities suggested that she could work with Cllr Maria Kirkland, Cabinet Member for Partnerships, to target voluntary sector groups to support awareness raising and developing skills. Dr Rajpura added that a voluntary sector event had just taken place in the Winter Gardens with 40 organisations attending. He added that community facilities also offered opportunities. With reference to publicity for the Winter Gardens event, he explained that there would be another event in July 2017 and social media could be used to promote it more widely as a public event. The timing of the event (14.00-18.00) offered good scope for attendance.

Young people's views

Young people attending the meeting made reference to trying to display healthy food in such a way that it was more exciting and appealing. They also felt that cost could be an issue so making healthy food more affordable would help. Helping promote cookery skills as part of wider 'skills for life' was important. Similar to making healthy food more attractive, it was suggested that physical activity could be offered through menu choices, i.e. bite-size options allowing people to make up their own physical activity package. This recognised that all children wanted to run as an exercise but would consider other options.

Oral Health

Donna Taylor, Lead Nurse / Senior Public Health Practitioner, Blackpool Council explained that Blackpool residents suffered high levels of poor oral health. This correlated to deprivation including poor diet and nutrition as well as obesity. High sugar content food and particularly fizzy drinks were a significant factor in poor oral health.

Scale of oral health issues in Blackpool

She highlighted that 40% of local five-year old children had dental decay compared to 25% nationally, of which 8% had incisor caries decay compared to under 4% nationally and which stemmed from sugary content drunk from bottles ruining front teeth. Serious decay also resulted in extraction treatment under general anaesthetic.

Blackpool strategy and partnership working

The Council had developed an Oral Health Strategy and was working in partnership to deliver a number of initiatives. Partners included Better Start, NHS England (responsible for commissioning dentists' services) and dentists.

She explained that the Strategy contained five broad elements. Public Health commissioned the Oral Health Improvement Service with key health improvement work taking place at the Hospital. Children's centres promoted supervised tooth-brushing. Free toothpaste and toothbrushes were given away to support the 'keep teeth clean' message. Flouride in free milk had been introduced in schools late 2016 with nearly 80% take-up (6,500 children) using careful controls and monitoring. Public Health also commissioned mandatory oral health surveys.

Donna Taylor added that oral health was a complex area and referred to local work. Better Start supported families with children aged 0-5 years old with supervised tooth-brushing, oral health messages and developing local communities and workforces. She cited over 2,500 pre-nursery age children having regular supervised tooth-brushing. Oral messages helped dispel any urban myths e.g. that fruit was not good due to sugar content when it was actually smoothies that were not good due to distilled sugars, spitting out liquid after brushing was appropriate to help retain fluoride rather than rinsing out mouths.

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Frontline opportunities through dentists

Donna Taylor referred to an important area of developing work. NHS England commissioned dentists who currently had little contractual remit to promote better oral health information and messages. It was hoped that NHS England would revise contracts so that dentists could promote oral health messages including having a local 'champion', work closely with other partners and, in particular, ensure all children received an oral assessment in their first year of birth. This would allow dentists to perform greater preventative work including working in community settings such as children's centres.

She concluded her report highlighting that oral health was complex.

Fluoride and other areas

Members welcomed the good take-up of fluoride in milk and enquired if this could be extended to children of pre-school age (nurseries). They also enquired about having fluoride in water. It was explained that Public Health did want to do this but EU legislation would view this as a state aid subsidy requiring a significant budget cost to overcome the EU rule. Members felt that extra cost for the youngest children was worthwhile in view of future costs and damage. Dr Rajpura agreed and explained that fluoride in milk had been introduced as fluoride was not in water locally. He cited the West Midlands as having fluoride in water and having much lower tooth decay but there were opponents. Drinking a lot of fluoride might cause some damage to teeth but this was a low likelihood and the only risk. Donna Taylor added that effective oral health messaging was paramount.

The Committee agreed that a report would be made at its July 2017 meeting concerning whether the 'Daily Mile' initiative would be progressing locally.

8 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

The Chairman referred to the Health Scrutiny Workplan for 2016-2017 and progress with the implementation of recommendations.

The Committee agreed:

1. To approve the Scrutiny Workplan subject to Transformation Plan progress being considered at the April 2017 meeting, addition of an explanatory report on NHS Healthchecks (people aged 40-74 years old) as part of the regular performance indicators report and a 'Daily Mile' progress report (whether the initiative would be progressed locally) to the July 2017 meeting
2. To comment by email on annual Quality Accounts submitted by NHS trusts and for final responses to be approved by the Chairman.
3. To note the 'Implementation of Recommendations' table.

9 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 26 April 2017 commencing at 6pm in Blackpool Carers' Centre, Beaverbrooks House, Blackpool.

Chairman

(The meeting ended 8.00 pm)

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officers:	Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group Claire Grant, Divisional Commissioning Manager, Blackpool Council and Blackpool Clinical Commissioning Group
Date of Meeting:	26 April 2017

TRANSFORMATIONAL PLANNING PROGRAMME

1.0 Purpose of the report:

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

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

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

3.4 Other alternative options to be considered: None.

4.0 Council Priority:

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

5.0 Background Information

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

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

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

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

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

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

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

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

Policy drivers

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

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

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

- 5.9 Within the documents and also as part of additional press releases, the Government increased the funding dedicated to Children’s Mental Health Services. There is a recommendation for commitment by the Government of £250 million annual investment with outcomes of 110,000 additional children and young people being treated within mental health services by 2020.
- 5.10 All Clinical Commissioning Group areas have produced Transformational Plans to provide the framework for systemic change and transformation.
- 5.11 The over-arching strategy, that all of this Transformational work links to, is the Government paper – [‘No Health Without Mental Health’](#).
- 5.12 **Access Targets**
- A requirement of the Transformation Plan is to achieve an increase of children and young people accessing NHS funded Community Mental Health Services.
 - Children and Young People access to mental health services trajectories (NHS England) – set at 28%; Blackpool currently achieving 33.6% (Quarter one and two, 2016-2017).
 - For 2017-2018 we will be required to demonstrate that 30% of children and young people with a diagnosable mental health condition are accessing support.
 - Based on current understanding, the numbers required to achieve the target for 2017-2018 may be challenging.
- 5.13 **Achievements to date**
- Perinatal mental health bid submitted – led by Blackpool
 - Health based ‘place of safety’ bid submitted – including a ‘place of calm’ for the Child and Adolescent Self Harm Emergency Response Team (CASHER) Service
 - By 1 April 2017 new referrals will be taken for the co-designed evidence based dedicated community eating disorder service for our children and young people
 - Robust action plan in place – co-produced with Better Start, Head Start and Emotional Health and Wellbeing services (CASHER, Connect now known as YouTherapy and Child and Adolescent Mental Health Services (CAMHS))
 - Duty hours (for emergency paediatric psychosocial assessments) extended until 4:00pm – CASHER on duty at 5:00pm
 - CAMHS have extended their opening hours until 7pm twice a week; YouTherapy are now opening and offering appointments 3 evenings a week

with a twilight drop in starting in January 2017

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

5.14 **Challenges to Date**

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

5.15 **Local Governance**

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

group is chaired by the Clinical Commissioning Group's Head of Commissioning with senior representation from Council Commissioning, health providers, social care, police, education, Headstart and Betterstart. There are various sub-groups and other meetings that feed into the Board (see Appendix 4(a)).

5.16 Does the information submitted include any exempt information? No

List of Appendices:

Appendix 4(a) – Blackpool Transformation Programme Governance Structure

6.0 Legal considerations:

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

7.0 Human Resources considerations:

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

8.0 Equalities considerations:

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

9.0 Financial considerations:

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

10.0 Risk management considerations:

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

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

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

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

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

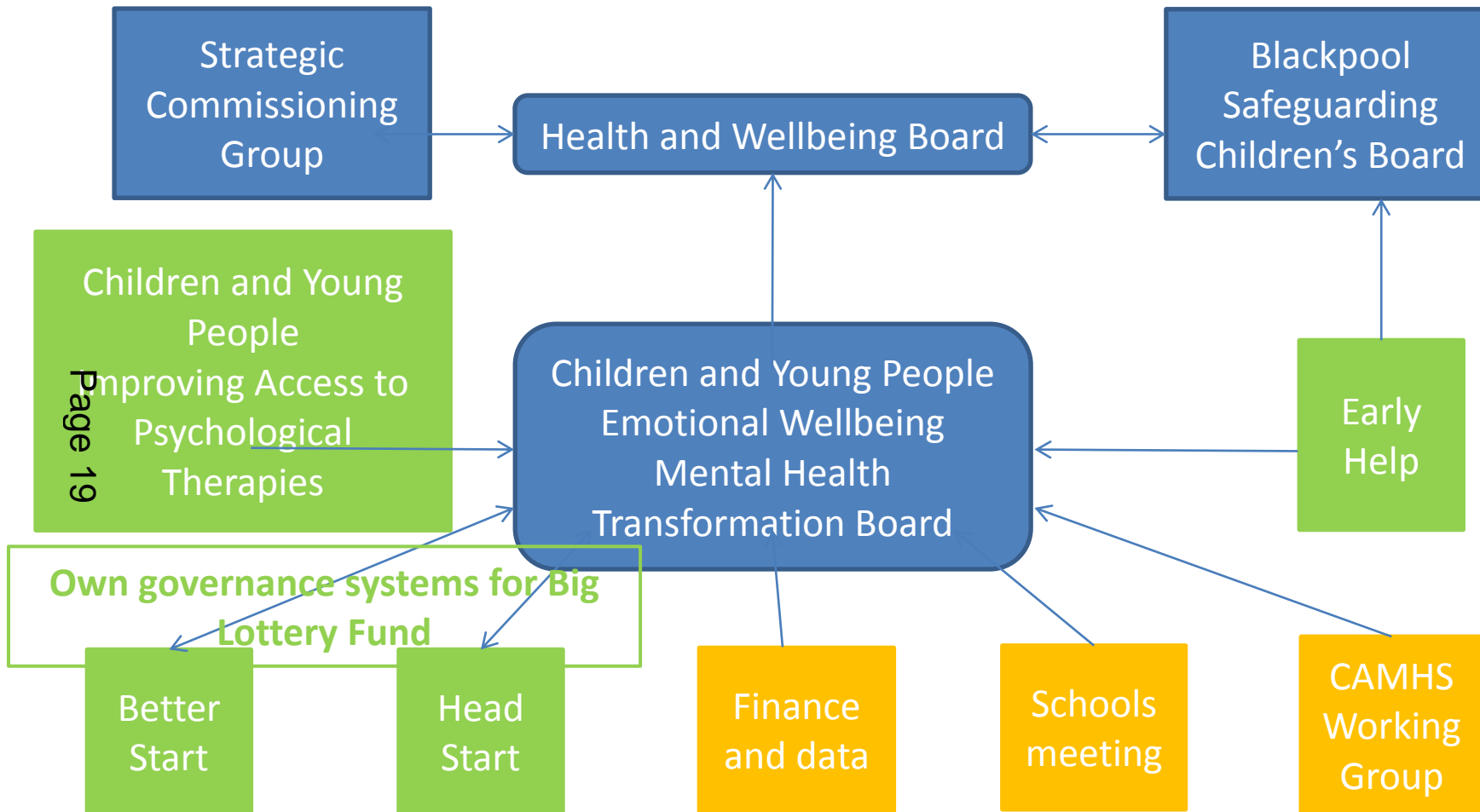
- January 2016: Feeding in consultation and engagement that has taken place with Children and Young People and parents through the Betterstart and Headstart Programme
 - February 2016: Survey Monkey that was circulated to parents, children and young people who access any commissioned health service (including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

- November 2016: Consultation and engagement through questionnaires over several weeks supported by staff with groups of Children and Young People in UR Potential (third sector group supporting young people) and CAMHS around crisis pathways.

13.0 Background papers:

13.1 None.

**Appendix 4(a) – Blackpool Transformation Programme Governance Structure
Children and Young People’s Emotional Wellbeing and Mental Health Transformation Board**



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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care NHS Foundation Trust
Date of Meeting:	26 April 2017

LANCASHIRE CARE FOUNDATION TRUST: HARBOUR PROGRESS REPORT

1.0 Purpose of the report:

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

2.0 Recommendation:

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

3.0 Reasons for recommendation:

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

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

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered: None.

4.0 Council Priority:

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

5.0 Background Information

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

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

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

6.0 Update Information

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

6.2 The report covers staff working across all areas of the Trust. The report in Appendix 5 (a) relates specifically to Adult Mental Health Services, as the Harbour is LCFT's largest inpatient unit and this was considered of most interest to the Committee. Note - pages 10-18 of the report have been included as a summary of the findings. The full detailed findings are available as a background document and were circulated to Members.

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

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

"In November 2015, we found that the quality of some services provided by Lancashire Care NHS Foundation Trust to be requiring improvement and told them where they must make changes. Some of the trust's problems stemmed from staffing issues

"Despite these challenges, the trust staff have shown a real determination to follow up the issues we had identified and they have made improvements across most areas of the trust. On this inspection, we found that they had a clearer sense of direction and was now more responsive to the needs of people using the service. They worked closely with other healthcare partners to identify those needs.

"We were particularly impressed by the work of the staff training academy which is responsible for providing and monitoring all aspects of staff training and development. There is no doubt that this is improving the quality of patient care.

"We were impressed with the improvements we saw, and Lancashire Care NHS Foundation Trust should be proud of their new Good rating."

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

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

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

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

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

6.9 **List of Appendices:**

Appendix 5 (a) - Staff Survey: Locality Report: Adult Mental Health (pages 10-18)

7.0 **Legal considerations:**

Not applicable.

8.0 Human Resources considerations:

There are no Human Resources implications for Blackpool Council.

9.0 Equalities considerations:

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

10.0 Financial considerations:

There are no financial implications for Blackpool Council.

11.0 Risk management considerations:

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

12.0 Ethical considerations:

Not applicable.

13.0 Internal/ External Consultation undertaken:

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

14.0 Background papers:

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

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

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

Staff Survey: Locality Report: Adult Mental Health (full detailed report findings)

Summary of results

How do we compare to other localities?

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

The survey shows that the locality is:

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

- scores significantly better than average
- scores significantly worse than average

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

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

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

NONE

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

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

Section 2

Positive Score Summary

overview of results by section



Positive Score Summary

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

▣ scores significantly better than average

▣ scores significantly worse than average

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

YOUR JOB

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

YOUR MANAGERS

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

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

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

YOUR PERSONAL DEVELOPMENT

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

YOUR ORGANISATION

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

BACKGROUND INFORMATION

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

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr Tim Bennett, Deputy Chief Executive and Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting:	26 April 2017

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

1.0 Purpose of the report:

- 1.1 To consider a progress report on Blackpool Teaching Hospitals NHS Foundation Trust's (the 'Trust') strategy, including progress against strategic ambitions and the financial position.

2.0 Recommendations:

- 2.1 To consider, scrutinise and comment upon the strategy and ongoing work of the Trust in relation to clinical and financial sustainability.
- 2.2 To consider what further progress assurance the Committee may wish to receive in relation to continued implementation of the work programmes.

3.0 Reasons for recommendations:

- 3.1 To ensure constructive and robust scrutiny of the clinical and financial sustainability of Blackpool Teaching Hospitals NHS Foundation Trust.

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 At the Resilient Communities Scrutiny Committee meetings on 5 November 2015 and subsequently 4 February 2016 and Health Scrutiny Committee meeting on 14 December 2016, Mr Tim Bennett, Deputy Chief Executive and Director of Finance at Blackpool Teaching Hospitals NHS Foundation Trust presented Members with detail of the Trust's financial deficit and the need to ensure that the financial position did not impact on the quality of care. The web link to reports and minutes of previous meetings is listed at paragraph thirteen below.

5.2 The Committee discussed the financial challenge the Trust was facing, the core reasons behind the deficit and the action being taken to address the deficit.

5.3 Members asked a number of questions including whether the Trust had developed a plan for financial recovery and was informed that this was the case. Mr Bennett agreed to return to the Committee at a future meeting to present a further progress report following the winter pressures of late 2016 - early 2017 concerning the Improvement Action Plan and Strategy for Financial Recovery that had been developed

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 6 (a): Progress report.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13. Previous reports concerning sustainability issues from Blackpool Teaching Hospitals Trust to the Resilient Communities Scrutiny Committee on 5 November 2015 (<http://tinyurl.com/jp7abvw>) and 4 February 2016 (<http://tinyurl.com/jfuyv8v>) and Health Scrutiny Committee on 14 December 2016 (<http://tinyurl.com/lgppcqz>).

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Blackpool Teaching Hospitals NHS Foundation Trust

Update on the Trust's Strategy – Clinical and Financial Sustainability

1. Introduction

This paper updates members of the Health Scrutiny Committee on progress against the Trust's strategy, the impact on operational and financial performance over the winter period and more recent announcements on the back of the NHS Forward View – The Next Steps.

2. Background

The Trust engaged in a major review of its strategy during 2015 using the template recommended by the regulator (Monitor – now NHS Improvement).

The strategy followed a 7 step process and was developed in conjunction with our clinicians, stakeholders and key local partners.

The Trust identified a strategic vision as follows:

“As a high performing Trust, operating as part of an accountable care system for the Fylde Coast, we will provide high quality, safe and effective care in a financially sustainable way, through our skilled and motivated workforce.

The strategy was based around 4 key themes of quality, performance, workforce and finance and we identified a number of strategic ambitions or targets for the next 3-5 years.

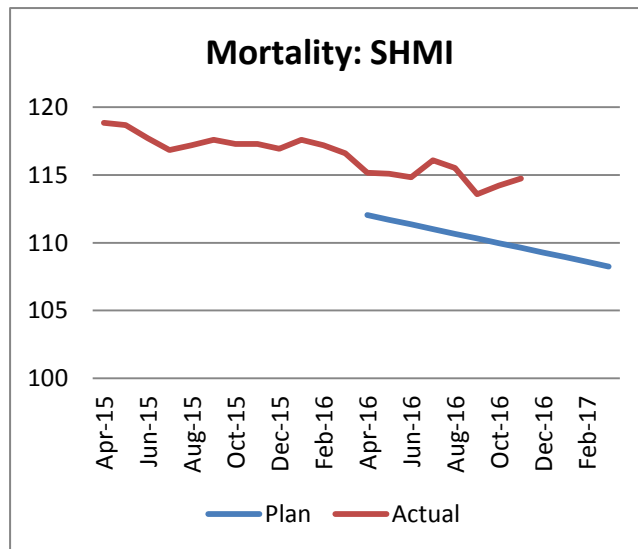
	Measure	Ambition	Key measure(s) of success	
			Current	Ambition
Quality	1. Mortality: SHMI	We aim to achieve our lowest levels of mortality, meeting and then falling below our expected number of deaths.	112 ¹	<=100 in 3 years
	2. Patient Experience: Friends & Family Test	We aim to achieve our highest levels of patient satisfaction.	95.8% ²	98% in 3 years
Operations	3. Length of stay	We aim to achieve top quartile performance, moving to top decile performance, for both non-elective and elective lengths of stay, whilst at the same time maintaining high quality care.	Non-elective 4.9 days ³ Elective 3.5 days ³ Readmissions within 30-days 103.5 ⁴	Non-elective 4.1 days in 2 years 3.7 days in 5 years Elective 2.6 days in 2 years 2.3 days in 5 years Readmissions within 30-days 96.7 in 3-years 90.8 in 5 years
Workforce	4. Vacancy rate	We aim to reduce our vacancy rate by >50%, based on future workforce numbers	9.09% ⁵	4% in 5 years
	5. Staff Satisfaction: Friends & Family Test (recommend as a place to work)	We aim to achieve our highest levels of staff satisfaction.	69% ⁶	85% in 5 years
Finance	6. Finance	We aim to achieve a FSRR of 3. The FSRR is a composite of various financial measures, including: <ul style="list-style-type: none"> • Liquidity (days) • Capital Service Cover • I&E Margin • I&E Variance (as a % of income) 	2 ⁷	3 in 3 years

The strategy and progress against it has been presented and discussed at the Scrutiny Committee on three previous occasions (November 2015, February 2016 and December 2016).

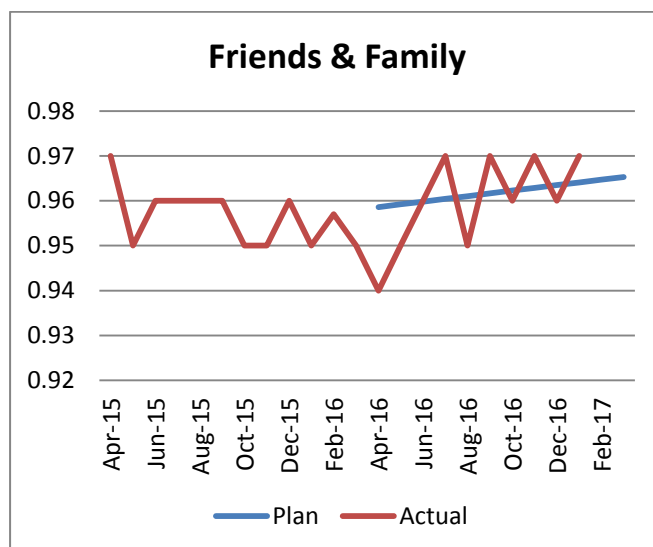
3. Progress to Date

Progress against each of the strategic ambitions is as follows:

Quality of Care

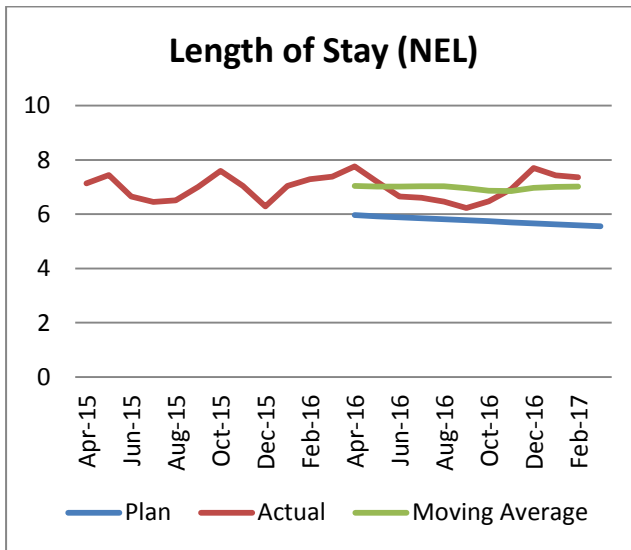


The Trust has set an ambition to reach a Standardised Hospital Mortality Index (SHMI) of 100 by 2019. Although progress has been made towards this actual results are higher than planned. As a result new initiatives aimed at improving pathway compliance for specific conditions have recently been agreed and implemented.

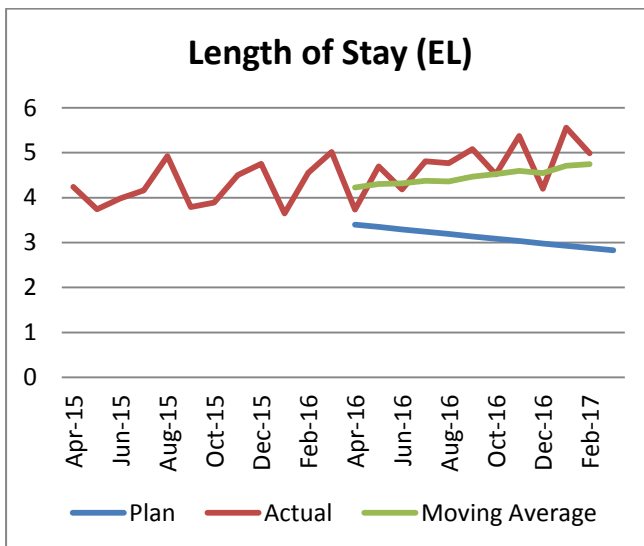


The results of this test continue to show general positive feedback from patients and carers. We aim to get to a positive figure of 98% and current progress is ahead of plan.

Operational Performance

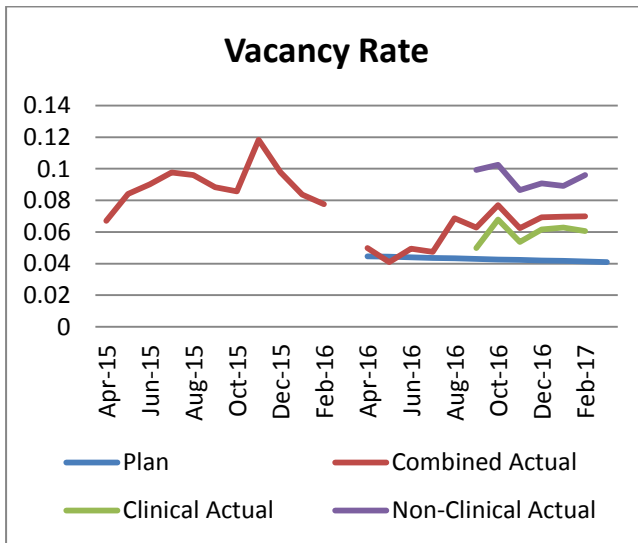


Lengths of stay for non-elective patients was showing good improvement earlier in the financial year but has reversed over the winter period (see section 4 below).

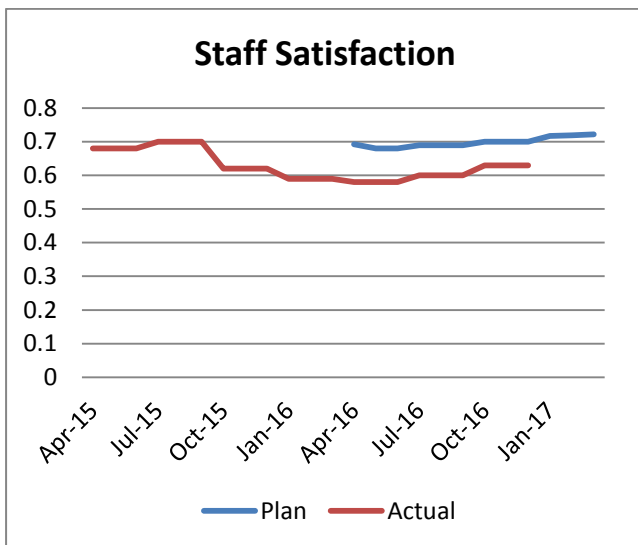


Length of stay for elective patients has actually increased over the period. However, we believe that more patients are now being treated as day-cases (not included in these figures) and therefore the case mix of the admitted patient cohort has got more complex leading to the increases shown.

Workforce



The rising costs and reliance on agency staff were one of the key drivers behind the need strategy. The target is to reduce to 4% over the time period. To date this has not been achieved.



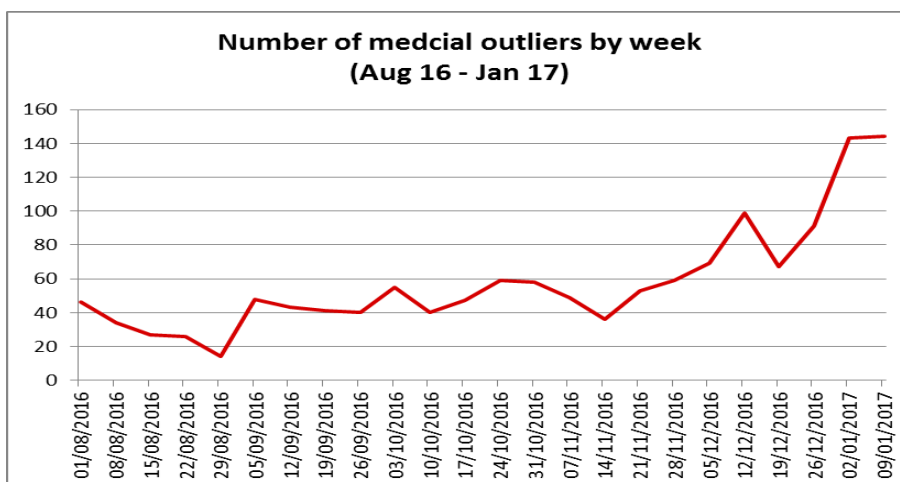
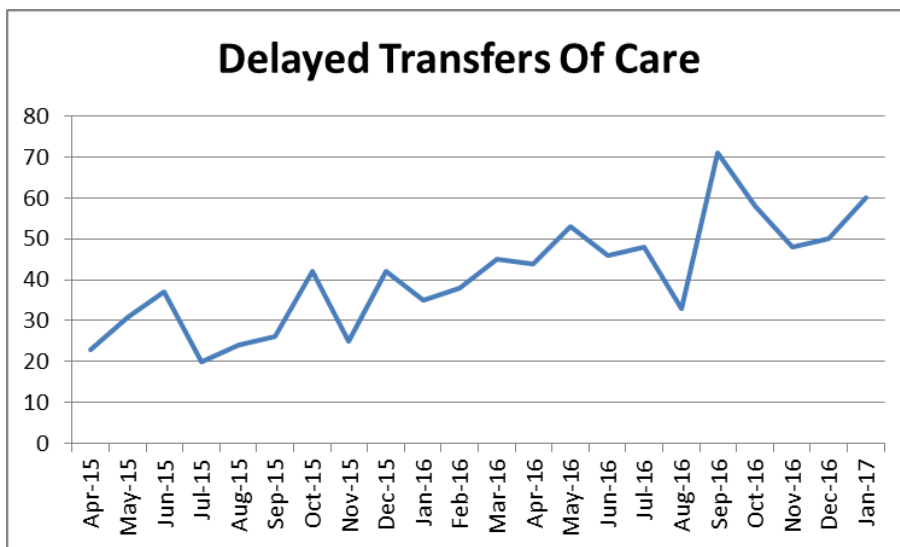
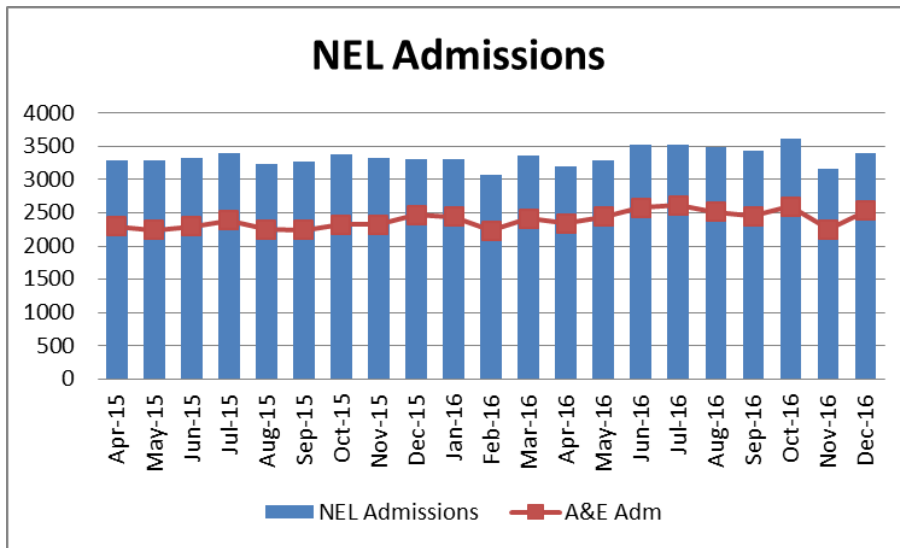
Staff satisfaction has improved more recently but is not meeting the target the Trust established. A key review will be how this has moved over the winter period.

Finance (see section 5 below)

4. Operational Pressures Over the Winter Period

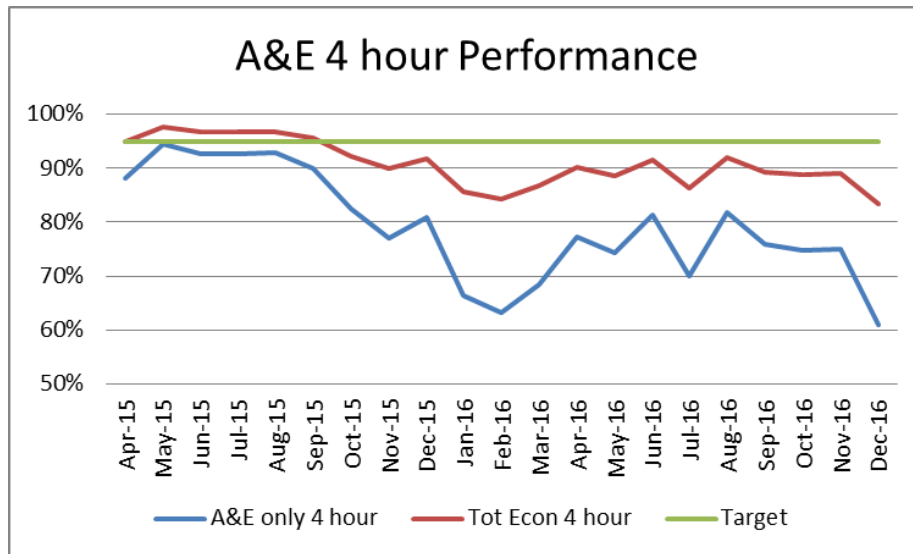
Alongside many parts of the NHS the Trust has faced periods over the winter months of unprecedented pressure on the emergency pathway. The causal factors are multifaceted but include an ageing population with increasing levels of comorbidities, increased attendances at the emergency department and other elements of the urgent care network and a significant increase in delays in discharging patients from hospital once medically fit.

None of these alone can explain the full impact but graphs to highlight the position are as follows:



The first priority of the Trust has been to ensure patient safety and a range of actions have been introduced to ensure that these pressures do not compromise the quality of outcome

that patients experience. However, as shown in the following graph it has resulted in longer waits within the ED department:



5. Financial Position

Alongside the unprecedented levels of operational pressures are the financial challenges facing the NHS in general and the Trust more specifically.

As previously discussed at the Scrutiny Committee, the Trust has been operating with an underlying deficit for several years. On top of this each year the NHS expects that providers will make further efficiency savings. This is brought about by funding for procedures being kept flat whilst the Trust has to meet increasing cost pressures (for things such as pay awards, drug inflation, other cost pressures) through internally generated savings (Cost Improvement Targets).

This year (2016/17) the Trust had a target of £20m in savings on top of the extra costs of dealing with the operational pressures over winter and the impact of agency staff costs for difficult to recruit to posts. Delivery of the savings is essential if the Trust is to meet its control total which in turn is a prerequisite to receiving our share of the national Sustainability and Transformation Fund. In January it looked highly likely that we would not meet these savings targets without compromising patient safety and as a result we were forecasting that we would not meet our control total and therefore not receive the sustainability and transformation fund. However, more recently the Trust has benefited from some one-off savings and some additional funding to support a number of projects. This now looks sufficient to bridge the savings shortfall and ensure we get the sustainability monies.

Whilst this is clearly a better position than we were in even a few months ago it does not deal with the underlying deficit and further significant savings and efficiencies will be required over the next few years.

6. Five Year Forward View – Next Steps

The Government has recently published an update to the NHS Strategy – The Five Year Forward View.

<https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>

This provides detail on both the priorities for the NHS and the way in which these are expected to be achieved. The document focuses on the challenges (financial, operational, workforce) facing the whole NHS. It makes clear reference to local health systems that have integrated care more fully having had fewer emergency admissions and signposts that where local agencies are working together consideration should be given to moving towards an Accountable Care System (ACS).

ACS seek to integrate care horizontally (across providers) and vertically (primary, community, acute, mental health) and get local commissioners and trusts often in partnership with local authorities taking collective decisions on what is “right” for their local residents. ACSs seek to move away from tariff based payment mechanisms and are intended to support local bodies taking responsibility for redesigning care across the whole of their footprint.

Blackpool (together with Fylde and Wyre) has been highlighted as one potential area at the forefront of developing accountable care due to the strength of local partnerships and because of the good track record in developing new models of care.

The Next Steps document is therefore an important signpost of how we will move forward over the coming months and the way in which we will increasingly seek to manage whole population health together.

7. Summary and Conclusion

This paper has sought to brief the members of the Health Scrutiny Committee on progress against the previously discussed Trust strategy.

In summary progress has been made against most strategic ambitions including quality, operational performance, workforce and finance. However, this progress has not been as quick as expected and in part this is a result of the high level of emergency pressures we have experienced over the last few months.

Moving forward we have an opportunity to develop a much more integrated health and care system and given the interconnected nature of the services we provide this offers significant scope for further improvement both in terms of the services and outcomes for our residents and also the overall health and wellbeing of the population.

Tim Bennett

Deputy Chief Executive, April 2017.

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lorraine Hurst, Head of Democratic Governance
Date of Meeting:	26 April 2017

HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

1.0 Purpose of the report:

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

2.0 Recommendations:

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

3.0 Reasons for recommendations:

- 3.1 To ensure the Workplan is up-to-date and is an accurate representation of the Health Scrutiny Committee's work.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A
- 3.3 Other alternative options to be considered:
None.

4.0 Council Priority:

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

5.0 Background Information

5.1 Health Scrutiny Committee Workplan

5.1.1 The Health Scrutiny Committee Workplan 2016-2017 is attached at Appendix 7 (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.

5.1.3 Members are requested to note the draft content for the summer 2017 meeting.

5.2 Health Scrutiny Committee Review Checklist

5.2.1 The Health Scrutiny Committee Review Checklist is attached at Appendix 7 (b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the HSC, prior to a topic being approved for scrutiny.

5.3 Implementation of Recommendations/Actions

5.3.1 The table attached to Appendix 7 (c) has been developed to assist the Health Scrutiny Committee to effectively ensure that recommendations made are acted upon and also to review the effectiveness of outcomes. The table will be regularly updated and submitted to each meeting. The Resilient Communities Scrutiny Committee was previously responsible for health scrutiny. Actions requested by the Resilient Communities Scrutiny Committee were transferred over to the 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 7 (a), Health Scrutiny Committee Workplan 2016-2017

Appendix 7 (b), Health Scrutiny Committee Review Checklist

Appendix 7 (c), Implementation of Recommendations/Actions

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017	
April / May 2017	<p>Quality Accounts of NHS Trusts (annual reviews of quality of care)</p> <ol style="list-style-type: none"> 1. Lancashire Care Foundation Trust [received 24 Mar 2017, deadline 28 Apr 2017] 2. Blackpool Teaching Hospitals [received 13 Apr 2017, deadline 2 May 2017] 3. North West Ambulance Service [tbc nothing received as of 17.04.17] <p>Note - instead of a Panel meeting, members have been sent the accounts and draft response/s prepared for informal sign off through the Chair</p>
May / June 2017	Sustainability and Transformation Planning -may be a training seminar opportunity
June / July 2017	Induction / Refresher Training [HSC role / responsibilities ref effective scrutiny]
5 July 2017 (date TBC)	<p>Note - some items short/linked, may not be required / need to be deferred (for a balanced meeting and/or more substantive progress reports at a separate meeting) The agenda will be refined nearer the time but Members will need to focus on high priority items where most Scrutiny value can be added, i.e. may not be time for all.</p> <ol style="list-style-type: none"> 1. Council Plan - End of Year 2016-2017 (Apr 2016 to Mar 2017) Performance Monitoring. Adult Services, Health, Leisure and Third Sector indicators (non-health indicators tbc). Short item. 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. Short item (improved access to psychological therapies links to mental health item - provision and quality). 3. Annual Healthwatch Progress Report 2016-2017 (Apr 2016 - Mar 2017) and 2017-2018 Priorities Timeline. Short item. 4. Health and Social Care Integration - Progress - Focus on Development of Sustainability Transformation Plan (including Projected Costings/Savings) and Healthier Lancashire. Update originally requested for mid-2017 but earlier progress requested following Dec 2016 meeting. Interim update circulated Apr 2017. Note - comprehensive focus so may be a separate dedicated meeting (Jun / Jul 2017). <u>Public Health themed meeting</u> (items 5-6 are linked, items 7-8 and 9 are linked) 5. Public Health Scrutiny (Due North) progress report (recommendations originally approved autumn 2016). Short item. 6. Health and Wellbeing Strategy 2016-2019 - Action Plan and Progress Report. Note - deferred from Mar 2017 as more timely for Jul 2017, may be affected by longer-term Pan-Lancashire Health and Wellbeing proposals. 7. Public Mental Health Strategy - Action Plan and Progress (c/f) including improving feedback, speed, outcomes of GP mental health referrals for acute cases 8. 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 and mental health parties discussion before Jun/Jul 2017) 9. Sexual Health Strategy - Action Plan and Progress (c/f). Short item tbc (subject to other priority items). <p><u>Other Health items</u> (item 10 tbc)</p> <ol style="list-style-type: none"> 10. Health Scrutiny Committee Annual Report 2016-2017. This may be part of a short, shared report with the other Scrutiny Committees (may be circulated to Members for information instead of being on the agenda).
2017/18 (or 2018/19) Potential Topics	<p>Potential interest for 2017-2018</p> <p>Note - item 1 could be deleted as this is an ongoing issue that will feature generally in reports and if required as dedicated items. Item 2 may still be of significant interest with potential for real value to be added including related issues such as GP recruitment. Item 3 may have gone past the stage of Scrutiny being able to add</p>

	<p>significant value.</p> <ol style="list-style-type: none"> 1. Local Health Service financial planning and long-term sustainability of key organisations (alongside quality of service, i.e. whether financial pressures impacting on service delivery). See 2) below which can be incorporated. 2. Availability/Duration of GP Appointments (Access to Services and Quality). 3. (CQC) Neonatal Review. How newborn babies and infants with complex health conditions are cared for in hospitals and in the community. Three areas of care focus - detection of health problems during pregnancy through screening, diagnosis and management of newborn babies with deteriorating medical conditions (particular focus on high blood pressure) and management of infants requiring respiratory support in the community. The CQC findings need to be checked ref any Blackpool issues.
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COMPLETED HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017 FOR INFORMATION	
6 July 2016	<ol style="list-style-type: none"> 1. Council Plan - End of Year 2015-2016 (April 2015 to March 2016) Performance Monitoring 2. Blackpool Clinical Commissioning Group Performance Report - Month 12 (March 2016) and end of year 2015-2016 for CCG referrals and commissioned hospital and ambulance services Healthwatch Impact Report 2015-2016 and 2016-2017 Priorities Timeline 3. Public Health Scrutiny Report 4. Delayed Hospital Discharges
19 September 2016	Blackpool Clinical Commissioning Group - Training Seminar
28 September 2016	<ol style="list-style-type: none"> 1. Council Plan - Quarter One 2016-2017 (April to June 2016) Performance Monitoring. 2. Blackpool Clinical Commissioning Group - Vanguard and New Models of Care Update. This may also link to Health and Social Care Integration and Sustainability and Transformation Action Plan. The update is to consider the proposed model and programme. Further updates may be considered for progress and performance. OPERATIONAL PLANNING THEMED MEETING 3. North West Ambulance Service - Performance Report. Receive an update on the work and performance (response rates) of the NWS including any other relevant information on priorities, budget and plans.
12 October 2016	<ol style="list-style-type: none"> 1. Harbour Progress update including clinician update - compliance with National Institute for Clinical Excellence (NICE) Guidance (Byron Ward incident) The update should focus on the Harbour Improvement Plan and also significant improvements required following the September 2016 review of mental health and community health services by the Care Quality Commission. The CQC review covered the Lancashire Care Foundation Trust as a whole. The CQC also published national results of inspections into MH trusts during July 2016. Most including the LCFT required improvement overall. CQC review on lessons learnt following deaths may also be of interest. Healthwatch undertook a service user survey of the Harbour in April 2016 so will be invited to the meeting and their report including as an appendix to the report. Resilient Communities Scrutiny Committee requested that an update on safeguarding progress is provided.
18 October 2016	Blackpool Teaching Hospitals - Training Seminar
14 December 2016	<ol style="list-style-type: none"> 1. Winter Health Planning /Issues - Blackpool Clinical Commissioning Group (with Blackpool Teaching Hospitals and North West Ambulance Service as appropriate). Note - item deferred from September 2016 meeting in order to allow time for new national guidance (NHS England) and local information updates.

	<p>3. Council Plan - Quarter Two 2016-2017 Performance Monitoring FINANCIAL PLANNING AND SUSTAINABILITY THEMED MEETING</p> <p>4. Blackpool Clinical Commissioning Group Performance Report - 2016-2017 (April – September 2016) for quality of care (for all commissioned services), CCG referrals and commissioned hospital and ambulance services, GP practices and financial performance. Note - this may include a brief update on the Care Quality Commission's (CQC) re-inspection of the Grange Park Health Centre else after the CQC's report which is expected around 16 December 2016.</p> <p>5. Ambition Targets and Work Plans including Economic Recovery - Blackpool Teaching Hospitals. Note - item deferred from September 2016 meeting.</p>
22 March 2017	<p>1. Council Plan - Quarter Three 2016-2017 Performance Monitoring <u>YOUNG PEOPLE'S HEALTH THEMED MEETING</u></p> <p>2. Young People's Physical Health. Consider progress with tackling child obesity and the Oral Health Strategy.</p> <p>3. Young People's Health Needs in Care. Consider this issue which was raised by the Care Quality Commission (CQC) during mid-2016 ('Not seen Not heard' report). The CQC have since undertaken an inspection of services within Lancashire (not including Blackpool) leading to a Lancashire Action Plan. Although services in Blackpool not considered there may be parallel lessons. Note - focused meeting on the two key areas of mental and physical health issues for young people it may be more appropriate to defer the health needs in care item. Note – some March items needed to be deferred (for a balanced meeting and/or more substantive progress reports at a future meeting)</p>
26 April 2017	<p><u>SUSTAINABILITY AND INSPECTIONS THEMED MEETING</u></p> <p>2. Young People's Mental Health. Hear from young people concerning mental health concerns/support and the Child and Adolescent Mental Health Services (CAMHS) provider. Mainly consideration of the Transformation Action Plan (Young People's Emotional Health and Wellbeing, Resilience and Mental Health). This item was deferred from 22 Mar 2017.</p> <p>1. Health and Social Care Integration - Progress - Focus on Development of Sustainability Transformation Plan (including Projected Costings/Savings) and Healthier Lancashire. Update originally requested for mid-2017 but earlier progress requested following Dec 2016 meeting. Interim update circulated to Members - Apr 2017, comprehensive report summer 2017.</p> <p>3. Patient Choice - Consider the costs/benefits/issues concerning people's choice of continuing healthcare in a person's own home (community focused) rather than care in a residential home. CCG provided initial response Feb 2017, comprehensive report circulated to Members - Apr 2017.</p> <p>4. Clinical and Financial Sustainability - Blackpool Teaching Hospitals - Progress. Follows Dec 2016 meeting and further assurance required following winter (pressures) performance for Mar / early 2017.</p> <p>5. The Harbour - Inspection Progress following the CQC report of the September 2016 inspection. Note - this item was only provisional but will not be held (or deferred) if the CQC report provides sufficient good quality and safety assurance. The CQC provided a 'good' rating overall ('safe' domain 'requires improvement') for the Lancashire Care Foundation Trust as a whole, i.e. across Lancashire without specific breakdown of performance in Blackpool (The Harbour) although local performance will be extracted.</p> <p>6. North West Ambulance Service - Inspection Progress following the CQC report of the June 2016 inspection. Note - the Blackpool Clinical Commissioning Group act</p>

	<p>as the lead commissioner of the NWAS for across the north west. The CQC provided a 'requires improvement' rating for the NWAS as a whole, i.e. across the north west region without specific breakdown of performance in Blackpool although local performance will be extracted.</p> <p>7. Grange Park Health Centre - Inspection Progress. CQC re-inspection report due. Health Centre making progress (supported by CCG / NHS England) with updates to CQC etc. Assurance needed ref long-term improvement and sustainability independent of CCG / NHS England support which will cease. Scrutiny has previously maintained an informal 'watching eye' recognising that patients and their safety/care have not been directly at risk.</p>
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SCRUTINY SELECTION CHECKLIST**Title of proposed Scrutiny:**

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

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

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

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

Please give any further details on the proposed review:

Completed by:

Date:

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - DETAILED RESPONSES ARE FURTHER BELOW AFTER THE TABLE)	RED / GREEN / AMBER (RAG)
1	RC Comm 02.07.15	Blackpool Teaching Hospitals Foundation Trust circulate regular information regarding Patient Experience outside of the Committee meeting to allow Members to escalate any issues to the Committee.	30 Nov 2015	Pat Oliver	First report circulated 18 January 2016. Second report circulated 15 June 2016. Ongoing.	Green
2	RC Comm 02.07.15	Healthwatch Blackpool circulate the outcomes from Consumer Reviews and Consultations to Resilient Communities Scrutiny Committee Members.	Ongoing	Sheralee Turner-Birchall	Outcomes are regularly circulated. To date Members have received reports pertaining to: Mental Health, Outpatients, Dentistry, Maternity Services.	Green
3	RC Comm 02.07.15	Formal six monthly reporting from Healthwatch, with the ability for Healthwatch to raise any issues outside of this timescale informally to Members, who could escalate them to the next available Committee meeting.	6 July 2016	Healthwatch	Originally scheduled for 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 -	Amber (now due summer 2017)

					<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. 26 Apr 2017 - will be considered at summer 2017 meeting as part of CCG performance targets and mental health quality provision item - see Actions 17 and 18.</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</p>	Green

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

	17.03.16	report to a meeting of the Committee in approximately six months on the Vanguard/New Models of Care Project.	2016	Bonson/Roy Fisher, CCG	Health Scrutiny Committee. On agenda for 28 Sept 2016. Update provided.	
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	Green

					satisfactory assurance, action will be complete.	
13	HSC 06.07.16	To receive detailed information on the significant difference in non-opiate and opiate drug users completing treatment successfully at the next meeting.	28 Sept 2016	Ruth Henson	On agenda for 28 Sept 2016 as part of the Council Plan Performance Report. Explanation given concerning opiate users facing far more complex, deep-rooted problems than non-opiate users and focus on needing to improve long-term sustainable recovery and better life outcomes for both opiate and non-opiate users. Information also provided on the proposed new integrated drug and alcohol service. See minutes of meeting for more details.	Green
14	HSC 06.07.16	To receive an update from the Cabinet Secretary concerning progress with tackling overweight children with particular reference to unhealthy snacks being sold in health centres.	28 Sept 2016	Cabinet Secretary [Public Health]	<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</p>	Green

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

					reference to recent detailed discussions with Lancashire Care NHS Foundation Trust around mental health services. 26 Apr 2017 - will be considered at summer 2017 meeting as part of CCG performance targets and mental health quality provision item - See Action 4.	
19	HSC 06.07.16	To receive a quality of care performance report from BCCG at a future meeting.	28 Sept 2016	David Bonson, CCG	Proposed to be included in current regular performance reports of CCG commissioned areas. Next performance report due 14 Dec 2016. Not done for 14 Dec 2016. Will be requested again at 14 Dec 2016 meeting. Jan 2017 - The quality of care indicators monitored by NHS England are reported in the normal performance report [Scrutiny Officer note - Members may wish to review those indicators and consider whether they are satisfied that sufficient quality of care info has been provided, e.g. recovery rates, feedback from patients] See Action 33.	Amber (now due summer 2017)
20	HSC 28.09.16	Health Key Performance Indicators should all have specific (baseline) targets for monitoring progress and for performance, actual numbers alongside percentages.	14 Dec 2016	Ruth Henshaw	25.10.16 The change is being prepared for the next Council Plan Performance report (Quarter Two). Baseline data added for the three regular indicators (drugs and obesity).	Green
21	HSC 12.10.16	Percentage of newly qualified staff when The Harbour (LCFT) started in 2015 and the current percentage.	Oct / Nov 2016	Steve Winterson	22.11.16 According to the LCFT Electronic Staff Record system, there are 156 staff occupying nursing positions (including matrons and senior matrons) - of these 20 meet the definition of "newly qualified" which equates to 12.8%. "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	Amber (effectively green)

					Members wish) for parallel figures in 2015. Scrutiny Officer - this action could be considered complete, current data provided by LCFT (historic data of limited value).	
22	HSC 12.10.16	Number of original staff retained from when The Harbour (LCFT) started in 2015.	Oct / Nov 2016	Steve Winterson	22.11.16 64% of staff who were based at the Harbour in Apr 2015 (according to ESR) are currently working there now - this is for all staff groups.	Green
23	HSC 12.10.16	Staff turnover rates.	Oct / Nov 2016	Steve Winterson	22.11.16 The turnover rate for the 12 months ending Sept 2016 for all staff working at The Harbour was 9.50%.	Green
24	HSC 12.10.16	Results of the latest staff survey ref The Harbour (LCFT).	Oct / Nov 2016	Steve Winterson	22.11.16 There is a staff survey which closes on 2 Dec 2016. This is part of the national programme which enables our results to be compared to other Trusts and the results will be shared as soon as available. 26 April 2017 - results part of LCFT meeting update.	Green
25	HSC 12.10.16	Sight of CQC recent inspection (covers LCFT as a whole so aspects relevant to Harbour for highlighting)	Oct / Nov 2016	Steve Winterson	22.11.16 Reports expected late Dec 2016. Reports will be shared as soon as available. Likely that there will be a specific report on In Patient Mental Health Services rather than specifically The Harbour. 07.02.17 Emails sent by Scrutiny Officer to Members on 19.01.17 and 30.01.17. CQC gave LCFT an improved 'good' rating, some concerns on areas 'requiring improvement' e.g. 'safe' theme. LCFT gave a helpful summary listing good practice areas / improvements required along with a colour tracking table highlighting good practice / improvements needed. Brief progress requested and provided for 26.04.17 meeting (supersedes Action 11). Scrutiny officer comment – this action should be considered complete, future updates can still be requested as necessary.	Amber (effectively green)

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	<p>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.</p> <p>Since 2015 the Trust's Incident Policy (June 2015) has been revised and Section 4.5 specifically states:</p> <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>	Green
28	HSC 12.10.16	Confirmation of what new sites [in-patient mental health facilities in Blackpool] were proposed and details of service capacity.	Oct / Nov 2016	Steve Winterson	22.11.16 Proposals / options are being developed for future mental health service requirements as part of supporting the wider health and social care transformation agenda and will be considered by Blackburn commissioners / Lancashire Scrutiny early in 2017. See after end of table for detailed 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	Mar 2017	Amanda Doyle / David Bonson	17.02.17 Email sent confirming integration / STPs update for additional 26.04.17 meeting. CCG update will include costing info. 26.04.17 Interim	Amber (now due summer)

		to the Committee at its March 2017 meeting or another early date in 2017.			update circulated to Members. Comprehensive report summer 2017.	2017)
30	HSC 14.12.16	Update before the March 2017 meeting from Councillor Cross on GP patient referral rates for support to stop smoking.	Mar 2017	Cllr Cross	17.04.17 Reminder to be sent, response expected before 26.04.17.	Amber
31	HSC 14.12.16	Receive an assurance report in spring or summer 2017 on Blackpool Teaching Hospital's clinical care and financial performance achieved during the winter period (end March 2017).	End Mar 2017	Tim Bennett	17.02.17 Email sent confirming assurance report required for additional 26.04.17 meeting. 26.04.17 - on meeting agenda, i.e. post-winter update received. Scrutiny Officer comment - action could be considered complete. Progress ongoing, Members may still request future updates as appropriate.	Amber (effectively green)
32	HSC 14.12.16	Future CCG performance reports should contain actual numbers and percentages for proper context as well as explanatory commentary.	Jul 2017	David Bonson / Kate Newton		Amber (due summer 2017)
33	HSC 14.12.16	The next CCG performance report to include patient satisfaction data, quality of care figures and financial budget monitoring.	Jul 2017	David Bonson	13.03.17 CCG may be requested to bring the scheduled July 2017 update forward to additional 26.04.17 meeting. This is subject to CCG being able to verify final year-end figures for 2016/17 (end Mar '17) in time for Apr meeting. 26.04.17 - quality of care indicators monitored by NHS England are reported in the normal performance report [Scrutiny Officer note - Members may wish to review those indicators and consider whether they are satisfied that sufficient quality of care info has been provided, e.g. recovery rates, feedback from patients] See Action 19.	Amber (due summer 2017)
34	HSC 22.03.17	Explanatory report on NHS Healthchecks for people aged 40-74 years old at the Committee's July 2017 meeting as part of the regular	Jul 2017	Lynn Donkin / Val Watson		Due summer 2017

		report on the Council's health performance indicators.				
35	HSC 22.03.17	Young people who wanted to express interest in acting on any form of sounding board (set up by Blackpool Teaching Hospitals) relating to health needs of young people in care, could do so through Scrutiny channels who would forward on details to the Hospital's Looked after Children Team.	Jul 2017	All young people / Sandip Mahajan	26.04.17 - informal meeting held involving Scrutiny reps, young people and their reps to improve format for young people's views into Scrutiny. Young people and reps will be sent a reminder ref BTH interest. Scrutiny Officer note - after Jul 2017 meeting, this action may be considered complete.	Due summer 2017
36	HSC 22.03.17	Report concerning whether the 'Daily Mile' initiative would be progressing locally.	Jul 2017	Lynn Donkin	26.04.17 Public Health alerted local head-teachers and school reps (informal Schools/Public Health Working Party) to the Daily Mile initiative before Apr Scrutiny but up to individual schools whether to take up. Schools may have other practical work going on and will have staff capacity considerations. Primary schools due to be contacted (after 18.04.17).	Due summer 2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Access Rate

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

Recovery Rate

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

IAPT Waiting times

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

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

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

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

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

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

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

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

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

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