Blackpool Council

20 September 2021

To: Councillors D Coleman, Critchley, Hunter, Hutton, Matthews, O'Hara, D Scott, Mrs Scott and Wing

The above members are requested to attend the:

SPECIAL ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Tuesday, 28 September 2021 at 6.00 pm
in Council Chamber, Blackpool Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

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

and

(2) the nature of the interest concerned

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

2 MENTAL HEALTH SERVICES (Pages 1 - 38)

To provide an update on Lancashire and South Cumbria NHS Foundation Trust (LSCFT) and partners' progress in making improvement on the actions identified within the Care Quality Commission inspection report, the outcomes of the external review undertaken, the impact of the pandemic and the discussions and recommendations made at the previous meetings of the Committee.

3 DRUG RELATED DEATHS SCRUTINY REVIEW FINAL REPORT (Pages 39 - 66)

To approve the final report of the Drug Related Deaths Scrutiny Review and submit it to the Executive for consideration.

4 MEALS ON WHEELS SCRUTINY REVIEW FINAL REPORT (Pages 67 - 84)

To approve the final report of the Meals on Wheels Scrutiny Review and submit it to the Executive for consideration.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building. Please ensure you wear a face mask when moving around the building and maintain appropriate social distancing.

Other information:

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Caroline Donovan, Chief Executive, LSCFT
Date of Meeting:	28 September 2021

MENTAL HEALTH SERVICES

1.0 Purpose of the report:

1.1 To provide an update on Lancashire and South Cumbria NHS Foundation Trust (LSCFT) and partners' progress in making improvement on the actions identified within the Care Quality Commission inspection report, the outcomes of the external review undertaken, the impact of the pandemic and the discussions and recommendations made at the previous meetings of the Committee.

2.0 Recommendation:

2.1 To scrutinise the update provided by Lancashire and South Cumbria NHS Foundation Trust, identifying any areas of concern, improvements required or recommendations that Members might wish to make.

3.0 Reasons for recommendation:

3.1 To ensure the Committee is satisfied with the improvement being made to mental health services.

3.2	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.3	Is the recommendation in accordance with the Council's approved budget?	Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 The Adult Social Care and Health Scrutiny Committee has held a number of special meetings on the topic of mental health services. This latest meeting follows the meeting held in October 2020 when it was agreed that a follow up report be provided on the following outstanding issues:

- The evaluation of the Pysnergy service
- The progress made with regards the peer support work
- An update on the memory assessment service
- The progress made in opening new beds and the potential bid for funding for a new learning disability unit.

6.2 The report also provides an update on mental health services and the ongoing impact of the pandemic.

6.3 Representatives from LSCFT will be in attendance to speak to the report provided in Appendix 2(a) and to answer any questions from Members. Representatives from the Integrated Care Partnership will also be in attendance for this report.

Other representatives from a range of partners have also been invited to the meeting to provide additional information.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 2(a) Report provided by LSCFT

8.0 Financial considerations:

8.1 Contained within the appendix.

9.0 Legal considerations:

9.1 Contained within the appendix.

10.0 Risk Management considerations:

10.1 Contained within the appendix.

11.0 Equalities considerations:

11.1 Contained within the appendix.

12.0 Sustainability, Climate Change and environmental considerations:

12.1 Contained within the appendix.

13.0 Internal/external consultation undertaken:

13.1 Contained within the appendix.

14.0 Background papers:

14.1 None.

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Lancashire & South Cumbria NHS Foundation Trust

Mental Health Service Provision

Briefing Report

Prepared for: Adult Social Care & Health Scrutiny Committee

28 September 2021

1.0 Introduction

At the Adult Social Care and Health Scrutiny Committee on 16 October 2020, there was an agenda item regarding Mental Health Services in Blackpool, and Lancashire & South Cumbria Foundations Trust representatives, along with colleagues from the Local Authority, and commissioners were in attendance. Following this meeting, a follow up progress report was requested to a future Committee meeting.

Progress has continued with the delivery of the Mental Health Improvement Plan, working in partnership across the Integrated Care System with health and social care colleagues and with other key stakeholders, like the voluntary sector and with patient and carers groups.

This report is provided to give the Committee further details on the improvement progress and to also provide information that has been requested, specifically the following:

- The evaluation of the Psynergy service;
- The progress made with regards the peer support work;
- An update on the memory assessment service; and
- The progress made in opening new beds and the potential bid for funding for a new learning disability unit.

2.0 Recommendations from Previous Overview & Scrutiny Committee

2.1 Evaluation of the Psynergy Street Triage Service

The Psynergy street triage pilot has been in place in Blackpool since December 2018, with agreement to continue for a further year until April 2022. The aim of this team, comprising Police, NWAS and Mental Health Practitioners from the Trust, is to respond to people in the community who are in mental health crisis, and who may have previously been automatically brought through to A&E or placed on a section 136 of the Mental Health Act. The operating hours are 4pm-Midnight, 7 days a week, although in winter months this has been increased to 12p.m.- Midnight.

The team has access to a broad range of information, both clinical and non-clinical, to enable them to make an appropriate decision that best supports individuals, with the principle of diversion to alternative provision being the key outcome.

Between December 2018 and June 2021 the Psynergy team responded to 4271 calls, the outcomes of which are shown below.

December 2018-June 2021	Data
Total incidents Psynergy in attendance	4271
Of these, Mental Health related	3858 (90%)
Highest incident type	Suicide risk 49%
Resulted in advice f2f or telephone	3177 (74%)
Resulted in s136 detainment	163 (4%)
Resulted in conveyance by NWAS to ED re medical concern	459 (11%)
Relationship/social issue as a factor	45%
Drugs & Alcohol use a factor	40%
No of the 4721 that were re-attenders	557
No of the 4721 that were single incident	1086

The University Central Lancashire (UCLAN) has conducted an early evaluation of the Psynergy Evaluation model to date, which reported that the quality of care for mental health service users experiencing crises in Blackpool has been improved. This will continue to be evaluated.

Moving forward, Psynergy will be reviewed as part of the Initial Response Service (IRS) implementation on the Fylde Coast, as the Trust is looking to expand the street triage model across the Trust. This is outlined later in this report.

2.2 Peer Support Workers

Calico were successful in tendering for a further year's contract from April 2021 to March 2022 to provide peer support workers and support workers into the adult CMHTs on the Fylde Coast. They were commissioned to provide eighteen Peer Support Workers within Community Mental Health Teams (CMHTs) across the Fylde Coast and five Recovery Liaison Workers (RLW) within the Blackpool Mental Health Liaison Team. Peer Support Workers and Recovery Liaison Workers are individuals with lived experience of mental health, substance misuse or other social or psychological issues. The intention of the role is to utilise these experiences as a basis for encouraging recovery-orientated behaviour change.

Calico employ peer support workers and support workers who are embedded into the CMHTs to work alongside the clinical team. These are staff who are passionate and enthusiastic people, with lived experience of a range of social issues, to support people with mental health issues and with further complex needs.

The project provides authentic, client-led support to people who might otherwise attend A&E, and who are engaging with the CMHTs to work on their recovery goals. For service users, peer mentors aim to act as supportive companions and to be trusted allies in their recovery journey, using their lived experience of a range of social issues as a real life example that recovery is possible.

Recovery Liaison Workers are embedded within the Blackpool Mental Health Liaison Team and are tasked with completing a one-hour 'meet and greet' function, primarily within Accident & Emergency but occasionally on other wards within the hospital. The intention is to ensure patients understand the process they will follow, whilst responding to their immediate needs and concerns.

Since the last report to this committee, engagement has been undertaken with the following groups across the Fylde Coast in relation to the Peer Support Model:

- Fylde Family Support Group
- Mental Health Partnership
- Drug and Alcohol Forum

Feedback from people using the services and staff has been positive overall with examples being:

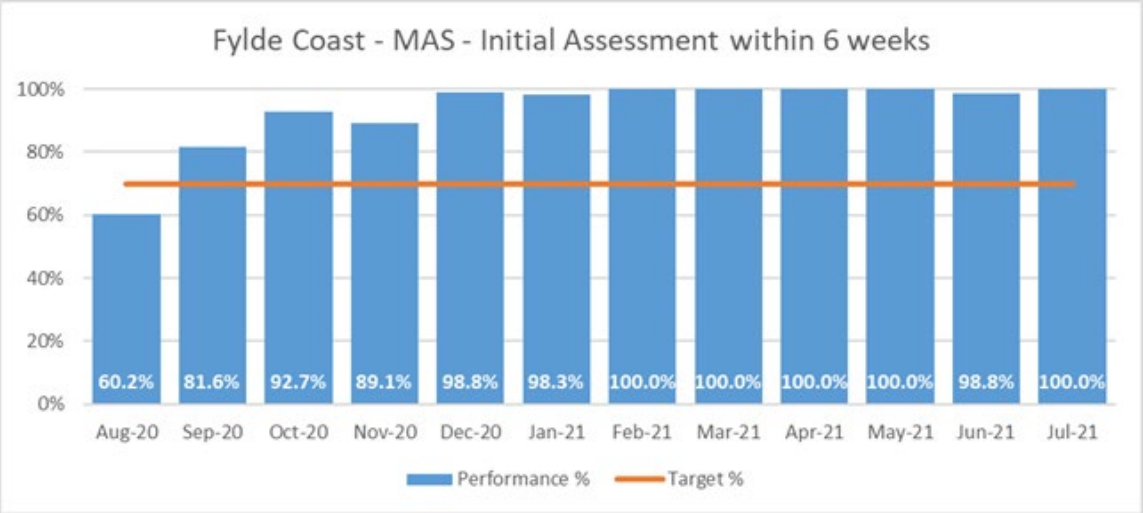
"My worker has given me hope, understanding and patience helping me be a better person."

"Care coordinators are able to focus on the support for people needing their skills and expertise with the Peer Support Workers able to focus on their recovery goals supporting people with their wider needs having positive impacts overall on people's mental health."

2.3 Memory Assessment Service (MAS) Update

Although initially affected by Covid, Fylde Coast MAS restored to a position of recovery following the Covid pandemic. The target of seeing 70% of patients for their initial assessment within 6 weeks is achieved month on month, this has been between 98% and 100% consistently.

Graph 1 – MAS Initial Assessment within 6 weeks



MAS was successful with a bid for winter pressures funding in 2020 and this has supported patients during 2021 to receive MRI scans through a private contract who require a scan to support their diagnosis. This has resulted in a significant number of patients being able to receive not only an assessment within 6 weeks but also their diagnosis. This has opened discussions with Blackpool Teaching Radiology Department regarding better pathways of working. This is also part of a Trustwide Quality Improvement Programme at LSCFT.

2.4 Progress on New Beds and Potential Bid for Funding for a New Learning Disability Unit.

The Patient Flow Transformation Programme, launched on 9th June, augments the work that has already been completed to date. It includes service user and staff engagement with a robust programme management structure supporting the delivery of the plan. The programme will focus on the following five key areas:

- Clinical Pathways for admission – this working group will review our gatekeeping process and roles, understanding the barriers and ensuring improvement plans are targeted and focused. We will also focus on enhancing our LD, Autism and CAMHS pathways.
- Operating model for site management – within this group there will be a full review of our bed management process, local escalation plans and enhancing our out of hours support.
- Optimise and Increase inpatient capacity – bed reconfiguration and right to reside as well as our plans around safety huddles / Red2Green methodology will be led by this work

stream, promoting clear clinical plans and robust review of stranded patients and those with delayed discharges.

- Key Principles for Patient Flow across Lancashire & South Cumbria – ensuring a single system vision and strategy for patient flow, promoting community and less restrictive practices. The work stream will engage with service users and partner organisations to ensure we have a collective view and focus on improving patient flow.
- Accurate & Timely Information – this is a crucial component of all the working groups above, ensuing our improvement methodology includes robust data that can assist with the evaluation of our improvement plans and ensure visible across the wider organisation

This programme of work will include service user and multi-disciplinary staff involvement, ensuring they are involved in and driving the changes.

The Trust has a clear priority to reduce out of area placements for both mental health and learning disability & autism patients from across Lancashire & South Cumbria, through an expansion of inpatient beds within the Trust. There is a clear need to ensure that the current inpatient estate delivers high quality care in a modern, fit for purpose estate. The Trust's current inpatient capacity has a deficit of c.90 beds and the Trust has a programme of work to rectify this over the next eighteen months. In addition to expanding the inpatient provision, the Trust will be developing a rolling programme of ward refurbishment.

The Overview and Scrutiny Committee will have previously received updates on the Wesham Rehabilitation Unit. The unit is planned to open by January 2022 and will provide 28 en-suite bedrooms within a modern fit for purpose rehabilitation setting. The unit has significantly benefitted from service user involvement in planning and design. Recruitment to the unit is currently underway.

The Integrated Care System is one of two systems nationally that does not have NHS provided Learning Disability & Autism beds. Linked to this and as part of the next wave of the Government's 'Health Infrastructure Plan' to identify and build 8 new hospitals, the Trust has developed and submitted an Expression of Interest (EOI) for 26 Assessment, Treatment & Rehabilitation Learning Disability beds within the Lancashire and South Cumbria (LSC) footprint.

These 26 new beds will support new models of care developed nationally for local implementation to provide seamless care between community and inpatient services ensuring that admissions are clinically indicated with clear purpose and outcomes. The beds will enhance and improve service user outcomes by enhancing person-centeredness and quality of care/treatment, keep lengths of stay (LOS) to clinically appropriate durations and enable smoother transitions and discharges. The Trust is currently undertaking a feasibility study for the location of these beds, which have to be co-located to existing acute mental health services. A full business case and consultation plan is being developed alongside the feasibility study which will help inform the options available. The outcome of the EOI is expected by December 2021.

3.0 Service Provision in Blackpool

It is important to note the mental health and learning disability service provision across the Fylde Integrated Care Partnership, which includes Blackpool Teaching Hospitals (BTH) as a service provider. This service provision is illustrated in Appendix 1 of this report.

3.1 Primary Intermediate Mental Health Team

The BTH Primary Intermediate Mental Health Team (PIMHT) is a community mental health team based in Blackpool, within the primary care service. The PIMHT comprises of mental health practitioners who provide mental health assessments, short-term support and signposting to other appropriate services. The team's aim is to provide effective care in the community, with a view to reduce admissions into secondary mental health services. They are an integrated mental health team, working in partnership with secondary mental health services and others, including voluntary sector colleagues.

The service focuses on the prevention of lower level mental health problems developing in to serious illness and builds resilience, independence and aims to promote recovery within individuals.

The Blackpool Primary / Intermediate Mental Health Team seeks to deliver services to the whole population of Blackpool in line with National Policy and local commissioning goals formulated by the strategic needs assessment.

It delivers assessment, signposting and treatment to adults (18yrs+) presenting with common mental health problems. These may be mild to moderate in presentation. The service operates within the Thrive Framework, providing a needs led approach to mental health care, through shared decision making. The service works to create and develop coherent and resource-efficient communities of mental health and wellbeing support for the local population seeking to embed and strengthen mental health provision through the primary care networks.

The P/IMHT is an integrated Team with staff employed by NHS Blackpool and Blackpool Council. It recognises the need to work in partnership with other agencies and act within a broader role of mental health promotion and delivering training and information to other professionals and third sector organisations.

The P/IMHT has two core functions 1. The Single Point of Access 2. The PIMHT.

The Single Point of Access (SPA) receives 400+ referrals per month from all professionals and third sector providers across the health and social care system. Referrals are processed in line with the Thrive Framework and signposted to the most appropriate support. The aim is to ensure people accessing the service receive the right support at the right time, employing a "no wrong door" approach embodied within the service. The SPA function relies heavily on positive interface with partner agencies and engagement in a trusted assessment approach to ensure the timely and safe processing and allocation of referrals.

The table below shows the numbers of SPA referrals by urgency & gender.

PIMHT - SPA Referrals Received & Discharged - 2021/2022

Last Updated: 16/09/21

SPA Referrals Received:

Referral Source	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
Choose and Book	179	196	207	176	204	136	1098
EPC	0	1	0	0	0	0	1
Other	289	236	240	224	191	123	1303
Total	**468**	**433**	**447**	**400**	**395**	**259**	**2402**

SPA Referrals Received By Urgency - excluding duplicates:

Referral Urgency	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
Routine	279	235	256	227	206	147	1350
Urgent	187	194	187	172	189	111	1040
Total	**466**	**429**	**443**	**399**	**395**	**258**	**2390**

SPA Referrals Received By Gender - excluding duplicates:

Gender	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
Female	267	257	231	223	224	159	1361
Male	201	176	216	177	171	100	1041
Total	**468**	**433**	**447**	**400**	**395**	**259**	**2402**

The PIMHT function of the service is a fully integrated holistic offer between Blackpool Teaching Hospitals and Blackpool Council. Also working within a Thrive aligned framework, with a focus on the first two quadrants, the team supports individuals by providing needs led health and social care interventions. The service provides specialist support within the following areas; perinatal, ADHD, Autism, Families In Need.

The locality teams consist of mental health practitioners who are responsible for providing short-term treatments and integrated working. The team are skilled in managing mental health conditions, to establish risk indicators to determine a suitable treatment pathway for the clients. The practitioners act as link workers to other services and take an active role in the community, surrounding education and the promotion of mental health. Each locality practitioner provides a link to the GP neighbourhood teams across the Blackpool locality area. Support and interventions are provided face to face, telephone and digitally.

Attention Deficit Hyperactivity Disorder (ADHD): The ADHD team comprises of a mental health practitioner and psychiatrist that work with individuals with a diagnosis of ADHD. They run evening clinics to provide support around medications.

Autism Spectrum Disorder (ASD): The ASD practitioners work with individuals with suspected ASD, or diagnosed ASD, presenting alongside other mental health problems. The team provide work around screening, diagnosing, and providing support to individuals and their families. They also provide a structured 4 week post diagnostic support group. The team offers a fully integrated health and social care pathway, including pre and post diagnostic support.

Families in Need (FIN): The FIN clinician works collaboratively with the wider FIN team (social

workers, police, substance misuse workers, support workers) offering mental health input to the adults of families in Blackpool who have numerous difficulties. Referral to the practitioner is via colleagues in FIN or social care with intervention being detailed to incorporate the mental health needs that captures the whole family approach. Mental health practitioners deliver 1-1 interventions working towards recovery goals and include guided self- help for depression and anxiety.

Perinatal: The perinatal practitioner works with ladies who are pregnant, or post-pregnancy up to 1 year, with mental health needs. They liaise with other professionals (midwives, health visitors) to work as a multi-disciplinary team, to provide holistic care to mother and baby. The perinatal practitioner also ensure that the emotional and psychological needs of fathers / partners are being assessed, if necessary.

Social Workers: The PIMHT has experienced social workers who work with individuals with complex social needs and mental health issues. The social worker is able to carry out Care Act assessments for those who need help and support in the community and may require a package of care. The social worker can also provide assessments to carers' and initiate necessary support.

Support Workers: The support workers assist patients to promote and enhance social inclusion and independence. They work across the PIMHT services to promote the social inclusion agenda, working in partnership with local people and organisations. The support workers focus on providing 1:1 support to clients in the community ie. graded exposure/desensitisation work. The support staff work alongside qualified practitioners and receive guidance and direction regarding care planning, aims and objectives. The Support Workers are also responsible for providing a weekly Social Inclusion and Wellbeing Clinic, with a focus on prevention and early intervention around social care needs.

Rough Sleeper Clinicians: The Rough Sleeper clinicians are aligned to the existing and ongoing development of a Fylde Coast homeless hub, mental health support and interventions. The service is delivered as part of an integrated, holistic approach to supporting people who are homeless. The model is developed from best practice evidence and local experience in providing mental health support to people who are homeless. This multidisciplinary team operates within a trauma informed model and includes psychiatry, talking therapies, nursing support, social care, peer support. The practitioners are collocated with wider services, including drug and alcohol services and Empowerment, ensuring established close working relationships and seamless pathways for accessing support. The service does not operate with a DNA policy, ensuring individuals accessing the service are able to at a time when they are ready. Recognising specific regional needs in terms of high levels of deprivation in Blackpool. As this service is based within the PIMHT, this provides seamless access to Autism and ADHD diagnostic pathways.

Psychiatry:

The PIMHT Consultant Psychiatrist provides an outpatient clinic offering psychiatric evaluation for patients who are presenting with needs in the following areas:

- Mental health Diagnosis or Diagnosis Review and Management
- Identifying and Managing symptoms to minimise risk
- Effective use of medication

The Consultant Psychiatrist also provides Advice and Guidance service to Blackpool GP practices.

NMP Clinics:

NMP qualified staff from across the service work closely with the Consultant Psychiatrist to provide NMP Clinics offering support to patients in the following areas:

- Mental health Diagnosis or Diagnosis Review and Management
- Identifying and Managing symptoms to minimise risk
- Effective use of medication

Psychology:

The Psychology Team offer assessment and treatment to people with complex and chronic psychological and emotional difficulties and mental health symptoms that have a significant effect on the person's relationships, day to day activities and self-care.

The Psychology Team also work with people who have chronic difficulties with anxiety, depression, obsessive compulsive disorder and post-traumatic stress disorder that have not responded to previous courses of therapy such as Cognitive Behaviour Therapy (CBT).

SMI Health Checks: The PIMHT provide support to Blackpool GP Practices to complete SMI health checks. Across the Blackpool locality, two Assistant Practitioners work closely with GP practices to support in increasing health check up take. The Assistant Practitioners work flexibly with GP practices, acknowledging potential different ways of working within each practice, with a focus on supporting the practice with their current ways of working.

The Assistant Practitioners will work within the GP practices, linking closely with the GP identified SMI champion. Data inputting will be via GP EMIS systems providing practices with immediate access to health check information, preventing unnecessary duplication of work and streamlined approach to information sharing. Where appropriate, the Assistant Practitioners can provide an outreach approach, working flexibly to complete health checks within the patient homes or alternative suitable location. The Assistant Practitioners are based within the PIMHT and receive Clinical Supervision from a RMHN. It is expected they are skilled in understanding mental health conditions and engaging with this patient cohort.

The Assistant Practitioners can support patients to attend GP surgery for follow up appointments with surgery staff and complete onward referrals where appropriate and within clinical knowledge and skill. It is expected the Assistant Practitioners have extensive knowledge of local services to enable effective onward referrals to meet the needs of the patient. For example, community drop-in services, social groups. Working within the PIMHT provides a fully integrated approach, having access to specialist mental health and social care support, including specialist knowledge around Autism and ADHD.

3.2 Neighbourhood and Locality Team

This team are based in Blackpool North and South locality areas and act as links to the Primary Care Networks. This model of care supports and treats patients where appropriate, outside of the hospital setting. Integrating health and social care services on a neighbourhood level, service include:

- Community nursing; Community matrons; OT and physiotherapy (rehabilitation); Clinical Care coordinators; Health and Wellbeing workers; Neighbourhood assistants
- Social workers and social care
- Linked services - drug & alcohol services; Rapid+; IV therapy; ESD; Carers Centre;
- Care home service

- Children and families (Including HV/SN)
- Empowering Families
- Mental health

3.3 Outreach Team

This team offers specialist services that provide intervention to complex patients and/or families. This team consists of mental health social workers who conduct Care Act Assessments (2014) and commissioning of services, autism practitioners who provide assessment, diagnosis and educational support, ADHD consultant psychiatrists who offer out-patient appointment clinics for diagnosis and treatment of patients in conjunction with a senior mental health nurse to screen and review patient referrals. The Families in Need practitioner works collaboratively with the social care team in Blackpool, providing input to the most high risk families in the area.

The team has recently commenced joint working arrangements with Blackpool Council on the Homeless Reduction Act, which reformed England's homelessness legislation by placing statutory duties on local housing authorities to intervene at earlier stages to prevent homelessness in their areas, and to provide homelessness services to all those who are eligible.

3.4 Key Performance Indicators (PIMHT)

The PIMHT service received circa 640 referrals per calendar month since April 2021 and have averaged 868 contacts per calendar month in the same period. The following table shows key performance indicators at month end (extract of 08/09/2021):

- Numbers and types of contact
- DNAs/Cancellations
- Referral data

BTH - Community Health Services
Community Information Dataset Performance

Blackpool Teaching Hospitals NHS Foundation Trust

Adults and LTC

Extract Date: 08/09/2021
Commissioner: NHS BLACKPOOL CCG
Provider Locality: Blackpool

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	TOTAL
Intermediate Mental Health						
Blackpool						
Attendances - First	206	226	188	196	197	1013
Attendances - Follow Up	341	399	396	361	342	1839
Telephone Contacts	243	353	301	312	197	1406
Telemedicine	5	9	10	27	33	84
Did Not Attend	33	25	47	48	47	200
Cancellations	192	137	143	175	97	744
Referrals Received	624	685	632	621	641	3203
Referrals Discharged	642	650	513	489	639	2933
Referrals Open	3079	3114	3234	3365	3367	
Referrals Waiting	1752	1716	1815	1903	1879	
Referrals Waiting Max Wait	66	67	72	76	76	
Referrals Waiting Over 6 Weeks	1117	1060	1128	1226	1235	
Referrals Waiting Over 13 Weeks	707	640	674	721	807	
Referrals Waiting Over 18 Weeks	577	478	503	560	593	
Referrals Ceased Waiting	661	702	517	520	652	3052
Referrals Ceased Waiting Max Wait	77	69	61	66	80	
Referrals Ceased Waiting Over 6 Weeks	351	383	307	275	373	
Referrals Ceased Waiting Over 13 Weeks	179	224	145	115	164	
Referrals Ceased Waiting Over 18 Weeks	146	175	101	49	65	

The following table shows the numbers of waiters at the end of August 2021 by service type as at 14 September 2021. This is detailed as:

- Total number waiting (quantity)
- Longest Individual Waiter (weeks)
- Number waiting 6 weeks to 18 weeks
- Number waiting 18 weeks+

N.B – Data is extracted at different points and as such there may be some variation in the following tables based upon the reference periods and associated extraction dates.

Last Updated: 14/09/21

Waiters At Month End - 31/08/2021:

Wait to first contact in weeks

Service	Total Waiting	Longest Wait	No. Waiting >6 Weeks	No. Waiting >18 Weeks
ADHD	120	76	83	20
Autism	98	28	58	7
Community Outreach	48	32	25	8
ER	24	37	24	23
Families in Need	6	13	3	
Locality	653	73	557	402
NMP Clinic	20	25	12	1
Perinatal	18	28	17	8
Psychiatry	223	53	151	69
Psychology	47	62	47	40
Social Inclusion	5	39	2	2
SPA	605	46	265	22
SPA / Neighbourhoods	1	15	1	
Support worker	17	14	4	
Total	**1885**		**1249**	**602**

The following table shows the number of patients waiting 18 weeks or more at the end of each month:

Service	Apr-21	May-21	Jun-21	Jul-21	Aug-21
ADHD	17	24	42	48	20
Autism	2	2	3	2	7
Community Outreach	2	3	8	6	8
ER	2	11	20	23	23
Locality	459	347	320	362	402
NMP Clinic	3	3		1	1
Perinatal	1		2	5	8
Psychiatry	49	34	48	60	69
Psychology	40	44	49	43	40
Social Inclusion	2	2	2	2	2
SPA	21	16	15	15	22
Support worker			1		
Total	**598**	**486**	**510**	**567**	**602**

3.5 Key issues and actions to address

The PIMHT continue to receive high numbers of referrals per month, in excess of the KPI threshold. This, along with the increased acuity of mental health presentations has resulted in increased numbers of long waiters across the team.

The team has introduced Nurse Led clinics to support psychiatry and has now established agency support in Clinical Psychology to focus on clinical work whilst recruitment into substantive posts occurs.

As the service is facing increased waiting times, additional demand is placed on the service due to re-referrals for those already on waiting lists. The service is working hard to address the long waiters and has undertaken 2 waiting list initiatives (WLIs) in the areas of the team facing the biggest pressure.

This has been successful in reducing long waiters but has not been sustainable due to staffing issues. A recovery plan is being developed to identify resources and/or processes to enable the continued implementation of known, effective actions beyond the reliance on existing staff undertaking WLIs.

The service is also undertaking a detailed capacity and demand review. Initial findings have identified some data quality issues, which are being systematically addressed. Once this has been worked through it will target resources more effectively, along with streamlining any service pathways where required.

3.6 Supporting Minds (IAPT) Blackpool

The Supporting Minds service is delivered by Blackpool Teaching Hospitals NHS Foundation Trust. Supporting Minds will be a community based service firmly based on the Improving Access to Psychological Therapies (IAPT) NHS programme of talking therapy treatments recommended by the National Institute for Health and Clinical Excellence (NICE) which support frontline mental health services in treating depression and anxiety disorders.

The diagnosis of common mental health disorders can be complex. For some people common mental health disorders are recurrent or lifelong conditions, and often they occur with a range of other physical, mental health and behavioral comorbidities. The service adopt a localized approach and integration with a range of other physical and mental health pathways when delivering services for common mental health disorders, such as diabetes, stroke and pain management services based within Blackpool Teaching Hospitals NHS Trust, offering fully integrated, physical and mental health care planning.

The following treatments are offered by the service:

Depression
Effective psychological treatments for depression identified depression guideline update include: cognitive behavioural therapy (CBT), behavioural activation (BA); interpersonal therapy (IPT), behavioural couples therapy and mindfulness-based cognitive therapy (MBCT). For moderate to severe disorders these are often provided in conjunction with antidepressants. For sub-threshold and milder disorders, structured group physical activity programmes, facilitated self-help, and computerised cognitive behavioural therapy (CCBT) are effective interventions.

Generalised anxiety disorder (GAD)
Cognitive and behavioural approaches are the treatments of choice for GAD. Those individuals who have moderate to severe disorder, particularly if the problem is long-standing, should be offered CBT or applied relaxation. For those with milder and more recent onset disorders two options are available: facilitated or non-facilitated self-help based on CBT principles and psycho-educational groups also based on CBT principles.

Panic disorder
Cognitive and behavioural approaches are again the treatments of choice for panic disorder. Those individuals who have moderate to severe disorder, particularly if the problem is long-

standing, should receive a therapist provided treatment totalling between 7 to 14 hours of treatment over a 4- month period. For those with milder and more recent onset disorders, facilitated or non-facilitated self-help based on CBT principle are efficacious treatments.

Obsessive-compulsive disorder (OCD)

CBT is the most widely used psychological treatment for OCD in adults The main CBT interventions that have been used in the treatment of OCD are exposure and response prevention (ERP) different variants of cognitive therapy (ERP and cognitive therapy have different theoretical underpinnings but may be used together in a coherent package.

Post-traumatic stress disorder (PTSD)

General practical and social support and guidance about the immediate distress and the likely course of symptoms should be given to anyone following a traumatic incident. Trauma-focused psychological treatments are effective for the treatment of PTSD, either trauma-focused cognitive behavioural therapy or eye movement desensitisation and reprocessing (EMDR). These treatments are normally provided on an individual outpatient basis and are effective even when considerable time has elapsed since the traumatic events(s).

Key Performance Indicators - IAPT

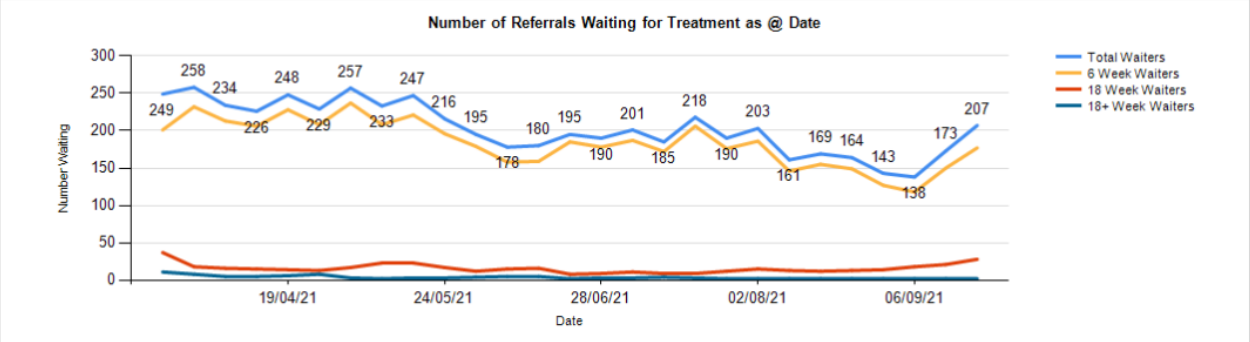
The following graph shows the number of patients waiting for treatment (IAPT) from March 2021 to date within the following striations:

- <6 weeks
- >5 weeks and <18 weeks
- 18 weeks+

nexus BUSINESS INTELLIGENCE

Improving Access to Psychological Therapies - Number of Patients Waiting for Treatment

Waiters as at: 20/09/2021



Waiters as at date	22/03/21	29/03/21	05/04/21	12/04/21	19/04/21	26/04/21	03/05/21	10/05/21	17/05/21	24/05/21	31/05/21	07/06/21	14/06/21
6 Week Waiters	201	232	213	206	228	208	237	208	221	196	179	158	159
18 Week Waiters	37	18	16	15	14	13	17	23	23	17	12	15	16
18+ Week Waiters	11	8	5	5	6	8	3	2	3	3	4	5	5
Total Waiters	**249**	**258**	**234**	**226**	**248**	**229**	**257**	**233**	**247**	**216**	**195**	**178**	**180**

Waiters as at date	21/06/21	28/06/21	05/07/21	12/07/21	19/07/21	26/07/21	02/08/21	09/08/21	16/08/21	23/08/21	30/08/21	06/09/21	13/09/21	20/09/21
6 Week Waiters	185	178	187	172	206	176	186	146	155	149	127	118	150	177
18 Week Waiters	8	9	11	9	9	12	15	13	12	13	14	18	21	28
18+ Week Waiters	2	3	3	4	3	2	2	2	2	2	2	2	2	2
Total Waiters	**195**	**190**	**201**	**185**	**218**	**190**	**203**	**161**	**169**	**164**	**143**	**138**	**173**	**207**

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Patients who have waited more than 6 weeks are predominantly due to patients booking a place on a group intervention and then electing to postpone this until the next group. Service is continuing to work extremely hard to reduce the secondary waiting times, which are still

being impacted upon by Covid-19, as plans to increase more face-to-face groupwork at Step 3 are still on hold.

Actions being taken to address waits within the IAPT Service:

- Service recruiting to additional CBT therapist posts to provide more out-of-hours therapy slots.
- Ensuring some groups are accessible on-line until face to face groups can commence – the new psychological well-being group for stroke survivors has commenced and is receiving good feedback. This is being delivered in conjunction with the Stroke Association.
- The pilot compassion-focussed group has now completed with positive feedback and recruitment has commenced for the next group.
- Working with staff to ensure that the DNA policy is adhered to, and monitoring DNA rates through caseload management supervision.
- Monitoring and reviewing the number of sessions offered at Step 3 (virtual) to ensure that these are aligned to, and in keeping with, NICE and IAPT guidance.
- Review individual practitioner's targets at Step 3 and how they meet these and ensuring overbooking is kept to a minimum but is used when necessary to ensure targets are met.

The following table provides performance metrics over the last complete 12 months for:

- Access Rate
- Moving to Recovery Rate
- Accessing treatment in 18 weeks (%) - monthly
- Accessing Treatment in 6 weeks (%) – monthly
- Accessing treatment in 18 weeks (%) – quarterly (2021/22)
- Accessing Treatment in 6 weeks (%) – quarterly (2021/22)
- Completion of IAPT minimum dataset %

Activity

Activity levels are significantly above the pre-pandemic benchmark of 2019/20 (as agreed with Commissioners for reference) and the service continue to ensure their capacity is utilised as comprehensively as possible.

Appendix	Service	Measure	Apr-21	May-21	Jun-21	Jul-21	Aug-21	YTD Total
	IAPT	Activity	1650	1784	1936	1834	1784	8988
		2019/20	1533	1491	1366	1624	1298	7312
		Variance	7.6%	19.7%	41.7%	12.9%	37.4%	22.9%

3a. Improving Access to Psychological Therapies: Access and Recovery Rates (National Standard) *Target: Quarterly Access Rate to achieve 5.5% (2019/20) and Moving to Recovery Rate to achieve 50% per month.* *Target for 2020/2021 Access Rate (Annual) to achieve 25.0% = 2.083% per calendar month* Target for 2021/2022 Access Rate (Annual) to achieve 25.0% = 2.083% per calendar month	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021
Access Rate 2021/22 Target (From Apr 2021): Green: > or =2.083%, Amber: 1.970%-2.082%, Red: < or = 1.969%	1.66%	1.39%	1.07%	1.15%	1.00%	1.02%	1.29%	1.72%	1.81%	1.47%	1.44%	1.49%
Moving to Recovery Rate (Monthly target of 50%) Target: Green: > or =50%, Amber: 45%-49%, Red: < or = 44%	51.0%	51.0%	58.0%	62.0%	51.0%	58.0%	58.0%	56.0%	53.0%	52.0%	51.0%	55.0%

3c. Improving Access to Psychological Therapies: Treatment Access *Source: Information Team - MDS Results from published HSCIC data*	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021
95% accessing treatment in 18 weeks	100%	99%	99%	99%	100%	99%	99%	98%	99%	100%	99%	99%
75% accessing treatment in 6 weeks	96%	92%	94%	97%	96%	99%	96%	95%	89%	98%	99%	99%

3d. Improving Access to Psychological Therapies: Treatment Access -	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
95% accessing treatment in 18 weeks	99%			
75% accessing treatment in 6 weeks	94%			

Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021
Operating standard of 90%	95%	98%	96%	99%	97%	100%	96%	99%	99%	98%	97%	100%

Performance within the Access Rate target is below the nationally set KPI target and is a recognised challenge for providers. The service continues to be innovative in their approach to recruit appropriate patients to maximise their access rate achievement including, but not limited to:

- Adverts in local print media
- Leaflet delivery to homes
- Alignment with 6th form colleges to develop access/awareness of services
- Pilot at a rest home for the provision of group therapy to older adults
- Alignment with Blackpool Sports centre to link physical health and mental health with their clients

Resumption of face-to-face promotional activity at other non-mental health events

3.7 CQC Inspection/Rating

In October 2019 CQC rated Community Health Services at Blackpool Teaching Hospitals NHS FT as outstanding.

4.0 Update on Mental Health Services provided by Lancashire & South Cumbria Foundation Trust

4.1 Enhanced leadership

Since the last Committee meeting, the organisation has introduced a new organisational structure, with four geographical localities and a specialised service locality. The new structure, operationalised in April 2021, is centered on high quality care through enhanced clinical leadership and clear accountability and this will be achieved through the management of four locality facing networks; Pennine Lancashire, Central & West Lancashire, Fylde Coast and The Bay (South Cumbria and North Lancashire) and one Specialist Services Network.

Additional specialty strategic clinical networks and trust wide pathway groups and clinical leaders ensure appropriate standardisation of care and clinical quality.

The new organisational structure aligns Locality Networks with the system Integrated Care Partnerships (ICPs) enabling collaborative partnership working and local service delivery, with consistent high quality for people using our services.

The development of Locality/Specialist Networks and senior leadership posts will enable relationships and partnerships to strengthen further at ICP and local level. We also have Executive leads and Non-Executive leads identified within the Trust, aligned to ICPs, who will be working alongside the triumvirate leads.

Each network has its own triumvirate leadership team of Medical, Nurse and Operations Directors and is supported by a professional leadership model. In the Fylde Coast Network, the triumvirate are

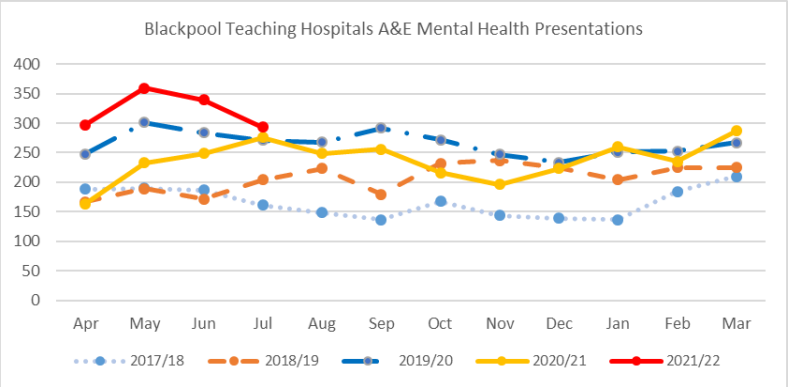
- Mark Worthington – Medical Director
- Linda Bennetts - Nurse Director
- Joanna Stark – Director of Operations

The pandemic continues to cause pressures across all services, including clinical services, and we continue reviewing our standard operating procedures and working with our partners, to ensure we are meeting the needs of the clinical services. The following sections outline the performance of the services, showing the increase in demand and also outlines the transformation and improvement work across the services.

4.2 Blackpool A&E Mental Health Liaison Service

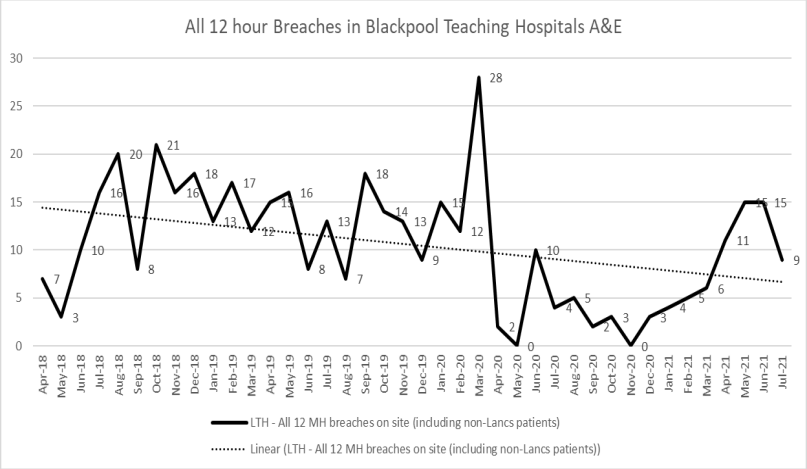
Below shows the Mental Health Liaison Team activity and performance. Demand from April to July 2021 is 16.7% higher than the same period in 2019 (pre-pandemic) and 40% higher than the same period last year. Additional resource has been identified to support further anticipated increases through winter. Despite this increase in demand, performance has improved and is being sustained.

Graph 2 – A&E Mental Health presentations at Blackpool Victoria Hospital



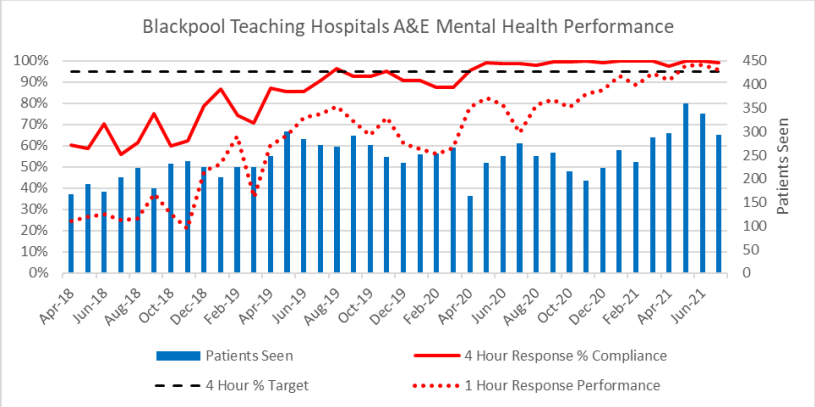
This graph demonstrates the increased demand that has been seen regarding Mental Health presentations at Blackpool A&E Department in 2021/2022 to date, with July demand reducing, but still higher than previous years.

Graph 3 – 12 hour breaches in Blackpool A&E for patients awaiting a Mental Health assessment



The graphs demonstrate that despite increasing demand in people attending Blackpool A&E with Mental Health presentations, there is a downward trend in numbers of people waiting in A&E for 12 hours or more. In April – July 2019 1104 A&E attendances resulted in 57 12 hour breaches (5.2%). In the same time period in 2021 there were 1288 attendances resulting in 50 12 hour breaches (3.9% of attendances) The key factor in delays is lack of bed availability, with 37 Trustwide inpatient beds closed to enable social distancing and estates works.

Graph 4 - Numbers and percentage of patients seen within 1 hour and 4 hours when attending Blackpool A&E with a Mental Health presentation



This graph demonstrates the increase in performance and sustained improvement of people being seen within 4 hours when they present to Blackpool A&E with a Mental Health presentation. As evident there has been a significant improvement in patients being seen within 1 hour.

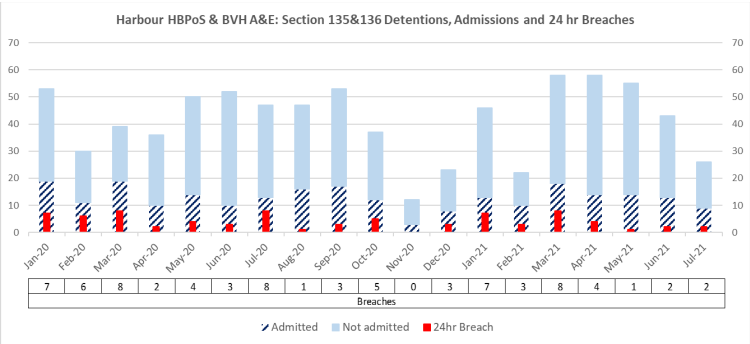
4.3 Mental Health Urgent Assessment Centres

The Mental Health Urgent Assessment Centre (MHUAC) opened in May 2021 and is adjacent to Blackpool Emergency Department. It has already received positive feedback from Service Users who have accessed the service. The Fylde Coast MHUAC on average convey 20% of all A&E referrals through to the MHUAC for assessment and support, recognising that the MHUAC offers a much calmer and appropriate assessment space for those presenting in a Mental Health Crisis.

The MHUAC pathway leaflets and art work have been supported by the Fylde Families Support Group, who kindly gifted a large amount of art work completed by both Service Users and Carers specifically for the MHUAC. The Fylde Families support group continue to support LSCFT Urgent Care Pathway by now offering us a 'Importance of Carers' training package which we anticipate to be rolled out as we head into Autumn.

4.4 Health Based Places of Safety

Graph 5 –Numbers of patients who have been assessed in health based places of safety (Fylde ICP)

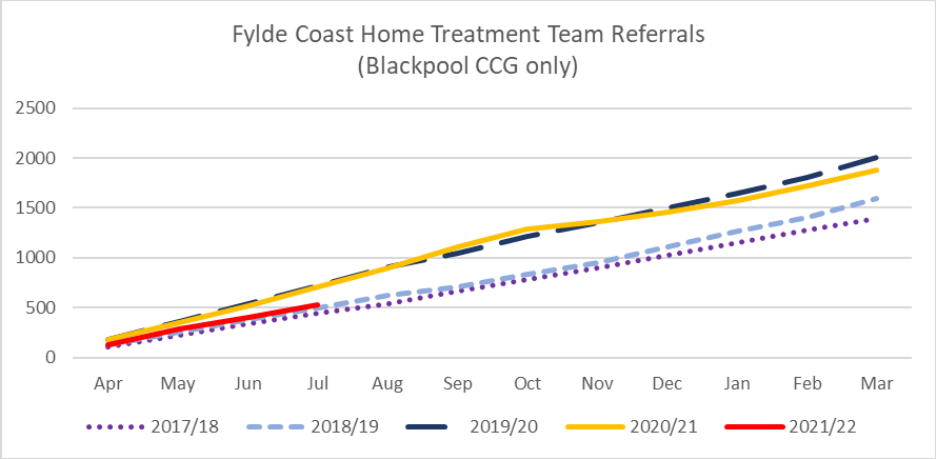


When people are taking to a 136 suite or place of safety, they can be detained for up to 24 hours (sometimes extended by 12 hours) whilst awaiting a Mental Health Assessment. After this time has elapsed, it is a breach. This graph demonstrates the significant improvement made with regard to Section 136 breaches. To note Fylde Coast manage a higher number of Section 136 detentions than any other localities (796 Jan2020 – Jul 2021 compared to 666 in Central, and 639 in Pennine, and 488 in Bay localities). We are seeing an increase in demand due to covid.

4.5 Home Treatment Team

Whilst referrals to Home Treatment Team were significantly increased in 2019/20, referrals have eased in 2021 to levels comparable to 2017-2019.

Graph 6 – Fylde Coast HTT referrals



LSCFT have been working with Cumbria Northumberland Tyne & Wear (CNTW) as our strategic improvement partner to draw on their clinicians' experience of improving crisis pathways to share ideas to help our HTTs move forwards. The aim is crisis clinicians across both organisations to work collaboratively to understand common challenges and to discuss ideas for improvement. This follows on from investing in crisis staffing, which the Committee has previously heard about, and working in partnership regarding provision of crisis support.

4.6 Crisis House and Light Lounge

The Trust has received additional resource to provide a Crisis House, Sycamore House in Blackpool, which was opened April 2021. Richmond Fellowship invested over £450k in capital investment to secure this 6 bedded property.

The Trust have worked in partnership with Blackpool Council and the Clinical Commissioning Group (CCG), as Blackpool council offer a similar service provision within the Blackpool boundary (The Phoenix Centre), so the model will now serve the population of the Fylde Coast and continue to work closely with Blackpool Council and the CCG alongside Richmond Fellowship, to ensure efficiency of the provision, alongside the existing Phoenix Centre.

The crisis house, which is in place in other localities within the Trust's footprint, provides short-term (up to seven days) intensive 24 hour, specialist mental health support to people who are assessed by the local Crisis Intervention and Home Treatment Teams as needing additional support to avoid admission to hospital.

The service is delivered by Richmond Fellowship in a centrally located residential property, staffed by a team of mental health support workers and a service manager. The service offers a holistic support package that considers the individual's housing, employment, educational, physical, social and emotional needs, supported by appropriate medical intervention from the Crisis Team, a dedicated staff group in reach into Sycamore House daily.

The Trust has also worked with Richmond Fellowship and wider partners to open a Crisis Café in Blackpool. The Light Lounge, named by carers and service users offers a wide range of services including prearranged intervention sessions as well as a drop in service for those in crisis outside of core working hours. The service is fully inclusive, with a very minimal exclusion criteria, focusing on risk.

In quarter 1 of 2021, The Light Lounge saw 654 attendances through their service with 100% stating they were satisfied with the service they received and 92% saying that they would now attend The Light Lounge in the future, rather than potentially attending via A7E.

4.7 Community Mental Health Teams (CMHTs) Transformation

The community mental health teams (CMHTs) are commencing on a huge transformation project that will see the function and make up of CMHTs adapt and change to meet the needs of the local communities we serve.

The aim of the project is the establishment of a blended team, which is multi-agency and multi-disciplinary, at primary care network (PCN) level.

This programme will cover all mental health diagnosis from age 16 onwards, including older people, recognising the interdependency with other system wide transformation programmes.

Included in scope are the significant cohort with a mental health condition and other comorbidities who may require reasonable adjustments such as substance misuse.

These teams will work within a trauma informed, person centred model that will offer a wide range of interventions, including dialog / dialog+ advocacy, psychological therapies, social care, employment, housing and maximising income, together with physical health care.

Key outcomes for the project are to work together system wide and create a single point of access for those who use our services, providing proportionate and appropriate support at the right time to those who need it. This will be community focused, with both new roles and utilisation of existing community assets, and partnerships across statutory and voluntary sectors to support this will be vital.

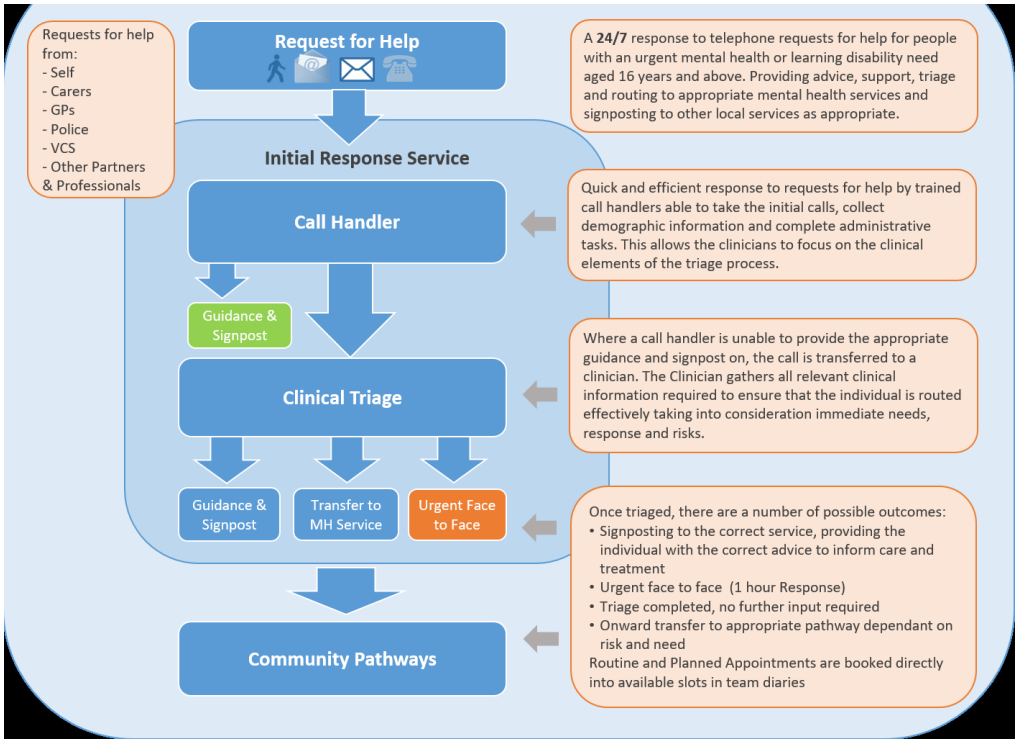
4.8 Initial Response Service (IRS) – Blackpool

A brand new model has been developed to ensure responsiveness at any time of day or week. IRS investment will see the development of a 24/7 Service, which provides for urgent and routine mental health support. The aim of the service is to provide a 24/7 responsive single point of access across Fylde Coast for urgent and routine requests for help and advice through a single triage based trusted assessment, through which people can access the correct mental health pathway, including signposting to relevant services within and outside of LSCFT.

The development of this 24/7 service will provide one number across Fylde Coast, which would allow people to self-refer or be referred by a carer as well as by a professional. The service will provide urgent and routine mental health support, advice and a single triage based on trusted assessment, through which people can access the mental health pathway for urgent or routine care, signposting and/or further support if needed. Emergency Services will also have direct access to the line.

The Initial Response Service engagement has now commenced on the Fylde Coast. The Urgent Care Pathway Service Manager and the IRS implementation team have started meeting with the Urgent Care Pathway Community Teams to engage them with the IRS service development within the Fylde Coast. The IRS Implementation Team are also holding a number of trust wide engagement days to ensure the pathway is consistent and robust.

Fylde Coast is due to go live in April 2022. The model is illustrated below.



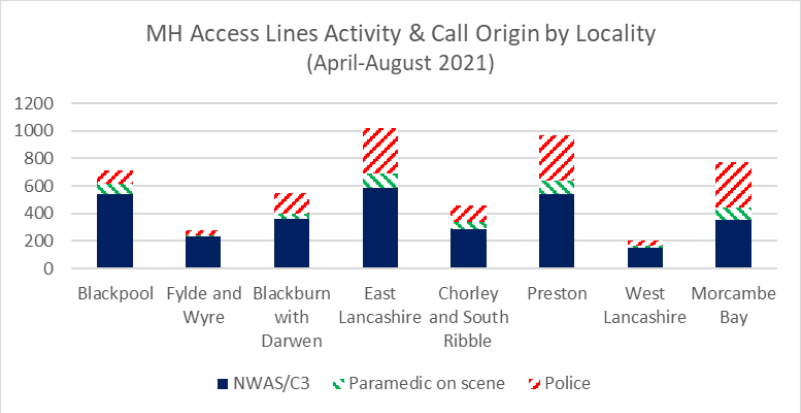
4.9 Mental Health Access Line

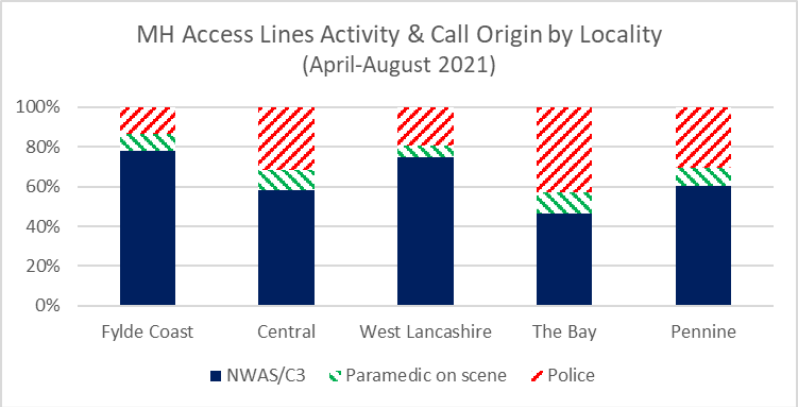
Further investment into the Mental Health Access Line (MHAL) has enabled it to provide a more timely and responsive service to both NWAS and the Police. An enhanced service has been provided from September 2019, enabling NWAS and the Police to speak to a qualified mental health practitioner. This allows them to ascertain if there is a care plan for the patient to inform decision making and avoid a 136 detention or transfer to an A&E department. The increase in capacity of this service has enabled the Police to be able to directly access the team without the need to go through Ambulance Control, as they did prior to September 2019 and as such, there has been an increase in the calls coming through to the service.

The graph below demonstrates that for 1st April to 24th August 2021:

- Calls from Fylde accounted for 19.6% of all calls to MHAL
    - Compares to 21.2% in 2020
- Calls from Fylde accounted for 24.9% of NWAS advice calls
    - Compares to 24.4% in 2020
- Fylde accounted for 9.2% of police calls
    - Compares to 16.2% in 2020
    - The lower percentage of calls from the police suggests the positive impact that improved working relationships with the police and the Psynergy team is having, which will be described later in the report.

Graph 7/8 – Mental Health Access Line activity broken down by Localities





Police calls to the Mental Health Access Line from Blackpool continue to be lower than expected when compared to Preston, which has a similar level of demand via the NWAS 111 service. The proportion of Blackpool and Fylde Coast calls to the MH Access Line from the

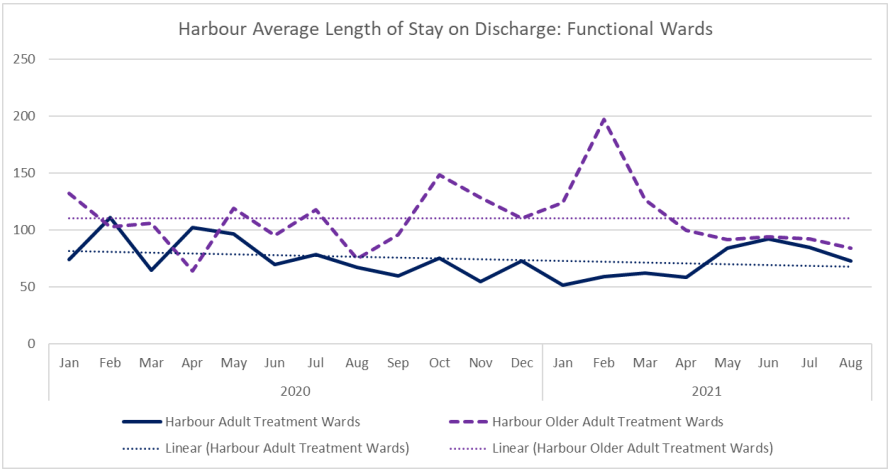
Police is lower than when reported in 2020, with 13.5% of Fylde Coast calls to MH Access Line being from the police (this compares to 18% in 2020).

4.10 Inpatient services

Inpatient admissions result in patients being away from their family and support networks, and the aim is to ensure that any admission is as short as is clinically necessary for an individual patient.

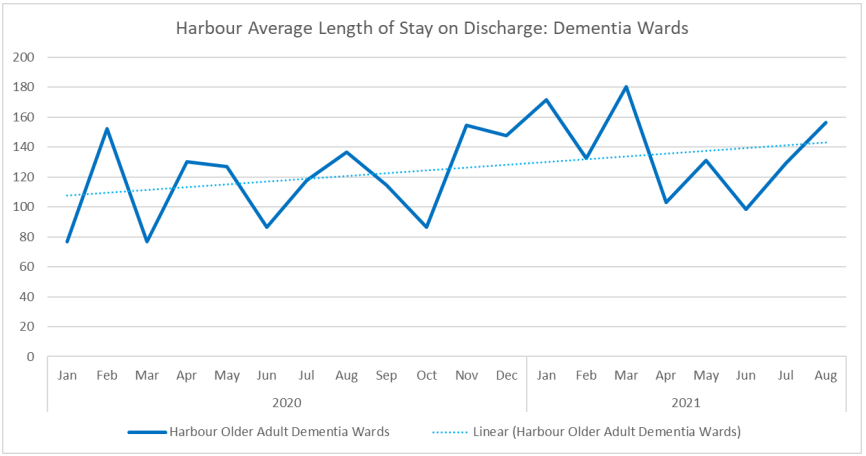
The majority of admissions in Lancashire and South Cumbria are to our Assessment Wards. Admission to a Treatment Ward, such as those at the Harbour, would indicate more complex needs requiring a longer admission.

Graph 9 – Length of Stay the Harbour (functional wards)



- The average Length of Stay on an Adult Mental Health Treatment Ward at the Harbour is on a reducing trend, within a range over the last 12 months of between 51 and 92 days
- The average Length of Stay on an Older Adult Mental Health Treatment Ward at the Harbour is on a reducing trend, within a range over the last 12 months of between 51 and 92 days

Graph 10 – Length of Stay the Harbour (dementia wards)



- Length of Stay in Dementia Wards is increasing, with a range over the last 12 months of between 86 and 180 days

- Dementia Ward discharges has been particularly impacted by lack of available Nursing Home capacity, especially due to Covid-related temporary closures to admissions

4.11 Rehabilitation Services

The Trust is currently in the process of developing a new unit Wesham Rehabilitation Centre on Mowbreak Lane, Wesham, which is a 28 bedded (14 male and 14 female) community rehabilitation unit. The completion date is scheduled for early 2022 with the unit opening in time for spring.

The focus of the unit is to facilitate further recovery, managing medication (self-medication), psychosocial interventions (CBT, family work), gaining skills for more independent living including activities of daily living and community activities (leisure, vocational).

This unit will offer rehabilitation to people with complex psychosis as soon as it is identified that they have treatment-resistant symptoms of psychosis and impairments affecting their social and everyday functioning; and wherever they are living, including in inpatient or community settings.

In particular, this should include people who have experienced recurrent admissions or extended stays in acute inpatient or psychiatric units, either locally or out of area; and live in 24-hour staffed accommodation whose placement is breaking down.

Client Group: 'Complex psychosis' refers to a primary diagnosis of a psychotic illness (this includes schizophrenia, bipolar affective disorder, psychotic depression, delusional disorders and schizoaffective disorder) with severe and treatment-resistant symptoms of psychosis and functional impairment.

People with complex psychosis usually also have 1 or more of the following:
- cognitive impairments associated with their psychosis;
- coexisting mental health conditions (including substance misuse);
- pre-existing neurodevelopmental disorders, such as autism spectrum disorder or attention deficit hyperactivity disorder; and
- physical health problems, such as diabetes, cardiovascular disease or pulmonary conditions.

Together, these complex problems severely affect the person's social and everyday functioning, and mean they need a period of rehabilitation to enable their recovery and ensure they achieve their optimum level of independence.

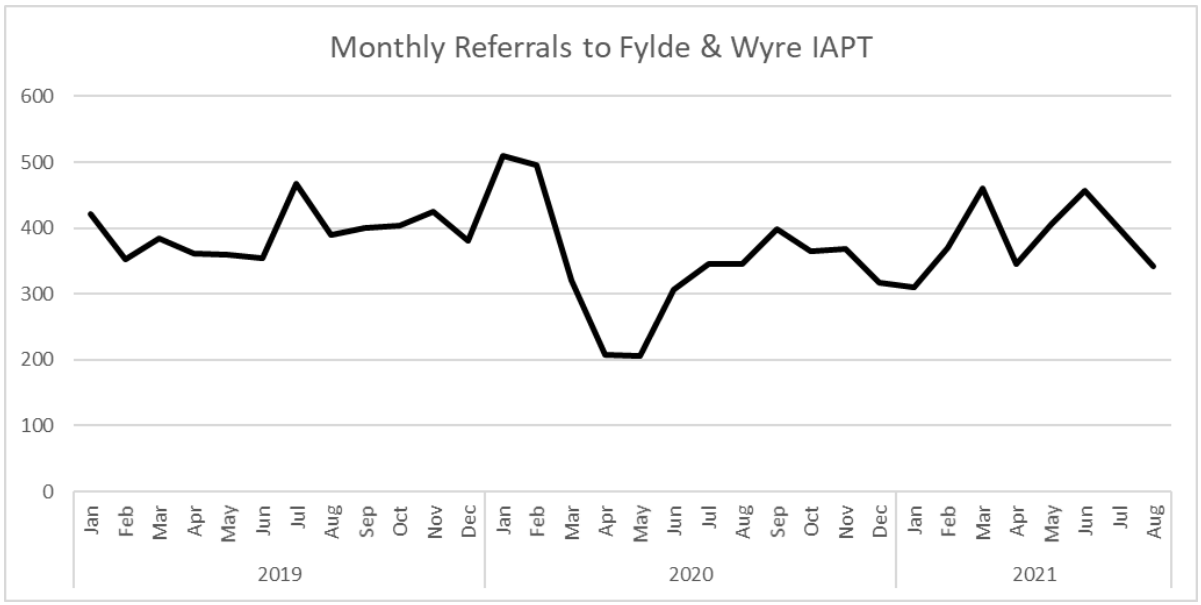
Rehabilitation services for people with complex psychosis should:
- provide a recovery-orientated approach that has a shared ethos and agreed goals, a sense of hope and optimism, and aims to reduce stigma;
- deliver individualised, person-centred care through collaboration and shared decision making with service users and their carers involved;
- be offered in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway; and
- recognise that not everyone returns to the same level of independence they had before their illness and may require supported accommodation (such as residential care, supported housing or floating outreach) in the long term.

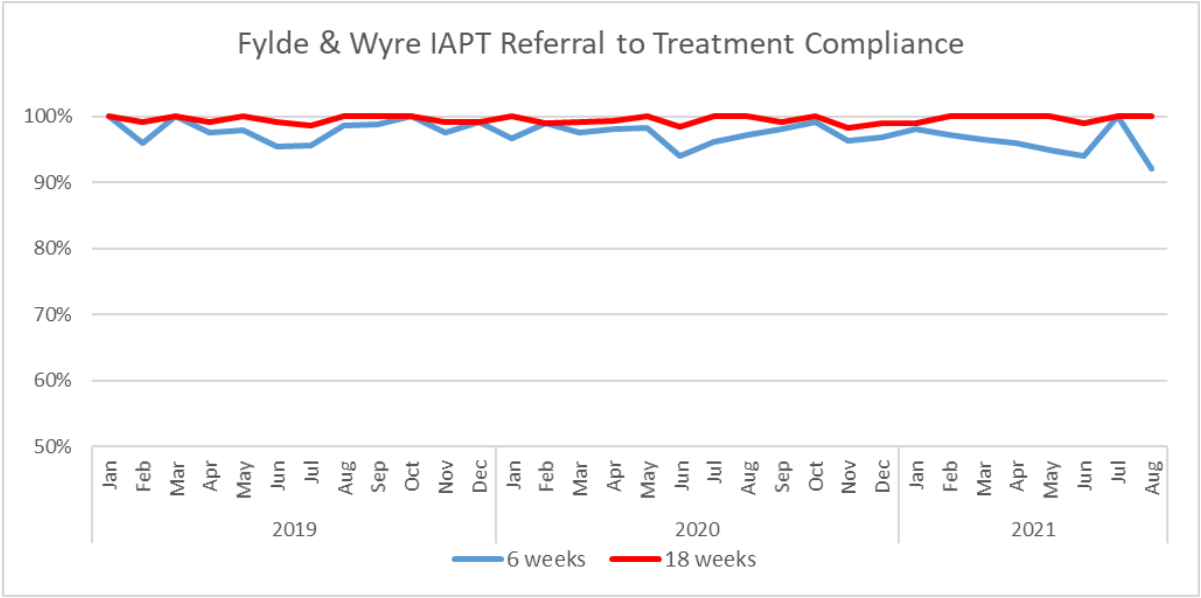
4.12 Improving Access to Psychological Therapies (IAPT)

As part of the restructure within the Trust, the locality Improving Access to Psychological Therapies (IAPT) service, Mindsmatter Fylde & Wyre is now being managed within the Fylde Coast network structure. As part of this, we have been able to improve pathway working across primary and secondary care mental health teams, as well as begin to understand some of the gaps in service provision between these levels, which we will be able to incorporate into the CMHT transformation project.

Mindsmatter Fylde & Wyre have maintained regular compliance with KPIs such as recovery and waiting times targets. Prevalence targets have recently been increased and the current focus is on promotion of the service, as well as on the return to more face to face activity with clients. Mindsmatter has been a majority remote delivered service during the peak of the pandemic, due to Covid restrictions and client choice, but is now planning towards a hybrid offer that will retain focus on client choice, as well as an increase in face to face appointments.

Graph 11/12 IAPT performance





Mindsmatter Fylde & Wyre have maintained regular compliance with performance metrics such as recovery and waiting times targets. Prevalence targets have recently been increased and the current focus is on promotion of the service, as well as on the return to more face to face activity with clients. Mindsmatter has been a majority remote delivered service during the peak of the pandemic, due to covid restrictions and client choice, but is now planning towards a hybrid offer that will retain focus on client choice, as well as an increase in face to face appointments.

5.0 CQC Update

5.1 CQC recent inspection

The Trust had an unannounced CQC inspection in April 2021 at The Harbour, Blackpool. Inspectors visited four acute wards for adults of working age and two Psychiatric Intensive Care Units (PICU) for adults of a working age: Shakespeare, Stephenson, Churchill, Orwell, Byron and Keats wards. The service improved its rating from inadequate to requires improvement for being safe, well led and effective, and was rated good for being caring. Responsive remains as requires improvement from the previous inspection in 2019

CQC also inspected four wards for older people with mental health problems: Austen, Dickens, Bronte, and Wordsworth. The previous inspection in 2016 rated the services as good, the rating in 2021 reduced to requires improvement. The services were rated good for being caring and effective and requires improvement for safe and well led. Being responsive remains as good from the previous inspection as this was not inspected. Whilst the CQC inspected 1 out of 6 adult sites and 1 out of 3 older adult sites, the ratings apply to all sites across the Trust.

Inspectors identified good practice on the wards visited to include the following:

- Staff maintained patient safety on the wards and staff generally assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Wards were clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- Staff completed annual health and safety and fire risk assessments.
- Staff followed the Infection Prevention and Control policy, including guidance around the management of COVID -19. Staff completed regular infection prevention and control audits.
- The service did not always have enough nursing staff to meet patients' needs. Patients were safe on the ward but staff could not always facilitate escorted leave, planned activities, or one to one sessions with patients and named nurses.
- Staff involved patients in care planning and risk assessment. They ensured that patients had easy access to independent advocates.
- The service was making positive efforts to recruit to vacant posts. The impact of the COVID-19 pandemic had further exacerbated the staffing shortages the hospital already had.
- The service had successfully recruited nurses from overseas. However, this had been delayed because of the pandemic and restrictions on international travel.
- Staff sickness levels were reducing.

- The service had an effective system for the allocation of staff across the hospital. They held daily conference calls and twice weekly staffing meetings to allow mangers to review clinical need on each ward and consider the best uses of staffing resources.
- The service had an effective system for the allocation of staff across the hospital.
- Staff had completed and kept up-to-date with their mandatory training.
- The trust had taken appropriate action in relation to training during Covid-19.
- Staff assessed and managed risks to patients and themselves well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.
- Staff did not always feel respected, supported or valued. Morale amongst staff was generally low. This was attributed to staffing levels and the impact of the Covid-19 pandemic.
- Staff told us that they were well supported by ward managers and management at the Harbour but felt a disconnect with senior management within the trust.
- Staff were positive about the Freedom To Speak Up Guardian and their experience of using the service.
- The service had a good track record on safety.
- Leaders had the skills, knowledge and experience to perform their roles. The Trust had recently implemented a reorganisation of services into a locality-based structure. This included the appointment of a triumvirate over each locality including an operations director, medical director and nursing and quality director. In addition, a new management structure and managerial appointments had been made at the Harbour. Managers had taken up posts in the three months prior to our inspection and new managerial structures were still being embedded.
- The Trust had established an Improvement Management Group over the Harbour
- Staff were unclear on the provider's vision and values. The vision and values had been reviewed at the start of 2020. However, due to the Covid-19 pandemic roadshows and promotional events had to be cancelled.
- There was a governance structure in place to support service delivery and an embedded ethos of quality improvement.
- Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

In both services, inspectors found:

- Staffing pressures meant that formal supervision and team meetings did not happen as regularly as scheduled. To note, the Trust had introduced a new supervision policy at the time of the inspection, which was being implemented to support increased frequency of supervision. In addition, staff moving between wards, to maintain patient safety, raised concerns about not always having the right skills and specialist knowledge.

- Whilst the Trust has improved staff morale, demonstrated through the national staff survey results, some staff reported they did not always feel respected, supported or valued. Staff morale was impacted by staffing pressures and the COVID-19 pandemic.

The main action that the CQC asked the Trust to focus on following this inspection was staffing. The CQC recognised the improvements being made and also that staff ensured patients were safe. They also recognised that staffing pressures have, as with all Trusts nationally, been exacerbated by the impact of the COVID-19 pandemic. The Trust continues

with the process of embedding a Safer Staffing programme, to enable delivery of high quality care, which involves:

- Comprehensive Safer Staffing review of MH Liaison, Home Treatment and S136 teams.
- Audits of safer staffing escalation procedure and subsequent recommendations implemented.
- Follow-up audit of recording of staff movement between wards.
- 125 International Nurses across the Trust recruited, supported through exams and registered with NMC.
- 15 Consultant Nurses and 10 Consultant Allied Health Professionals (AHPs) have been recruited. The new staff commence in September 2021.
- Nursing and AHP career pathways, learning from international recruitment and development of new roles widely shared internally and externally to demonstrate improvements and promote the Trust as an employer.

5.2 Improvement and our journey towards Outstanding

As a Trust we are committed to ensuring our services are the best they can be for our service users. We are focusing on the following as part of our improvement journey:

- Working with our partners to ensure we have joined up seamless care and we work together to meet the needs of our service users and carers.
- We have established a Service User and Carer Council and local councils– so that we can hear first-hand the voice of the people that access and use our services.
- Ensuring we engage staff, promoting staff to live our values and also promoting equality, diversity and inclusion. In 2020/21 we were one of the top ten most improved Trusts in terms of staff feedback via the staff survey, with acknowledgment that there is more improvement to make.
- We have launched an Inclusion Council within the Trust and have established staff networks for race, LGBTQ+, women and disability, to ensure that equality is a top priority within out Trust.
- We continue with improvement programmes like Listening into Action and supporting quality improvements across the Trust. In the Harbour all wards are participating in quality improvement work. Staff spoke to the CQC very positively about this, particularly the work we have undertaken with regard to Reducing Restrictive Practice, where we have seen a 57% reduction in use of restrictive practice like restraint and seclusion.
- We are focusing on personalised care as a significant component of delivering our quality priorities, which are illustrated below:

- We have invested in clinical leadership and professional roles across the Trust from locality leadership, clinical leads, Nurse Consultants and AHPs and in addition clinical support services such as clinical governance, infection, prevention and control, digital and information services etc.
- We have invested in training and development for our staff, including leadership development with The King's Fund, professional development across all of our clinical roles, development for our administrative staff and opportunities in research and improvement. We are launching an improvement fellowship for our staff, in collaboration with Lancaster University.
- We are promoting work on Just Culture and learning throughout the Trust, so staff feel supported to report incidents and raise any safety concerns to help make improvements.

6 Partnership Working

Partnership working had been a key area of improvement for LSCFT and the Fylde Coast and we have been working proactively with partners to further build relationships.

6.1 Calico Partnership

Last winter we embedded 2 Peer support workers into Home Treatment Team (HTT). The support this offered both the Service Users under HTT and the HTT themselves was amazing. Recognising that those that present in a MH Crisis often have Social Triggers, the Calico peer support workers were a valued addition to the team.

6.2 Service User & Carer Council

Open space events were held in November 2019 and February 2020 using a co-production model around how we are working together with service users and carers. The emphasis is to provide care that service users rate as excellent, supporting people on their personal journey of wellbeing and recovery. The Trust Service User and Carer Council was established and is chaired by the Chief Nurse. In addition Network Service User and Carer Councils are being established.

The Fylde Coast Network Service Users and Carer Council will work in partnership with service users and carers, enabling their voice to shape our strategy, plans and culture.

The Council will also:

Promote service user and carer involvement across the network and within the Trust activity at all levels and ensure coproduction is fundamental to all improvement programmes	Seek assurance that effective mechanisms are in place to capture the experiences and views of service users and carers within the network
Represent the views of service users and carers and where appropriate seek the views and feedback from other relevant local and national groups to support coproduction programmes	Contribute to network meetings; offering contributions, ideas and opinions which reflect the voice of the service user, carers and their families opposed to individual voices

To receive and monitor progress within the network against the delivery of the Trust's Experience Strategy	Consider the impact of the Trust policies and strategies ensuring appropriate consideration is given to the needs of service users and carers
To contribute to the development of Trust policies and strategies ensuring appropriate consideration is given to the needs of service user and carers	Work on projects which have been identified as an area of focus by the membership and agreed by the relevant Board or Group Chair. This may sometimes require collaborative working with other Board or Group members and at other times working autonomously
Participate in service user led inspections of care and service reviews including Board to team visits and Patient Led Assessment of the Care Environment (PLACE) and Observe and Act	Coproduce training and be involved in training across the organisation as highlighted by the Trust Council
Be involved in developing training courses on issues raised at the Council	Support the recruitment and selection process for new staff
Be involved in the development and planning of new services within the network	Provide a view of the Trust quality initiatives and monitor via the annual Open Space Event or other network events

6.3 'Young Onset, Young Outlook' - Living Well With Young Onset Dementia

The Fylde Coast Memory Assessment Service, alongside a number of younger people with dementia and community groups, are working together to co-design their improvement ideas with a local focus. This work is aligned with the national Always Event programme supported by NHS England.

A launch event took place on 2 October 2019, led by the co-design group and involving community groups, GPs, clinicians and other public sector partners. The improvement group have shared their experience journeys along with their ideas for making improvements and co-producing solutions.

6.4 Collaborating with the Third Sector

Services provided by the Trust across the Fylde Coast are delivered with a range of partners including the voluntary sector:

- Healthwatch Blackpool
- Healthwatch Lancashire
- MIND
- Blackpool Carers
- NCOMPASS Northwest
- Empowerment Charity
- AGE UK Lancashire
- Lancashire Carers
- Clover Leaf

6.5 Recovery College Course summary (Blackpool and Fylde)

A map of partnership working aligned to the Recovery College is outlined below.

Partnership	Current
Richmond Fellowship	Ongoing partnership working with crisis support and links with recovery college.
Blackpool Adult Learning	Provision of health, wellbeing and social learning opportunities. Recent addition of Tenancy Training is better attended.
Blackpool Carers	Awareness of Recovery Learning offers for Carers. Distribution of prospectus. Participated in Mental Health Family Hour re young carers and support with young carer mental health education.
Frontline Network	Network, raising awareness amongst frontline staff and people at risk of homelessness. Funding for shadowing & training.
BRIC	Awareness, chatty bus, inclusion and volunteering opportunities. Distribution of prospectus on board chatty bus.
Live in the Moment CIC	Provision of Assertiveness, Creative Recovery and Laughter Yoga.
Blackpool Transport	LSCFT on Advisory Group. Help with transport to opportunities. Community projects and wider networks.
Blackpool Adult Health & Social Care Academy	Partnership (hosted explore event for us) to signpost learners to each other's service.
Peer Support Workers (Calico)	Sub-contracted LSCFT Peer Support Workers involved in Advisory Group. Offered space to meet clients, signpost to opportunities and host groups/ learning opportunities.
Survivor's Circle	Peer Developed Group supporting people with lived experience of childhood sexual abuse/ exploitation. Held bi-weekly at Claremont Park CC.
DWP – Job Centre	Awareness of Recovery College offer and circulation of prospectus.
Empowerment Blackpool	Network, signposting and co-production all being explored.
Go Get You	Provision of Ko-Do physical health and mindfulness sessions.
Horizon	Signposting individuals who have completed DEEP to further volunteering and learning opportunities.
Revolution	Sit on Advisory Group
Entwined minds	Listen to service users on how to improve services in Tier 4 CAMHS – which was fed back into Children and Young People network and into Healthy Lancashire ICS.

6.6 Supporting Carers

The trust has built relationships with Carers organisations covering Blackpool, Fylde & Wyre. These organisations have been involved in the service user and care council developments, reviewing the patients' assessment relating to carers needs. We have coproduced and updated information for carers who find themselves caring for someone who has been admitted to a mental health in patient area.

We have relaunched our carers' feedback survey as part of the triangle of Care work and ensure we give feedback from carers on a regular basis. Carers' information is available across the Harbour. The following is feedback regarding our work with carers.

"Working closely with LSCFT and the Recovery College has been integral to our provision of excellent quality support for unpaid carers of all ages, helping to continue to make a better life for carers in Blackpool"

Faye Atherton – Quality Director, Blackpool Carers

6.7 Prevention

Change Talks, which is a programme about mental health awareness for young people and families, has been delivered via 24 six week programmes, to different schools across Blackpool, Fylde and Wyre. The schools which have been involved include; South Shore Academy, Fleetwood High School, Hodgson Academy and Blackpool Sixth Form. In each of these groups, there was been between 25-30 pupils with an age range of 14-18. The topics covered were: anxiety, depression, self-harm, social media, body image and drugs. One off talks for 90 minutes, have also been delivered in St Mary's Catholic Academy and Blackpool Aspire, to two full year groups of around 110 pupils. This talk focused on a lived experience story and mental health. Further to this, all of these schools have taken an active role in sharing the Mental Health Family Hour resources. The teachers from these schools, have fed back that both the students and pupils found them extremely informative.

The Change Talks sessions have also been delivered at multiple events across Blackpool. The World Health Innovation Summit was hosted at the Winter Gardens and two speakers delivered Change Talks sessions around mental health and suicide. Further to this, Blackpool football club have hosted two separate men's health events with approximately 300 attendees. Our Prevention and Engagement Lead delivered a key note at both of these conferences. Feedback on the prevention work we are doing is outlined below.

"It was amazing! The students loved it and I really feel that the message was so on point and very topical as to how they can make positive changes towards their own mental health and wellbeing. It was good to see the pupils clearly engaged in what is such an important message of empowerment and resilience." Thanks, once again.

Mrs Senior South Shore Academy, Blackpool

6.8 HARRI Engagement

The HARRI bus (Healthy, advice, resilience, recovery Information) has spent time in the Fylde locality along with health care partners to support community engagement, signpost to relevant services as well as engage the public in health care and well-being. The detail below gives some information on the engagement work we have bene doing.

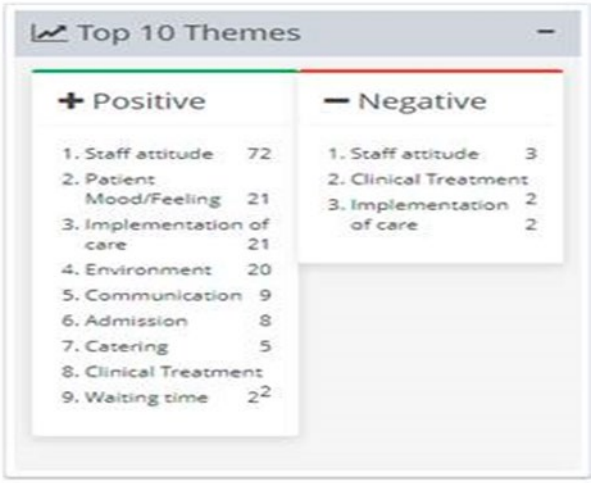
Location	Partners in attendance
Bickerstaffe Square, Talbot Road, Blackpool	LSCFT volunteering service; I-Can and N-vison CVS, Employment agencies and local community group
Revolution, Ibbison Court, Blackpool	Social prescribers, CVS and local community group
Lytham Primary Care Centre. Victoria St Lytham.	Social Prescribers, Mindsmatter and health wellbeing service

The HARRI bus has also supported Blackpool Community services in delivering Covid -19 vaccine to the homeless community.

6.9 Patient Feedback

We report our friends and family test on a quarterly basis to the Board of Directors. The Fylde coast for Q1 2021/22 had a positive rating of 90.3%, with areas for improvement identified also. This is fed back to teams who generate You Said We Did improvements.

Patient meetings are regularly held at ward level and these are reported into the locality service user and carer council.



7.0 Summary

The Committee is asked to note the updates provided in this report. Whilst significant progress continues to be made, all agencies are committed to progressing further improvements. It is evident from the report that partnership working has greatly improved across health, social care, the police, voluntary sector and working with service users and carers. We will continue to work in partnership to ensure that the quality of care for patients requiring mental health service in Blackpool and all across the footprint of the Trust is of the highest standard.

Appendix 1

24/7 Services: Mental Health and Learning Disability

Provider Key

- Lancashire & South Cumbria NHS FT
- Blackpool Teaching Hospitals NHS FT
- East Lancashire Hospitals NHS Trust
- Mersey Care NHS FT

NHS Lancashire & South Cumbria NHS Foundation Trust

Abbreviations:

- **ALIS**: Access & Liaison Integration Service (South Cumbria)
- **CAIS**: Crisis Assessment and Intervention Service (South Cumbria)
- **CAMHS**: Child & Adolescent Mental Health Service
- **CASHER**: Child & Adolescent Support & Help Enhanced Response Team
- **CMHT**: Community Mental Health Team (A-Adult & OA-Older Adult)
- **CPS**: Child Psychology Service
- **HTT**: Home Treatment Team
- **MHLT**: Mental Health Liaison Team
- **MHUAC**: Mental Health Urgent Assessment Centre
- **RITT**: Rapid Intervention Treatment Team
- **SPoA**: Single Point of Access
- **START**: Specialist Triage, Assessment & Referral Team

		FYLDE ICP		CENTRAL LANCS ICP		EAST LANCS ICP		THE BAY ICP		WEST LANCS MCP
		FYLDE & WYRE	BLACKPOOL	CHORLEY & SOUTH RIBBLE	GREATER PRESTON	BLACKBURN WITH DARWEN	EAST LANCASHIRE	MORECAMBE BAY & LANCASTER	SOUTH CUMBRIA	WEST LANCS
ADULT	Response Crisis 24/7	Mental Health Crisis Line / The Wellbeing, Mental Health Helpline & Texting Service 24/7								
ADULT	Response Crisis 24/7	MH Urgent Assessment Centre 24/7 (New service)		MH Urgent Assessment Centre 24/7 (New service)		MH Urgent Assessment Centre 24/7 (New service)		MH Urgent Assessment Centre 24/7 (New service)	MH Urgent Assessment Centre 24/7 (New service)	MH Urgent Assessment Centre (Preston) 24/7 (New service)
ADULT	Response Crisis 24/7	Mental Health Liaison Team Home Treatment Team 24/7 Extended working arrangements	Mental Health Liaison Team Home Treatment Team 24/7 Extended working arrangements	Mental Health Liaison Team Home Treatment Team 24/7 Extended working arrangements	Mental Health Liaison Team Home Treatment Team 24/7 Extended working arrangements	Mental Health Liaison Team Home Treatment Team 24/7 Extended working arrangements	Mental Health Liaison Team Home Treatment Team 24/7 Extended working arrangements	Mental Health Liaison Team Home Treatment Team 24/7 Extended working arrangements	ALIS (encompassing MHLT, HTT & Crisis Team) 24/7 Extended working arrangements	Home Treatment Team 24/7 Extended working arrangements
ADULT	Response Crisis 24/7			Crisis House (Richmond Fellowship) 24/7		Crisis House (Richmond Fellowship) 24/7				Mental Health Liaison Team
ADULT	Routine	CMHT 9am-6pm/ 7days Extended working arrangements START: Mon-Fri 9am-5pm	CMHT 9am-6pm/ 7days Extended working arrangements SPoA Mon-Fri 9am-5pm	CMHT 9am-6pm/ 7days Extended working arrangements START: Mon-Fri 9am-5pm	CMHT 9am-6pm/ 7days Extended working arrangements START: Mon-Fri 9am-5pm	CMHT 9am-6pm/ 7days Extended working arrangements START: Mon-Fri 9am-5pm	CMHT 9am-6pm/ 7days Extended working arrangements START: Mon-Fri 9am-5pm	CMHT 9am-6pm/ 7days Extended working arrangements START: Mon-Fri 9am-5pm	CMHT (South Lakes & Barrow) 9am-7pm /7 days Extended working arrangements ALIS/HTT: Out of Hours	CMHT 9am-6pm/ 7 days Extended working arrangements START: Mon-Fri 9am-5pm
OLDER ADULT	Response Crisis 24/7	Mental Health Crisis Line / The Wellbeing, Mental Health Helpline & Texting Service 24/7								
OLDER ADULT	Response Crisis 24/7	RITT Team : 8am-8pm/7 days HTT: Out of Hours Extended working arrangements		RITT Team: 8am-8pm/7 days HTT: Out of Hours Extended working arrangements	RITT Team: 8am-8pm/7 days HTT: Out of Hours Extended working arrangements	RITT Team: 8am-8pm/7 days HTT: Out of Hours Extended working arrangements	RITT Team: 8am-8pm/7 days HTT: Out of Hours Extended working arrangements	RITT Team: 8am-8pm/7 days HTT: Out of Hours Extended working arrangements	ALIS/HTT: Out of Hours	RITT Team: 8am-8pm/7 days HTT: Out of Hours Extended working arrangements
OLDER ADULT	Routine	OA CMHT 9am-5pm/7 days Extended working arrangements	OA CMHT 9am-5pm/7 days Extended working arrangements SPoA Mon-Fri 9am-5pm	OA CMHT 9am-5pm/7 days Extended working arrangements	OA CMHT 9am-5pm/7 days Extended working arrangements	OA CMHT 9am-5pm/7 days Extended working arrangements	OA CMHT 9am-5pm/7 days Extended working arrangements	OA CMHT 9am-5pm/7 days Extended working arrangements	Memory in Later Life service 9am-5pm 7/days	OA CMHT 9am-5pm/7 days Extended working arrangements
CAMHS	Crisis response 24/7 (Using OOH care pathway with access to safe beds if required)	Mental Health Crisis Line / The Wellbeing, Mental Health Helpline & Texting Service 24/7								
CAMHS	Crisis response 24/7 (Using OOH care pathway with access to safe beds if required)	Monday - Thursday 5pm - 9am; Friday 5pm - Monday 9am CASHER (Child & Adolescent Support & Help Enhanced Response Team)		Adult MHL / HTT: 10pm-8am 7/days	Adult MHL / HTT: 10pm-8am 7/days	Adult MHL / HTT: 10pm-8am 7/days	Adult MHL / HTT: 10pm-8am 7/days	Adult MHL / HTT: 10pm-8am 7/days	ALIS/ HTT: 6pm-9am 7/days	Adult MHL / HTT: 10pm-8am 7/days
CAMHS	Routine	Fylde & Wyre CAMHS Team /CPS Mon-Fri 9am-5pm	Blackpool CAMHS Team Mon-Fri 9am-5pm Extended working arrangements	Chorley & South Ribble CAMHS Team 8am-10pm / 7 days Extended working arrangements	Preston CAMHS Team 8am-10pm / 7 days Extended working arrangements	East Lancashire Child & Adolescent Service (ELCAS) 8am-8pm / 7 days week Out of hours cover*		Morecambe & Lancaster CAMHS Team 8am-10pm / 7 days Extended working arrangements	Crisis Assessment and Intervention Service (CAIS) CAMHS Team 9am-6pm / 7 days Extended working arrangements	West Lancs CAMHS Team 8am-10pm / 7 days Extended working arrangements
LEARNING DISABILITY	Response Crisis 24/7	Mental Health Crisis Line / The Wellbeing, Mental Health Helpline & Texting Service 24/7								
LEARNING DISABILITY	Response Crisis 24/7	Intensive Support Function (ISF): Available: 8pm - 8am 7/days**								
LEARNING DISABILITY	Response Crisis 24/7	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements Out of Hours 8pm-8am via Adult MHL / HTT for age16+ 7/days	Service is primarily for adults 18+ (16-18 in transition) Mon-Thurs 9am-5pm Friday 9.00am - 4.30pm Out of hours via: Blackpool Social Care Emergency Duty Team*** On-call cover in place to cover Bank Holidays only)	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements Out of Hours 8pm-8am via Adult MHL / HTT for age16+ 7/days	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements Out of Hours 8pm-8am via Adult MHL / HTT for age16+ 7/days	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements Out of Hours 8pm-8am via Adult MHL / HTT for age16+ 7/days	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements Out of Hours 8pm-8am via Adult MHL / HTT for age16+ 7/days	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements Out of Hours 8pm-8am via Adult MHL / HTT for age16+ 7/days	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements ALIS/HTT : Out of Hours 7/days	Community LD Service (Adults) 8am-8pm Mon-Fri Extended working arrangements Out of Hours 8pm-8am via Adult MHL / HTT for age16+ 7/days
LEARNING DISABILITY	Community LD Service - LD Routine	Community LD Service (all age) 9am - 5pm Mon-Fri		Community LD Service (all age) 9am - 5pm Mon-Fri	Community LD Service (all age) 9am - 5pm Mon-Fri	Community LD Service (all age) 9am - 5pm Mon-Fri	Community LD Service (all age) 9am - 5pm Mon-Fri	Community LD Service (all age) 9am - 5pm Mon-Fri	Community LD Service (all age) 9am - 5pm Mon-Fri	Community LD Service (all age) 9am - 5pm Mon-Fri

*ELCAS have extended hours of operation to 8pm, but do not have full out of hours cover in place. Out of hours cover 8pm - 8am provided by Adult MHL / HTT

** Intenstive Support Function provided in collaboration with Mersey Care NHS FT

*** Blackpool Community LD: Out of Hours the Blackpool Social Care Emergency Duty Team triage calls and redirect dependent on need to the LSCFT Adult MLT/HTT. Young people under 16yrs of age are directed through out of hours services covering CAMHS Crisis

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
Date of Meeting:	28 September 2021

DRUG RELATED DEATHS SCRUTINY REVIEW FINAL REPORT

1.0 Purpose of the report:

1.1 To approve the final report of the Drug Related Deaths Scrutiny Review and submit it to the Executive for consideration.

2.0 Recommendation(s):

2.1 To approve the final report.

3.0 Reasons for recommendation(s):

3.1 To allow the report to progress through the procedure agreed for scrutiny reviews.

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

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 During the Adult Social Care and Health Scrutiny Committee Workplanning Workshop held in July 2020, Members identified the issue of drug related deaths as a topic they wished to explore further after discovering that Blackpool has one of the highest levels of drug related deaths in the country.

6.2 It was noted that in 2019 alone there were 31 drug related deaths of patients who were in receipt of services. This was particularly concerning as Public Health England identifies being 'in service' as a protective factor. Many of those who died whilst in treatment for their drug use had underlying health conditions. Conditions such as COPD, Liver disease and heart disease were prevalent in the large majority of deaths. However, the additional conditions could indicate that despite the efforts of treatment services it is the wider health offer that is needed to help prevent deaths. Members also found that there were high levels of non-fatal overdoses Blackpool.

6.3 The recommendations of the review seek to improve the lives of residents who are suffering from drug abuse and the services provided to them and are contained within the attached report, Members are requested to approve the report and its recommendations for forwarding to the Executive.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 3(a): Drug Related Deaths Scrutiny Review Final Report

8.0 Financial considerations:

8.1 As set out within the final report.

9.0 Legal considerations:

9.1 As set out within the final report.

10.0 Risk Management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, Climate Change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 As detailed within the final report.

14.0 Background papers:

14.1 None.

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Appendix 3(a)

Drug Related Deaths Scrutiny Review

CONTENTS **PAGE**

1.0 Foreword

1.1 The issue of drug related deaths is of huge significance in Blackpool and is something I and my colleagues have a real interest in and desire to help address. When the subject of drug related deaths was first mentioned to the Committee, there was a mutual feeling amongst Members that the impact of the issue on individuals, families, friends and communities was something that needed to be explored with a view to looking at the issue from all angles. The human cost is significant and it was our aim to bring partners together to identify areas for improvement.

1.2 I would like to thank my fellow Members for taking part in this review, the importance of Member engagement and enthusiasm in scrutiny reviews is paramount and without that we would not have been able to come to the conclusions and recommendations that we have done. Recommendations that I hope will make a real difference when implemented.

1.3 I would also like to thank all those who contributed to the review, provided the evidence presented to Members and answered our questions at the Panel meetings, your contribution was vital to Members' understanding of the key issues presented and allowing us to come to the conclusions and recommendations identified. Particular thanks must go to Ms Emily Davis, Drug Harm Reduction Lead for her significant contribution to the review.

Councillor Paula Burdess
Chairman, Drug Related Death Scrutiny Review Panel

2.0 Summary of Recommendations

	Timescale
Recommendation One: **To request that the services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress.**	Progress report 3 February 2021
Recommendation Two **That the Director of Public Health continues to work in order to increase messaging about Naloxone use and the dangers of being alone when using drugs and report back to Committee on the interventions put in place in approximately 6 months.**	Progress report 3 February 2021
Recommendation Three **To request that Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centres to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.**	Progress report 3 February 2021
Recommendation Four **That the Council led by the Cabinet Member for Adult Social Care and Health works with other local authorities and our MPs to lobby Government to introduce legislation and policy to address this critical need, including appropriate overdose prevention facilities.**	Progress report 3 February 2021
Recommendation Five **That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.**	Progress report 3 February 2021
Recommendation Six **The CCG and ICP should work collaboratively with all partners to minimise the long term negative health effects of long-term prescribing of controlled short-term medication.**	Progress report 3 February 2021

Recommendation Seven **That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months time.**	Progress report 23 June 2021
Recommendation Eight **At the same meeting, that the Committee invite the Lived Experience Team, in order to assess improvement and how things had changed across the whole remit of mental health and substance misuse service provision.**	Progress report 23 June 2021
Recommendation Nine **That the Committee receives regular updates on the ADDER project in order to monitor the performance, impact and success of the project.**	Progress report 3 February 2021

3.0 Background Information

3.1 During the Adult Social Care and Health Scrutiny Committee Workplanning Workshop held in July 2020, Members identified the issue of drug related deaths as a topic they wished to explore further. Blackpool has one of the highest levels of drug related deaths in the country. In 2019 alone there were 31 drug related deaths of patients who were in receipt of services. Many of those who died whilst in treatment for their drug use had underlying health conditions. Conditions such as COPD, Liver disease and heart disease were prevalent in the large majority of deaths. This is particularly concerning as Public Health England identifies being 'in service' as a protective factor. However, the additional conditions could indicate that despite the efforts of treatment services it is the wider health offer that is needed to help prevent deaths. Blackpool also has high levels of non-fatal overdoses.

3.2 The Scrutiny Review Panel comprised of Councillors Burdess, O'Hara, Mrs Scott, Danny Scott, Hutton, Wing, Hunter and Matthews.

3.3 The following key issues were identified as the main objectives for the review:

- To highlight the scale of the problem and seek to identify any potential opportunities to make improvements to services.
- To bring partners together to provide a more targeted and joined up approach to reducing the number of drug related deaths.

3.4 This review related to the following priority of the Council:

Communities: Creating stronger communities and increasing resilience.

4.0 Methodology

4.1 The Panel held two formal evidence gathering meetings and began to form their conclusions and recommendations during these meetings. An informal meeting was subsequently held with the Chair and Vice Chair of the Adult Social Care and Health Scrutiny Committee and the Harm Reduction Lead in order to formalise the recommendations which were then circulated for approval by the Panel Members.

Details of the meetings are as follows:

Date	Attendees	Purpose
26 January 2021	Councillors Burdess, O'Hara, Mrs Scott, Danny Scott, Hutton, Wing, Hunter and Matthews. Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health Emily Davis, Harm Reduction Lead, Public Health Judith Mills, Consultant in Public Health Karon Brown, Head of Governance and Risk, Delphi Medical Nicola Plumb, Lived Experience Team, Empowerment DCI Jonathan Clegg, Lancashire Constabulary Julian Coxon, Delphi Medical Sharon Davis, Scrutiny Manager	To receive a presentation on Drug Related Deaths, gathering information on the number of deaths, types of drugs, co-morbidities and programmes currently in place to support and reduce substance misuse.
20 April 2021	Councillors Burdess, O'Hara, Mrs Scott, Danny Scott, Hutton, Wing and Hunter. Dr Arif Rajpura, Director of Public Health Emily Davis, Harm Reduction Lead, Public Health Karon Brown, Head of Governance and Risk, Delphi Medical Nicola Plumb, Lived Experience Team, Empowerment DCI Jonathan Clegg, Lancashire Constabulary Julian Coxon, Delphi Medical Dr Ben Butler-Reid, Clinical Director, Blackpool, Fylde and Wyre Clinical Commissioning Groups Sharon Davis, Scrutiny Manager	To cover the issues identified during the first meeting including the ADDER business case, a briefing on drug consumption rooms and the survey carried out by Horizon of treatment services during the pandemic.

5.0 Detailed Findings and Recommendations

5.1 Introduction

5.1.1 For the purposes of the review, Members were presented with the following definitions of drug related deaths and drug overdose:

Drug misuse deaths are "a) deaths where the underlying cause is drug abuse or drug dependence and (b) deaths where the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved." (Office National Statistics 1993).

Drug Overdose is, "the ingestion, accidentally or intentionally, of sufficient drug or drugs to cause injury or death" (Medical Dictionary for the Health Professions and Nursing Farlex 2012).

5.1.2 As set out in the reasons for carrying out this much needed review of drug related deaths in Blackpool, the Panel was advised that Blackpool had the highest number of drug related deaths per 100k of population in both males and females during the recording period 2017-2019. Office of National Statistics (ONS) data released in 2020 showed that:

- There had been 4,393 deaths related to drug poisoning in England and Wales during 2017-2019.
- An addition 2,883 deaths had been related to drug misuse in England and Wales during this time period.
- In 2017-2019 Blackpool had the highest rate of deaths related to drug misuse with 18.9 per 100K.
- In the same time period, Blackpool had the highest number of male deaths with 24 per 100k and the highest number of female deaths with 14 per 100k.

5.1.3 Figure 1 below demonstrates that Blackpool is an outlier with a significantly worse average number of deaths than the England average in relation to deaths from drug misuse. The graph also shows the extent to which rates are higher in comparison to the other authorities in the North West region in 2017-2019.

5.1.4 Figure 2, also below, demonstrates the trend in deaths related to drug poisoning from 2001-2003 to 2017-2019 in England and Blackpool which has been standardised to rates per 100k population. In relation to this graph, Members were advised that trends were recorded in three year periods. With regards to the data, it was noted that males accounted for two thirds of the deaths recorded, that of 106 drug poisoning deaths in Blackpool in 2017-2019, 73 had been categorised as drug misuse and that there had been a 57% increase in deaths from drug poisoning over the last 10 years.

5.1.5 The Panel noted that in the data relating to Blackpool in Figure 2, there had been dips in the recording periods of 2003-2005 and 2009-2011 and queried the reasons for these dips. Ms Emily Davis advised that, following further investigation carried out between the two meetings of the Panel, in 2003 there had been a significant change to the way in which drugs were supplied and a number of harm reduction initiatives established. DCI

Clegg advised that there were regular peaks and troughs in the drug supply market due to regular new campaigns in order to target supply and demand. In 2003, there had been a shortage of heroin due to poor weather and crop blight in Afghanistan and increased enforcement in Turkey, which was a key route for supply.

5.1.6 Dr Arif Rajpura, Director of Public Health reminded the Panel that the numbers being discussed were small numbers and therefore statistical variation was expected and therefore not much of significance could be derived from the data. The same point applied when considering the month of death. The Panel was presented with the month of death for 2020 and queried whether a there were any trends in the month of death over the years and whether there had been a specific impact in 2020 due to Covid-19. At the second meeting of the Panel, Members were able to compare the month of death in 2019 and in 2020, however, due to small numbers as previously mentioned, it could not be determined whether the month had had any significant impact. It was noted that Covid had had an impact on many drug users, with those in treatment services potentially receiving more support and contact by phone than usual. Drug users often lived in isolation and in poor situations and there had been an increased focus on their wellbeing during the pandemic with more wraparound support provided than usual such as delivery of food parcels. No correlation between the deaths and lockdown could be established.

5.1.7 During the first Panel meeting, Members also requested that the place of death be broken down by ward and a map was circulated demonstrating that the most number of deaths occurred in central wards, however, this did not necessarily indicate the place where the deceased lived and a number of deaths had occurred in public places.

Figure 1: Deaths from Drug Misuse – North West Region 2017-2019

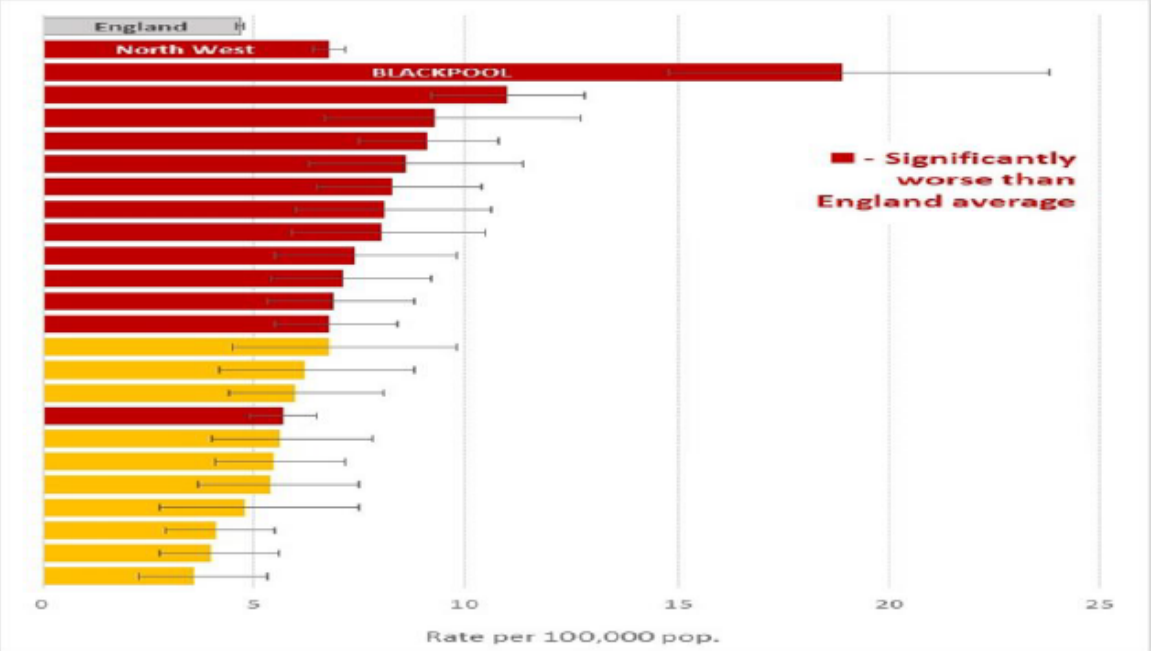
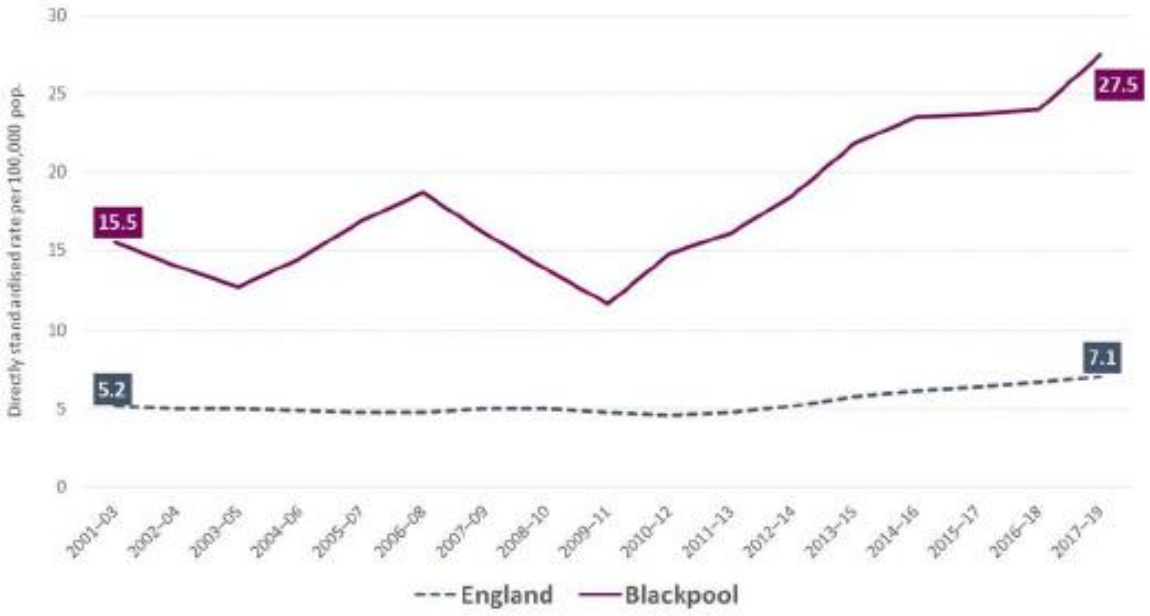


Figure 2: Trend in deaths related to drug poisoning: 2001-2003 to 2017-2019 England and Blackpool. Directly standardised rates per 100,000 population.



5.1.8 The most recent data from 2020 suggested that trends were continuing with the Drug Related Death lead notified in real time of 42 deaths between 1 January 2020 and 31 December 2020. (The number of deaths may increase once the coroner has concluded all inquests for the same reporting period). Of these, 32 were male, 10 female with a total average age of death of 48 years old. It was noted that the following data was incomplete and did not reflect all 42 deaths at the time of being considered by the Panel. Of those that had been analysed to date, 76% of those died had been participating in drug treatment services, 33% died alone, 45% had mental health problems, 19% had experienced suicidal ideation/attempts and self-harm prior to death, 55% had been prescribed methadone with 2% prescribed buprenorphine. Due to the pandemic and delays in inquests no further information was available during the period the review took place.

5.1.9 As a further example of the significance of the problems in Blackpool, Members were presented with the total number of ambulance incidents relating to overdose, ingestion or poisoning by drugs compared to other areas in Lancashire which demonstrated that the number of incidents in Blackpool was almost double the nearest other authority of Blackburn with Darwen. It was considered important to be able to also map the location of non-fatal overdoses and the place of residence (not just the location of the death) in order to gather a fuller picture of the problems in Blackpool and where resource should be targeted.

5.1.10 In addition to mapping the location of death, place of residence and location of non-fatal overdoses, it was suggested that the Police could also add into the mapping an indication of related organised crime. It had been noted that Organised Crime Groups often targeted certain areas and places such as pharmacies in order to deal drugs and target those collecting prescriptions. Such a map would then give a clear indication of where joint resources should be targeted. Dr Ben Butler-Reid added that such a resource would

also be beneficial to the Primary Care Networks in order to direct and deliver care and that such intelligence should be circulated as appropriate.

Recommendation One:

To request that the services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress.

5.2 Naloxone and Drug Consumption Rooms

5.2.1 The Panel was specifically informed of the use of Naloxone to reverse an opiate overdose. One way in which Naloxone was often administered was by the North West Ambulance Service (NWAS) when responding to calls of overdose. Between August 2018 and August 2019, 396 instances of Naloxone use in Blackpool had been recorded by NWAS which equated to more than once per day. It was noted that whilst not all of these were attributed to heroin overdose, the vast majority would be.

5.2.2 Referring back to the statistic that 33% of deaths in 2020 had occurred whilst the person was alone, Ms Davis highlighted the importance of Naloxone in preventing deaths and the importance that drug users were not alone when taking drugs. It was noted that Naloxone could be distributed to friends, family members and peer support workers to administer when necessary. Members were informed by Nicola Plumb that a key issue for many users was that when spending all the money they had on the purchase of drugs they did not wish to alert other users and have to share the drugs that they had acquired which resulted in them using the substances alone.

5.2.3 In a number of other countries including Canada, drug consumption rooms had been introduced to address the issues of taking drugs alone. Such rooms were available for drug users to attend to consume their own drugs, which addressed any concerns that they might have to share their drugs with other users. On site Naloxone was available and professionals were on hand should anything go wrong and the drug user require assistance. Under UK law, drug consumption rooms were currently prohibited. However, Members considered that a safe place for users to consume drugs would be beneficial. A further paper was requested by the Panel on the potential benefits to Blackpool of a drug consumption room to allow Members to determine whether to recommend that the Council lobby the Government for a change to the law.

5.2.4 During the second meeting of the Panel, Ms Davis presented the requested detailed briefing paper on drug consumption rooms. It was noted that a task and finish group had been established amongst partners in order to explore further the possibility of introducing such a facility into Blackpool. It was considered that whilst the opening of such a facility remained illegal, there was little that could be done without a memorandum of understanding (MOU) from the Crime Prosecution Service and the Police that the law would not be enforced if such a facility was to opened. Without an MOU, it would also be impossible to obtain requisite insurance.

5.2.5 The wide range of representatives in attendance, plus Members, had a very fruitful discussion on what could be done and when it could be done in order to start making inroads into the number of deaths as soon as possible and noted the update from Councillor Jo Farrell that the Council was lobbying where possible. It was noted that there was learning from Europe, Vancouver and Sydney that demonstrated that drug consumption rooms/overdose prevention rooms had made a positive impact and the evidence base highlighted that such a route would be the most positive for Blackpool should it be made legal or a MOU made. However, there was a legal option of Heroin Assisted Treatment (HAT) that could also be considered for more immediate implementation. The costs related to a HAT (one of which had been established in Middlesbrough) were considered to be more significant as rather than providing a safe space for people to use their own drugs, clients must meet a criteria and were then prescribed and supplied Diamorphine. This also resulted in a HAT being less accessible and not inclusive for all. However, whilst a HAT might not be considered ideal, one could be part of the solution and perhaps ideally both would be provided in the town.

5.2.6 Members also considered the views of residents of such facilities, and queried the potential impact in drawing more drug users or dealers to the town. The experts in attendance considered that these issues would be unlikely as crime groups would recognise that the unit would be monitored and staffed and that they already had sites and outlets in the town. A drug consumption room also did not supply drugs and clients would bring their own and therefore would be unlikely to attract people to the area for this reason. It was, however, considered extremely important that the idea of such a unit was 'socialised' with residents educated to ensure they understood the benefits of such a service and supported it. The service would provide advice and support with other benefits such as a safe needle exchange and naloxone on hand as an antidote to overdose.

5.2.7 All partners in attendance were happy to support the principle of a drug consumption room in the town should it become legal, but considered it necessary to explore other options and viable alternatives in the interim should such a facility never become legal, noting that there were not likely to be any changes to legislation in the near future. A drug consumption room in the town had been an idea for 14 years and that it was important to look at things from a different angle and take action. It was suggested that an outline business case be developed in support of the introduction of a HAT and a drug consumption room should it become viable. The business case would consider costs, savings and impact and would hopefully pave the way to design something locally at low cost. Karon Brown, Delphi agreed to commence work on a comparative costing and determine what aspects of a drug consumption room/HAT could be legally introduced into services that were already being provided. That being said, it was felt that we should work with other local authorities, notably Glasgow City Council who have done a lot of work in this area, to lobby for appropriate overdose prevention facilities, and our MPs to ensure government policy and legislation recognises addresses and critical need.

Recommendation Two

That the Director of Public Health continues to work in order to increase messaging about Naloxone use and the dangers of being alone when using drugs and report back to Committee on the interventions put in place in approximately 6 months.

Recommendation Three

To request that Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centres to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.

Recommendation Four

That the Council led by the Cabinet Member for Adult Social Care and Health works with other local authorities and our MPs to lobby Government to introduce legislation and policy to address this critical need, including appropriate overdose prevention facilities.

5.3 Treatment Services

5.3.1 It was noted that of the deaths investigated in 2020, 76% had been identified as being in treatment services. Members were particularly concerned by the statistic and queried whether the service provision was adequate for needs. In response, it was noted that the average age of death was 48 years and that at the time of their death some people would have been using drugs for as many as 30 or 40 years. Once someone had been a drug user for such a length of time, many other physical health issues would have developed such as COPD, Hepatitis C and heart disease.

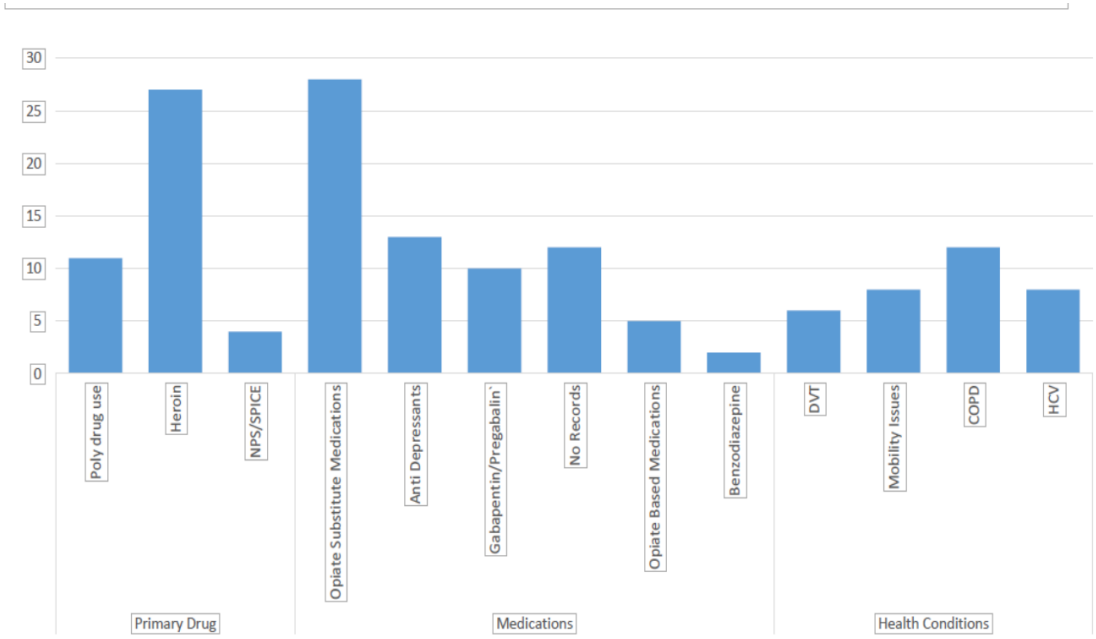
5.3.2 The average age of someone in treatment services was 40 – 49 years old, which was often the age group which had the highest number of other physical medical conditions and was also often the cohort that did not access services in the way that would be expected.

5.3.3 Karon Brown, Delphi Medical highlighted the feedback received of treatment services during the pandemic and it was noted that there had been a number of positives. In particular, service users had preferred receiving a two week prescription rather than having to attend the pharmacy every week or even every day in some circumstances previously. Clients had highlighted that attending the pharmacy so often had reinforced their feeling like an addict and that increasing the length of time between prescriptions had been positive and meant less time waiting in queues at pharmacies where they were open to being approached by dealers.

5.3.4 It was also noted that pre-pandemic the Horizon building had often felt chaotic, and that it was being reopened in a much calmer way. Members praised the response of services during the pandemic and the way in which positives were being explored in a way in which empowered clients. The response of services to clients who were homeless or rough sleepers was also commended, some of whom were also drug users. It was noted that an additional opportunity had presented itself and been taken during the pandemic which would not have ordinarily been available, which was to support some clients through a local detox unit. There had been some success with a number of clients remaining sober. Additional wraparound care had been put in place following their release from the unit

5.3.5 Figure 3 below was provided to demonstrate the health and history of those that had died during 2020. The graph demonstrates the primary drug in the cause of death, other medications that were being taken at the time of death and other health conditions suffered by the person at the time of their death.

Figure 3: Medications, Health and Drug History for Deaths that occurred in 2020



5.3.6 The Panel discussed in detail the additional medication taken by those that had died during 2020 and recorded on the death certificate and spoke in particular of the prescription and use of Gabapentin and Pregablin. Ms Mills advised that the increased use of these two drugs had been identified and raised with the Clinical Commissioning Group prior to the Covid-19 pandemic and remained on the agenda for discussion once the pandemic allowed. Members noted anecdotal evidence regarding the increased use of such drugs and supported the aim to address the issue. It was noted that previously Benzodiazapine had been identified as over-prescribed and steps had been taken successfully to reduce the usage.

5.3.7 Ms Nicola Plumb highlighted additional concerns that should prescriptions of Gabapentin be restricted it would be likely that its availability for sale illegally on the 'dark web' would increase and that the substances sold would be uncontrolled and therefore possibly of increased potency or mixed with other and potentially dangerous substances.

5.3.8 Through discussions, it was considered that it could be of benefit if a designated GP could be identified to focus entirely on drug related deaths, to work with the Coroner, with drug treatment services and related provision in order to support the cohort of drug users in Blackpool in order to provide the best possible service, however, the idea was dismissed as the incorrect approach to take with the Clinical Commissioning Group and Integrated Care Partnership (ICP) as a whole needing to work collaboratively in order to

reduce the long term negative health effects and put interventions in place in order to reduce the impact of prescribed controlled medication and drug related deaths.

Recommendation Five

That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.

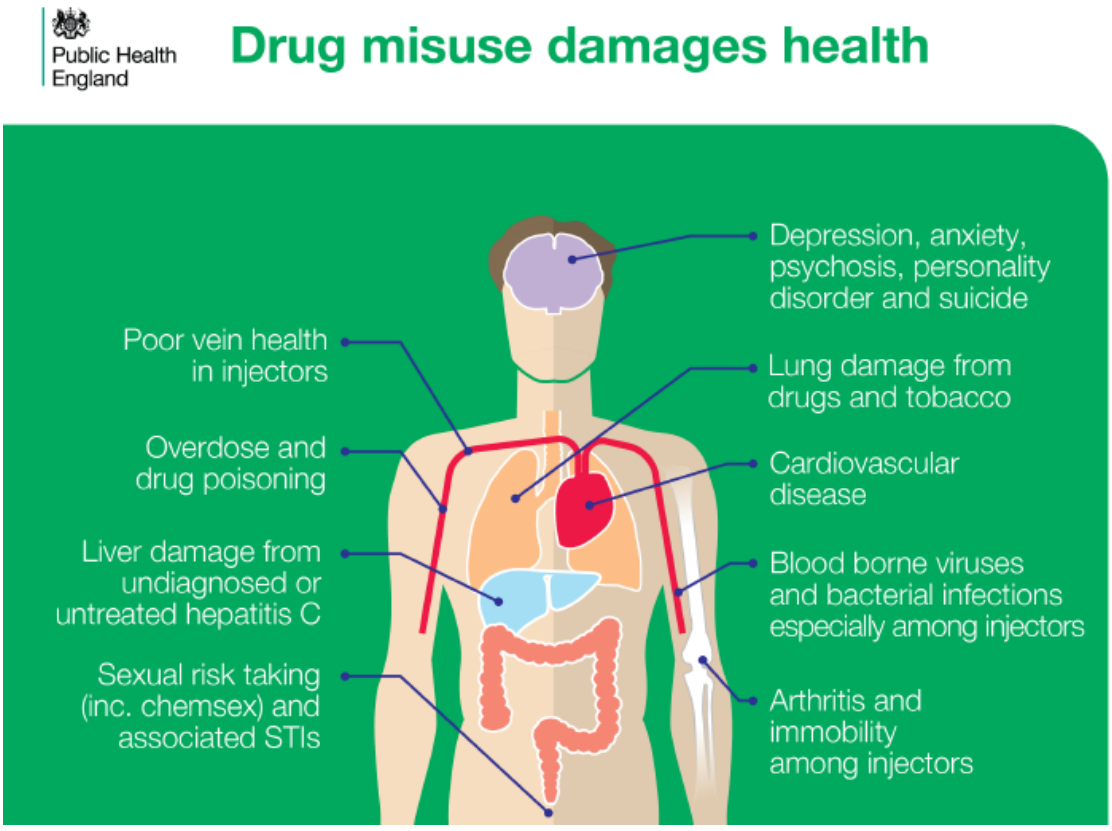
Recommendation Six

The CCG and ICP should work collaboratively with all partners to minimise the long term negative health effects of long-term prescribing of controlled short-term medication.

5.4 Impact of drugs on health

5.4.1 When exploring the impact of drugs on long term health, the Panel noted, as demonstrated within Figure 3 above that those that had died in 2020 suffered from other conditions including Hepatitis C which caused liver disease/cirrhosis, COPD and deep vein thrombosis. These were the most common conditions recorded in Blackpool deaths in 2020, however, as set out in Figure 4 below drug misuse can damage health in a wide variety of ways.

Figure 4: Visual from Public Health England



5.4.2 Members discussed the impact of cannabis on the health of young people in particular and the concerns that use of the drug was increasingly socially acceptable and that it could potentially be a gateway to other drug use. Zohra Dempsey, Public Health Practitioner advised that there was no robust evidence to suggest that use of cannabis led to use of harder drugs. However, it was noted that the ADDER project (detailed at section 5.8 below) included a bespoke cannabis treatment programme within the 'Young ADDER Team.

5.4.3 It was noted that Blackpool had previously experienced an outbreak of a notifiable bacterial infection 'Invasive Group Strep A' which had resulted in a number of the homeless and drug taking community requiring hospitalisation and had unfortunately resulted in some deaths. The outbreak had demonstrated that the way in which people from this community engaged with primary care services was vastly different and had directed how engagement should be provided moving forward, particularly during the Covid-19 pandemic.

5.4.4 A key aspect in successful service provision was that the services were comprehensive and taken to the community. During the pandemic outreach primary care services had been provided via the 'Homeless Health Bus' which had been able to address healthcare needs and provide any other support required in one place such as wound care and harm reduction advice and support. It was noted that individuals had a lifetime of issues such as neglect, abuse, post-traumatic stress disorder, poor mental health as well as addiction that needing addressing in a trauma informed way. This meant that service providers understood that their clients might not always be or appear grateful for assistance and that their trust could be rebuilt in a system that they could and would access.

5.5 Emerging risks and challenges

5.5.1 DCI Jon Clegg reported that increased use and circulation of crack cocaine was of serious concern. He advised that crack cocaine was a dried version of cocaine, often sold in 'rocks' which was 60-70% more potent than cocaine. There was concern that as the substance was cheaper to produce and distribute, it was used in different ways to cocaine which was more expensive.

5.5.2 New variations to existing drugs were becoming more frequently available with substances often mixed with something more harmful, the purity levels could vary as could the strength. A small number of deaths in 2020 had been linked to a batch of harmful 'Spice' (Novel Psychoactive Substance). It was therefore important to be able to identify particularly harmful batches of drugs in order to alert the drug taking community and put in place preventative measures where possible. In response to concerns such as this Lancashire Constabulary had introduced forensic lab capacity to test drugs immediately upon them being seized as a result of attendance at an overdose or death. This provided real time identification of particularly harmful batches following which the community could be alerted.

5.6 Drug Related Death Panel

5.6.1 It was reported that the Drug Related Death Panel had been established approximately one year ago. The purpose of the Panel is to identify what lessons can be learned to influence future practice, address potential gaps in service provision and prevent future deaths through a multi-agency whole-system approach. The Panel comprises of a number of organisations including Horizon, North West Ambulance Service (NWAS), Blackpool Clinical Commissioning Group, Lancashire Constabulary, Blackpool Teaching Hospitals NHS Foundation Trust, the National Probation Service and the Lived Experience Team. The wide representation on the Panel allowed for a larger focus than drug use and treatment and meant that wider issues relating to the individual such as housing, families and bereavement could also be considered.

5.6.2 There is a protocol and process in place which has been refined to allow timelier reporting of deaths related to drugs from the Police and Coroner. However, issues still remained with the transfer of real time data from NWAS. It was noted that the Police only attended an overdose when required whereas NWAS was generally always in attendance. NWAS recorded use of Naloxone in Blackpool as a counter to the effects of opiate overdose and it was noted that it was administered by the service at least once per day. The systems used by NWAS had recently been updated and they now use an Electronic Patient Recording system. It was hoped that real time data would become available from March 2021.

5.7 Impact of the Pandemic

5.7.1 The Covid-19 pandemic had presented ongoing issues with how to engage with homeless and hard to reach people. In general, it was recognised that homeless people did not access treatment in generic health care services. As a result, provision had been most recently provided via a mobile service on a Covid-secure bus whilst the usual facility at The Bridge had been closed. It was reported that there had been concerns raised regarding the location of the bus and at the time of the meeting it had been relocated from the town centre to Central Car Park. Due to its success, even when The Bridge was able to reopen a mobile service would continue.

5.7.2 The success of the mobile provision was noted and it was considered to be reducing the number of admissions to the emergency department. Blackpool Teaching Hospitals Trust were also able to make referrals to the nursing team on the bus to allow for ongoing care for people who injected drugs and required wound management.

5.7.3 Members acknowledged the concerns that had been raised regarding the location of the 'homeless bus' and were of the opinion that access must be provided in a location where it was needed to enable those who needed to access services to easily attend. The Committee wish to extend its support to the provision of services in this way and that it continue post pandemic. There were significant issues regarding mental health in Blackpool and many homeless people and people regularly using drugs also had significant mental health concerns. It was noted that currently to engage with mental health services, clients must be free from alcohol for 12 weeks, however, it was often the case that until support was provided for them to address their mental health concerns they were unable to stop consuming alcohol. The two issues were interlinked.

Recommendation Seven

That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months time.

Recommendation Eight

At the same meeting, that the Committee invite the Lived Experience Team, in order to assess improvement and how things had changed across the whole remit of mental health and substance misuse service provision.

5.8 Addiction, Diversion, Disruption, Enforcement and Recovery (ADDER) Pilot to reduce Drug Related Deaths

5.8.1 The Panel was advised that Blackpool was one of four pilot sites for the ADDER project. The pilot was a Home Office initiative in conjunction with Public Health England and the Department of Health and Social Care. The project aimed to deliver reductions in the rate of drug related deaths, drug related offending and the prevalence of drug use. It would work with some of the most difficult to engage drug users, would run until March 2023 and operate in three teams – Adult, Young People and Police Task Force.

5.8.2 It was reported that the budget for drug treatment services had been cut by 31% between 2013 and 2021, which could be considered a significant reduction. Therefore the introduction and funding of the ADDER pilot was very positive and significant to the area. In addition to securing this funding and as a part of the ADDER pilot the Council and providers continued to seek additional funding streams.

5.8.3 The ADDER project would work with the most difficult cohort of people and would try to address and reduce demand for drugs which would in turn impact upon and reduce supply. Aims also included preventing reoffending and providing continuity of care. The Panel received the business case for ADDER at its second meeting and discussed the content in detail and the positive initial outcomes of the project were noted.

5.8.4 Reductions in funding were being counteracted with innovation and collaboration however, the scale of the challenge could not be underestimated. There was currently no specific funding provision at the Council or within health services for dealing with drug related deaths. Addressing drug related deaths was a small area of work within a number of people's workloads, however, services were stretched and therefore it was difficult for focus to be placed on the issue. In addition to the recommendation made earlier that the CCG be requested to identify a specific GP to work on the issue of drug related deaths, it was suggested that the Council also be recommendation to identify a specific officer dedicated to the issue of tackling drug misuse and drug related deaths.

5.8.5 All present commended the work of Emily Davis, Harm Reduction Lead, however it was noted that the issue of drug related deaths was one part of her role and it was considered that the issue was large enough in Blackpool to warrant a full time position in order to work with the Coroner and support the Drug Related Death Panel. As a result of this concern being identified and during the course of the review panel a new Drug

Related Death/Non-Fatal Overdose post was created, which will work closely with public health, police DRD lead, coroner and drug related death panel members. The post holder will support those identified as experiencing non-fatal overdose; provide support and link with all relevant services. They will also identify gaps and develop pathways to support those identified through panel process.

Recommendation Nine

That the Committee receives regular updates on the ADDER project in order to monitor the performance, impact and success of the project.

6.0 Financial and Legal Considerations

6.1 Financial

6.1.1 Any costs for a Heroin Assisted Treatment and Overdose Prevention Centres (Recommendation 3) are expected to be funded by the Police/PCC as they would be leading the project. To continue the Homeless Health Outreach provision Post Pandemic (Recommendation 7) is expected to cost approximately £161k per annum and will be funded by the CCG.

6.2 Legal

6.2.1 As a result of the current legislation, Misuse of Drugs Act 1971, it is illegal for the Council to establish a Drug Consumption Room/Overdose prevention centre.

Such issues could be addressed by legislation, hence the lobbing of Government, they could also be addressed by way of a multi-agency approach, including service design, by which police, prosecutorial, and administrative discretion is sensibly and pragmatically exercised in the interests of personal, public health and welfare. There is no absolute discretion in an authority charged with enforcing the law and there could be circumstances in which the legality of a DCR might be challenged, in particular as a result of s21 of the Misuse of Drugs Act 1971 (UK). Any such agreement would require legal input.

Drug Related Deaths Scrutiny Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
Recommendation One: **To request that the services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress.**						
Recommendation Two **That the Director of Public Health continues to work in order to increase messaging about Naloxone use and the dangers of being alone when using drugs and report back to Committee on the interventions put in place in approximately 6 months.**						

Recommendation Three **To request that Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centres to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.**						
Recommendation Four **That the Council led by the Cabinet Member for Adult Social Care and Health works with other local authorities and our MPs to lobby Government to introduce legislation and policy to address this critical need, including appropriate overdose prevention facilities.**						

Recommendation Five **That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.**						
Recommendation Six **The CCG and ICP should work collaboratively with all partners to minimise the long term negative health effects of long-term prescribing of controlled short-term medication.**						
Recommendation Seven **That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months time.**						

Recommendation Eight **At the same meeting (as Recommendation Seven), that the Committee invite the Lived Experience Team, in order to assess improvement and how things had changed across the whole remit of mental health and substance misuse service provision.**						
Recommendation Nine **That the Committee receives regular updates on the ADDER project in order to monitor the performance, impact and success of the project.**						

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
Date of Meeting:	28 September 2021

MEALS ON WHEELS SCRUTINY REVIEW FINAL REPORT

1.0 Purpose of the report:

1.1 To approve the final report of the Meals on Wheels Scrutiny Review and submit it to the Executive for consideration.

2.0 Recommendation(s):

2.1 To approve the final report.

3.0 Reasons for recommendation(s):

3.1 To allow the report to progress through the procedure agreed for scrutiny reviews.

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

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 The following notice of motion was approved by Council in November 2020 and as a result the Adult Social Care and Health Scrutiny Committee established a scrutiny review to consider the issue in order to make a recommendation to the Executive:

Even before the pandemic, more than an estimated 1.3 million people over the age of

65 were thought to be malnourished. Malnutrition makes people more susceptible to physical and mental ill-health, extends hospital stays and makes re-admission more likely – malnutrition accounts for nearly £20bn of health and social care spending in England.

The COVID-19 pandemic has made it difficult for many people to access good food daily, not least, older people and disabled people, who were already at high risk of malnutrition. During the crisis, many older people and disabled people struggled to access good food every day and indeed this issue predated the crisis.

Whilst there are a number of ways to support people – like investing in lunch clubs or good care-home and hospital food – having a robust Meals on Wheels service locally is a cornerstone to tackling the issue. Meals on Wheels services provide a lifeline to people struggling to feed themselves in their own homes, ensure that older and disabled people at risk of malnutrition or social isolation can access regular social contact every day and at least one nutritious meal every day, and are cost-saving in the long-term to local authorities and NHS trusts.

Now more than ever the Council must support older and disabled people to be able to stay healthy, safe and nourished in their own homes.

This Council resolves:

To request the Adult Social Care and Health Scrutiny Committee to review the accredited Meals on Wheels local supplier scheme in Chorley and explore the benefits and challenges of adopting the same approach in Blackpool and recommend the Executive accordingly.

6.2 The Review Panel met to consider existing schemes in the town, schemes provided by other local authorities and spoke to a range of partners in order to establish the benefits and challenges posed by the potential introduction of a Council-run meals on wheels scheme as requested.

6.3 The recommendations of the review are contained within the report, Members are requested to approve the report and its recommendations for forwarding to the Executive and relevant NHS organisations.

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 4(a): Meals on Wheels Scrutiny Review Final Report

8.0 Financial considerations:

8.1 As set out within the final report.

9.0 Legal considerations:

9.1 As set out within the final report.

10.0 Risk Management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, Climate Change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 As detailed within the final report.

14.0 Background papers:

14.1 None.

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Appendix 4(a)

Meals on Wheels Scrutiny Review

CONTENTS **PAGE**

1.0 Foreword

1.1 The Adult Social Care and Health Scrutiny Committee was tasked by Council to investigate the issue of meals on wheels in Blackpool, whilst specifically looking at the scheme provided in Chorley following a notice of motion.

1.2 Members of the Committee recognised that the benefits to residents of meals on wheels schemes ranged from solely the provision of a warm meal to having a wider opportunity to engage with isolated and harder to reach residents who might need assistance in other areas of their life. We were happy to find that meals on wheels schemes were already in operation in Blackpool and that as part of their services they offered customers the opportunity to engage with staff, however we did find a few areas for potential improvement which have been detailed within this report.

1.3 We recognise the importance of this topic to residents and thank Councillor Tony Williams for submitting the notice of motion that directed the Committee to look at this issue in more detail. I would also like to thank the Members of the Panel and officers who supported the Panel for their time and effort. We were also able to engage with a wider range of partners including representatives from the NHS, Age UK Lancashire and Blackpool Coastal Housing and we thank them for their time, as well as the members of the public that took the time to respond to the questionnaire we circulated.

Councillor Adrian Hutton
Chairman, Meals on Wheels Scrutiny Review Panel

2.0 Summary of Recommendations

	Timescale
Recommendation **That in order to address the concerns raised by the Panel, a leaflet be developed by the Corporate Delivery Unit containing the details of all meals on wheels schemes and providers in Blackpool:** **A) That the Scrutiny Panel considers the draft leaflet prior to circulation.** **B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills.** **C) That the leaflet and/or corresponding information be provided to domiciliary care providers, social workers, community based health practitioners and the Council's Customer Service staff to ensure they can provide advice as appropriate.** **D) That the leaflet contain advice regarding accessing benefits and be appealing and colourful.** **E) That the information contained within the leaflet also be provided through a Council webpage and in Your Blackpool.** **F) That the leaflet be updated on an annual basis by the Corporate Delivery Unit to ensure the information is current and recirculated.**	The Panel would like the leaflet to be circulated as widely as possible before Christmas 2021, with an annual review of the leaflet taking place prior to its inclusion in future Council Tax bills on an annual basis. An initial update to be provided to the Council's Adult Social Care and Health Scrutiny Committee on 2 December 2021.

3.0 Background Information

3.1 The following notice of motion was approved by Council in November 2020 and as a result the Adult Social Care and Health Scrutiny Committee established a scrutiny review to consider the issue in order to make a recommendation to the Executive:

Even before the pandemic, more than an estimated 1.3 million people over the age of 65 were thought to be malnourished. Malnutrition makes people more susceptible to physical and mental ill-health, extends hospital stays and makes re-admission more likely – malnutrition accounts for nearly £20bn of health and social care spending in England.

The COVID-19 pandemic has made it difficult for many people to access good food daily, not least, older people and disabled people, who were already at high risk of malnutrition. During the crisis, many older people and disabled people struggled to access good food every day and indeed this issue predated the crisis.

Whilst there are a number of ways to support people – like investing in lunch clubs or good care-home and hospital food – having a robust Meals on Wheels service locally is a cornerstone to tackling the issue. Meals on Wheels services provide a lifeline to people struggling to feed themselves in their own homes, ensure that older and disabled people at risk of malnutrition or social isolation can access regular social contact every day and at least one nutritious meal every day, and are cost-saving in the long-term to local authorities and NHS trusts.

Now more than ever the Council must support older and disabled people to be able to stay healthy, safe and nourished in their own homes.

This Council resolves:

To request the Adult Social Care and Health Scrutiny Committee to review the accredited Meals on Wheels local supplier scheme in Chorley and explore the benefits and challenges of adopting the same approach in Blackpool and recommend the Executive accordingly.

3.2 The Review Panel met to consider existing schemes in the town, schemes provided by other local authorities and spoke to a range of partners in order to establish the benefits and challenges posed by the potential introduction of a Council-run meals on wheels scheme as requested.

3.3 This review related to the following priority of the Council:

Communities: Creating stronger communities and increasing resilience.

4.0 Methodology

4.1 The Panel held two formal meetings and began to form their conclusions and recommendations during these meetings.

Details of the meetings are as follows:

Date	Attendees	Purpose
24 March 2021	Councillors Hutton (Chair), Burdess, Callow, O'Hara and Mrs Scott Kate Aldridge, Head of Commissioning and Corporate Delivery Lisa Arnold, Leisure Services Manager Lynn O'Sullivan, Health and Wellbeing Support Worker, Blackpool Teaching Hospitals NHS Foundation Trust Debbie Kerr, Community Activities Officer, Blackpool Coastal Housing Anne Oliver, Age UK Lancashire Jane Hearne, Resilience Service Manager, Blackpool Coastal Housing Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health Sharon Davis, Scrutiny Manager	To consider the existing schemes available in Blackpool, information relating to the scheme provided in Chorley and examples from other local authorities and details of support put in place during the pandemic.
5 July 2021	Councillors Hutton (Chair), Burdess, Callow, O'Hara and Mrs Scott Kate Aldridge, Head of Commissioning and Corporate Delivery Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health Sharon Davis, Scrutiny Manager	To conclude the review and identify the recommendation(s) to be made to the Executive.

5.0 Detailed Findings and Recommendations

5.1 Introduction

5.1.1 Following the approval of the notice of motion at Council in November 2020, the Adult Social Care and Health immediately undertook to carry out the piece of work as resolved and established a scrutiny review panel to consider the matter of 'meals on wheels'.

5.1.2 A key request of the notice of motion was to consider the scheme provided in Chorley and Kate Aldridge advised that officers had spoken to colleagues at Chorley Council to try and gather a more recent view of the scheme as all the published information related to the scheme was historical. Although limited information was provided it appeared that the scheme was still ongoing but had not grown since the original pilot. It was estimated that meals were currently being provided to around 30 individuals.

5.1.3 It was also noted that Chorley was a district council and therefore did not provide Adult Social Care services. As a unitary authority it was considered that Blackpool was in a better position to understand the needs of residents and engage with communities in different ways.

5.2 Current schemes in Blackpool

5.2.1 The scheme currently being provided by Groundworks @TheGrange was considered in detail. It was noted that the scheme had started during the pandemic whilst the café facility had been closed meaning that the necessary equipment and staff with skills were available and had capacity to provide such a service. It was a scheme based in and provided solely for those in the Grange area. It had engaged members of the community and addressed isolation through the provision of food. Key benefits of such a community based meals on wheels scheme were noted such as addressing isolation, the skills of residents to cook/heat food at home, the ability to purchase food and whether income was being maximised. It was noted that the service at @TheGrange was more than a traditional meals on wheels service and had been very successful through the pandemic. Members noted the indication from @TheGrange that when the café and other services provided recommenced following the pandemic, this would impact on the capacity to continue the meals service.

5.2.2 Members considered and discounted the idea that the scheme @TheGrange could be rolled out across Blackpool through other community centres noting that not all areas had a community centre and not all community centres had the facilities available to provide such a scheme. It was considered that if a meals on wheels services was to be introduced or commissioned by the Council it should be on a whole town basis.

5.2.3 It was noted that there were currently two meals on wheels providers operating in Blackpool – BCM known as Wiltshire Farm Foods and Live Happy which operated from Warren Manor. The service from Warren Manor had commenced during the pandemic and extended out the meals served at Warren Manor across the town. It was a universal service, open to all, not commissioned and the Council did not therefore 'refer' members of the public to it. However, when members of the public approached the Council for a

hot meals service, officers would provide information regarding all the schemes available in the town and how they could access their chosen service. Members considered therefore that there was not necessarily a lack of service provision within the town and that should the Panel decide to recommend that a scheme should be introduced or subsidised the impact on other companies operating in the town must be considered. In response to a question, Lisa Arnold advised that the most cost effective option would be to subsidise a scheme as the costs associated with delivering food safely such as specialist vehicles would be prohibitive.

5.3 Results of public questionnaire

5.3.1 A scoping meeting held been held at which Members identified the type of information they wished to receive in order to form a view on whether or not to recommend a meals on wheels scheme in Blackpool. The information requested had included that members of the public would be engaged in the process through the completion a questionnaire which had subsequently been developed and rolled out. Whilst full responses to the questionnaire had not been received, a number of submissions had been received for consideration.

5.3.2 The responses of members of the public were considered in detail by the Panel and it was specifically noted that the cost of a meal was the most important issue to residents. From the responses, it was considered that there was no key demographic that might need to access the service and that any such service should be open to all in need. It was also felt that the introduction of such a scheme should not cause people who could cook to stop cooking and that the focus should be on those who could not physically cook or afford to buy ingredients. Members noted that cooking was good for health and morale and a project currently being provided was noted, 'Seasiders Supper' was providing bags of ingredients to engage with people and encourage them to cook nutritious meals.

5.3.3 It was queried whether the number of contacts made to the Council regarding the provision of hot meals would be recorded. Kate Aldridge advised that it was unlikely as records were not opened for individuals who did not require support from Adult Social Care. The Panel noted that any queries received through Blackpool Coastal Housing regarding requests for a hot meals service were referred on to Adult Social Care.

5.3.4 Members also inputted anecdotal feedback that they had received from residents noting that the current availability of meals on wheels was not widely known and promoted to those that might need or want to use such a service. It was therefore suggested that further publicity of existing schemes was required by the Council rather than the introduction of a new scheme. Members suggested that articles and adverts in Your Blackpool could be utilised as well as a new web page on the Council's website detailing how residents could access services.

5.4 Other Local Authorities

5.4.1 A small number of meals on wheels schemes provided by local authorities had been found online. Concern was raised by Members that the example schemes found appeared to have complex processes for taking up provision which might exclude those

particularly in need of such a scheme. It was also noted that many local authority websites simply linked to local private providers in their area.

5.4.2 During the course of the review, a request had been received from Wigan Council pertaining to meals on wheels and Members had sought the outcome of that request for information prior to concluding their review. However, unfortunately and despite officers' best efforts no information was forthcoming. Members therefore met again to consider how to conclude the review without the additional information on other local authorities.

5.5 Conclusions

5.5.1 Members considered all the information that they had received pertaining to other local authorities, current schemes in Blackpool and the feedback from members of the public and considered that the key issue was a lack of knowledge of the current schemes rather than a need to have a Council run scheme. It was recognised that the current schemes were providing a valuable service at an acceptable cost and that the Council should recognise the schemes as of benefit to residents wanting such a scheme and provide publicity and direction towards them where appropriate. A wide range of places to provide publicity were discussed including Your Blackpool, a new Council webpage, leaflets in Council Tax bills, at GP surgeries, churches and libraries or through the use of bin tags.

5.5.2 It was also noted that awareness could be raised amongst private domiciliary care providers, community based health practitioners and social workers of the services provided so that they could offer advice as appropriate of the services on offer and that the Council's Customer Service staff should have the information available of all providers to offer it to residents who contacted the Council requesting a hot food service. It was noted that in order to have this information available, the Council's Corporate Delivery Unit would be requested to compile a comprehensive set of information that would be updated regularly to ensure each company and service was fairly represented.

5.5.3 Members also considered that the leaflet could cover the separate issue of ensuring that residents accessed all benefits that they were entitled too if the only concern related to affordability of the meals on wheels scheme.

5.5.4 It was noted that the leaflet would need to be costed and a budget identified, however, it was highlighted that this would be significantly less than the introduction of a new Council run scheme. The leaflet should be appealing and in colour and Members requested that should the recommendation be approved by the Executive, the draft leaflet be considered by the Scrutiny Panel prior to it being circulated.

Recommendation

That in order to address the concerns raised by the Panel, a leaflet be developed by the Corporate Delivery Unit containing the details of all meals on wheels schemes and providers in Blackpool:

A) That the Scrutiny Panel considers the draft leaflet prior to circulation.

B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills.

C) That the leaflet and/or corresponding information be provided to domiciliary care providers, social workers, community based health practitioners and the Council's Customer Service staff to ensure they can provide advice as appropriate.

D) That the leaflet contain advice regarding accessing benefits and be appealing and colourful.

E) That the information contained within the leaflet also be provided through a Council webpage and in Your Blackpool.

F) That the leaflet be updated on an annual basis by the Corporate Delivery Unit to ensure the information is current and recirculated.

6.0 Financial and Legal Considerations

6.1 Financial

6.1.1 There will be a small financial cost for the production and delivery of a leaflet, however, Members considered this to be appropriate and much less than the potential costs of the introduction of a new Council-run and subsidised scheme.

6.2 Legal

6.2.1 There are no legal implications.

Meals on Wheels Scrutiny Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
That in order to address the concerns raised by the Panel, a leaflet be developed by the Corporate Delivery Unit containing the details of all meals on wheels schemes and providers in Blackpool: A) That the Scrutiny Panel considers the draft leaflet prior to circulation. B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills. C) That the leaflet and/or corresponding information be provided to domiciliary care providers, social workers, community based health practitioners and the Council's Customer Service staff to ensure they can provide advice as appropriate. D) That the leaflet contain						

advice regarding accessing benefits and be appealing and colourful. **E) That the information contained within the leaflet also be provided through a Council webpage and in Your Blackpool.** **F) That the leaflet be updated on an annual basis by the Corporate Delivery Unit to ensure the information is current and recirculated.**						

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