

Blackpool Council

11 October 2022

To: Councillors Burdess, D Coleman, Critchley, Hunter, O'Hara, D Scott, Mrs Scott and Walsh

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 19 October 2022 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

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

and

(2) the nature of the interest concerned

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

2 FYLDE COAST MENTAL HEALTH SERVICES DEVELOPMENTS

(Pages 1 - 14)

This report summarises key developments in Fylde Coast mental health services delivered by LSCFT as an update to the Committee. It will cover:

- IRS – the Initial Response Service
- Wesham Rehabilitation Centre
- Patient flow work at The Harbour, Blackpool
- Key nursing appointments
- Work stream to improve the Mental Health Urgent Assessment Centre

(MHUAC) at Blackpool Victoria Hospital.

- Reducing restrictive practice improvement work at The Harbour.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

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

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

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Andrew Williams, Director of Operations for the Fylde Coast Lancashire and South Cumbria NHS Foundation Trust
Date of Meeting:	Wednesday 19 October 2022

FYLDE COAST MENTAL HEALTH SERVICES DEVELOPMENTS

1.0 Purpose of the report:

1.1 This report summarises key developments in Fylde Coast mental health services delivered by LSCFT as an update to the Committee. It will cover:

- IRS – the Initial Response Service
- Wesham Rehabilitation Centre
- Patient flow work at The Harbour, Blackpool
- Key nursing appointments
- Work stream to improve the Mental Health Urgent Assessment Centre (MHUAC) at Blackpool Victoria Hospital.
- Reducing restrictive practice improvement work at The Harbour.

2.0 Recommendation(s):

2.1 The Committee is asked to consider and note the progress in services and the continued improvements being made.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is informed of key developments across Blackpool and the Fylde Coast and the continuing improvement work.

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 No other options are provided as part of this paper.

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Initial Response Service (IRS)

Due to the lack of suitable estate the Committee was apprised in June 2022 that the Trust would explore alternative delivery models, utilizing the learning from the two pilot programmes in Central & West and Pennine and ensuring that there would be an IRS service delivered for the Fylde Coast. The proposal is that Fylde's call handling function would be delivered by Central & West, while embedding the clinical team in an existing estate in Blackpool. This will have the benefit of building on existing expertise, faster launch, and will make strong links between IRS and existing clinical teams. Recruitment has already progressed and the project will be operationalized over the coming months.

6.2 Rehabilitation Services at Wesham

The 28 bedded unit at Wesham was opened in March 2022, with the aim of providing 14 male and 14 female beds. Low demand for female beds resulted in the decision being made to deliver an all-male unit. Evaluation of Wesham, following its opening, has helped us to make ongoing improvements to the clinical and operational model, as with any new service. There has also been recognised staffing challenges, which again is a recognised issue nationally. The Committee may be aware that neighbours have been concerned about behaviours in the area and we are actively engaging with them to look at improving security and privacy.

The decision has been made to cap the bed base at 24 currently. Further, as part of our evaluation, we are commissioning a focused review of the facility with a neighbouring trust to agree recommendations for next steps for the unit.

6.3 Patient Flow at The Harbour

The clinical team has been working on the implementation of the improvement principles to streamline processes on all of the wards. This includes the consistent allocation of expected date of discharge (EDD), ward actions to progress care and clarity around escalation processes when patients who are medically fit for discharge become delayed because their needs in the community require further assessment and planning. The Committee will be aware that this is a national problem, but we have good relationships with our partners and will continue to build on these. This improvement work is being implemented and over the next few months we will continue to work with all of the teams to understand barriers to

implementation and support progress.

A successful Break The Cycle fortnight in August saw teams focussed on progressing patient pathways with an improvement in discharge processes. The learning from this event will be used to inform our plans for winter resilience.

6.4 Key Nursing Appointments

Staffing challenges at The Harbour remain, particularly with recruiting substantive registered nurses, which is a recognised national challenge. This is being addressed through targeted recruitment days (another scheduled for January 23) and working with regular bank workers to establish what would be required for them to apply for substantive contracts.

We have appointed three Community Quality Matrons – older adult, adult and urgent care – to support these areas with operational and quality improvements. The posts are part of a pilot programme which will be reviewed, but it is envisaged that they will provide significant capacity in the clinical leadership of these areas going forward and are a welcome addition to the senior clinical teams.

We have also appointed a Consultant Nurse in Urgent Care who is developing strong relationships with our acute trust partners to ensure the admission pathways for patients are patient centred, timely and robust.

6.5 Mental Health Urgent Assessment Centre (MHUAC)

MHUACs were developed in response to the challenges of the Covid pandemic. There is currently a trust wide service improvement project (Listening into Action) that is reviewing their function and working to develop what more they can offer to the urgent care pathway. In Fylde the Home Treatment Team is collaborating with MHUAC in the evenings and is providing timely support and assessments to avoid inappropriate hospital admission where possible. Despite staffing challenges in July, they were able to support 25% of the ED referrals and are committed to working flexibly with our acute trust colleagues. There are regular meetings to solve problems and agree collaborative working.

6.6 Reducing Restrictive Practice

National guidance identifies that mental health organisations who support people within an inpatient setting should minimise the use of restrictive practices and restrictive interventions. Implementation of the LSCFT Reducing Restrictive Practice Strategy, 'Think Person, Think Positive Practice', is being overseen by the Trust wide Reducing Restrictive Practice Group who are driving forward, monitoring and reviewing progress of the implementation of the strategy. The strategy includes a QI Collaborative comprising of focus on 3 areas namely physical restraint, seclusion and rapid tranquillisation. The data for restrictive interventions within the report is taken from DCIQ, the Trusts incident reporting system. The data to date demonstrates a 49% overall reduction in the use of restrictive practices. Our use of restraint

has reduced by 66% across the Trust and our seclusion usage has decreased by 35%. Administration of rapid tranquilisation has decreased by 47% across our inpatient wards.

There is a marked improvement across the inpatient wards with the wards undertaking the QI projects showing a greater than average improvement, however there has also been improvement demonstrated in other wards who are not involved which would suggest a cultural shift away from tertiary restrictive interventions to towards proactive primary prevention interventions. In line with the evidence base, there has also been a 30% reduction in violence towards staff supported by the move to a least restrictive culture.

There is also a microsystem taking place looking at our personality disorder (PD) pathway on Shakespeare ward. This piece of work is looking at improving the identification and diagnosis of patients with personality disorder admitted to the ward so that they are treated as soon as possible and discharged within the recommended time frames (3 days for previously diagnosed and 5 days for newly diagnosed) in order to provide the best care for those patients.

6.7 Does the information submitted include any exempt information? **No**

7.0 List of Appendices:

7.1 Appendix 2(a): Minutes of the previous special meeting

8.0 Financial considerations:

8.1 No relevant financial considerations for this Committee.

9.0 Legal considerations:

9.1 Further amendments to the function of the MHUAC may require agreement with the Regulator.

10.0 Risk management considerations:

10.1 N/A

11.0 Equalities considerations:

11.1 Any proposed changes to services as a result of the developments outlined in this paper will be subject to an equality and quality impact assessments.

12.0 Sustainability, climate change and environmental considerations:

12.1 N/A

13.0 Internal/external consultation undertaken:

13.1 The current developments as outlined aim to involve all key stakeholders and the Fylde Coast Network has good working relationships with partners who are actively involved in service provision.

14.0 Background papers:

14.1 None.

This page is intentionally left blank

**MINUTES OF SPECIAL ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
MEETING - TUESDAY, 28 SEPTEMBER 2021**

Appendix 2(a)

Present:

Councillor Hutton (in the Chair)

Councillors

Critchley	D Scott	Walsh
O'Hara	Mrs Scott	

In Attendance:

Mr Chris Oliver, Chief Operating Officer, Lancashire and South Cumbria Foundation Trust (LSCFT)

Ms Jo Stark, Locality Director of Operations, LSCFT

Ms Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

Ms Linda Bennetts, Locality Director of Nursing and Quality, LSCFT

Ms Sarah Camplin, Head of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Group (BFWCCG)

Mr Michael Chew, Divisional Director of Operations: Families and Integrated Community Care, BTH

Ms Caroline Donovan, Chief Executive, LSCFT

Ms Ursula Martin, Chief Improvement and Compliance Officer, LSCFT

Ms Maria Nelligan, Chief Nurse and Quality Officer, LSCFT

Ms Caroline Watkins, Commissioning Officer, BFWCCG

Mr Mark Worthington, Deputy Chief Medical Officer, LSCFT

Ms Sharon Davis, Scrutiny Manager

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MENTAL HEALTH SERVICES

Caroline Donovan, Chief Executive, Lancashire and South Cumbria Foundation NHS Trust (LSCFT) presented the report to the Committee and highlighted the improvement journey of mental health services in spite of the pandemic. She noted the significant impact of the pandemic on mental health services across the country and the fact that the number of presentations at the Emergency Department (ED) had been the highest on record.

Despite the high volume of patients, 100% had been seen within four hours, with 95% assessed within one hour.

**MINUTES OF SPECIAL ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
MEETING - TUESDAY, 28 SEPTEMBER 2021**

Ms Donovan advised that LSCFT had introduced a new organisational structure based on geography and had opened new urgent mental health assessment centres across the region, which had been cited as best practice by the Secretary of State. She noted the significant investment made in community teams, the 24/7 crisis telephone line and the new crisis lounge.

The Committee was informed that significant work had also been carried out at The Harbour, (the in-patient mental health hospital in Blackpool), which had transformed the services it provided and had resulted in reduced length of stay and a more positive experience for patients.

It was noted that there remained challenges with patient capacity and that work was being carried out in order to create additional beds through investment. Ms Donovan advised that sites in Whalley, Wesham and South Cumbria had been identified for a total of 90 new beds, however, these would take time to be completed.

Ms Donovan reported that LSCFT worked closely with Blackpool Teaching Hospitals NHS Foundation Trust (BTH) in the provision of services from Blackpool Victoria Hospital and that some services were the responsibility of BTH. Mr Michael Chew, Divisional Director of Operations: Families and Integrated Community Care provided an overview of the early intervention and prevention service and the innovative ways used to engage with patients during the pandemic. He added that there remained significant pressures on the Child and Adolescent Mental Health Service (CAMHS) and that despite those pressures the CASHER Service (Child and Adolescent Support and Help Enhanced Response) in particular continued to operate successfully.

Members noted that the report stated that the memory assessment service had exceeded targets, however, there was no data provided to support how many patients had been seen through the service. Mr Mark Worthington, Deputy Chief Medical Officer, LSCFT noted that there had been an average of 107 referrals per month to the service, with August 2021 accounting for the highest number of referrals. It was noted that there were no concerns that the pandemic had prevented access to this service.

In response to a question, Ms Maria Nelligan, Chief Nurse and Quality Officer, LSCFT noted that the peer support scheme put in place had been particularly successful in aiding improvement in The Harbour. She noted that there were currently 10 peer workers operational in the hospital and that both patients and staff had commended their value with more peer support workers being requested. It was noted that an evaluation had been carried out on the scheme, the findings of which could be shared with the Committee.

Clarification was sought regarding the statistic that 100% of patients presenting with mental health concerns at the ED had been seen within four hours, querying what level of engagement they received during this time. Ms Donovan reported that the statistic referred to the assessment of the patient and the identification of either a treatment or management plan as appropriate for the patient.

**MINUTES OF SPECIAL ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
MEETING - TUESDAY, 28 SEPTEMBER 2021**

The issue of recruitment was discussed in detail, with the national problems noted, and the Committee requested additional information regarding the training programme for new staff. Ms Linda Bennetts, Locality Director of Nursing and Quality, LSCFT provided a detailed overview of the training put in place for new staff and highlighted that each new starter was assessed regarding their training need and that the level of support and training required for each individual and each role was different. The formal induction could take several weeks or even a year and was provided at the pace the learner required.

Members queried the timescale and detail of the provision of the 90 new beds identified to be developed. In response, it was reported that the new beds had been planned for some time and that over the next two years 28 rehabilitation beds would be provided at a site in Wesham. Additional beds would be provided for older adults and psychiatric patients in Whalley, South Cumbria and Preston. It was reported that the Trust had assessed what beds were required and was trying to add the capacity through creative ways in order to meet the demand.

It was noted that 42 new appointments had been recently made, and Members sought exact details on the number of current vacancies at the Trust. Ms Bennetts noted that the 42 appointments made had been registered nurses. She advised that the gain in recruitment was greater than the loss of staff experienced by the Trust and that many now viewed The Harbour as a positive place to work. There were 15 current vacancies on paper that had not yet been recruited to, however, it was expected that those positions would be filled by January 2022. In response to a further question, it was noted that the Trust had a 6.7% turnover rate.

The Committee addressed the relatively high number of referrals to the Intermediate Mental Health Service that had ceased waiting and queried what exactly this meant for patients. Mr Chew agreed to investigate this issue further and provide the detail in writing following the meeting.

Members went on to note the recent outcomes of the Care Quality Commission (CQC) inspections and noted that despite the positives and improvements made some services had still been rated as 'required improvement' and that in some circumstances wards had been downgraded from 'good' to 'required improvement'. In response, Ms Donovan highlighted that improvements had been made during the particularly difficult circumstances of the pandemic which was very positive. She added that the inspected wards that had been downgraded to 'required improvement' had not been inspected for some time. It was considered that despite appearances, improvements had been made over the last few years and that the previous performance of the services in question had not been accurately reflected in the CQC inspections due to them not being inspected frequently enough. She added that the Trust continued to work with the CQC to make improvements to services and that a whole system approach was being taken.

In response to further questions from the Committee seeking assurance that patients were safe, Ms Ursula Martin, Chief Improvement and Compliance Officer, LSCFT advised that feedback from the CQC had provided the reassurance that all patients were safe and

**MINUTES OF SPECIAL ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
MEETING - TUESDAY, 28 SEPTEMBER 2021**

that the inspectors had not identified any unsafe practices. She added that the Trust met with the CQC on a regular basis and had an open and transparent relationship and that there was nothing that came out through the inspections that the Trust was not already aware of and addressing. She noted that staff morale was high and staff were proud of the improvement that had already been achieved.

Upon consideration of the information received during the meeting, the Committee requested that an update be provided in approximately six months on progress made against actions identified through the CQC inspection and that a full, detailed report of mental health services be provided again in approximately 12 months.

3 DRUG RELATED DEATHS SCRUTINY REVIEW FINAL REPORT

The Committee considered the final report of the Drug Related Death Scrutiny Review Panel.

The Committee approved the final report for submission to the Executive.

4 MEALS ON WHEELS SCRUTINY REVIEW FINAL REPORT

The Committee considered the final report of the Meals on Wheels Scrutiny Review Panel.

The Committee approved the final report for submission to the Executive.

Chairman

(The meeting ended at 7.11 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

E-mail: sharon.davis@blackpool.gov.uk

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 31 MARCH 2022**

Present:

Councillor Hutton (in the Chair)

Councillors

Critchley	D Scott	Walsh
Hunter	Mrs Scott	

In Attendance:

Councillor Mrs Maxine Callow JP, Scrutiny Lead Member
Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

Ms Joanna Stark, Director of Operations, Lancashire and South Cumbria NHS Foundation Trust (LSCFT)

Ms Linda Bennett, Director of Nursing and Quality, LSCFT

Dr Mark Worthington, Deputy Chief Medical Officer, LSCFT

Mr Stephen Ashley, Independent Chair, Blackpool Safeguarding Adults Board

Ms Sharon Walkden, Project Manager, Acute and Specialised Services Portfolio, Lancashire and South Cumbria Integrated Care System (ICS)

Ms Hayley Michell, Interim Project Director, Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network

Ms Catherine Curley, Clinical Director for Stroke in Lancashire and South Cumbria (in attendance virtually)

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

6 MENTAL HEALTH SERVICES

Ms Joanna Stark, Director of Operations, Lancashire and South Cumbria NHS Foundation Trust (LSCFT), Ms Linda Bennett, Director of Nursing and Quality, LSCFT and Dr Mark Worthington, Deputy Chief Medical Officer, LSCFT provided an update to the Committee on the progress made in relation to the Initial Response Service and an improvement report following the previous Care Quality Commission (CQC) inspection of the Trust.

In relation to the improvement made since the 'requires improvement' CQC inspection, Members noted the absence of an action tracker in the report and queried whether all actions identified following the inspection had now been completed. In response, Ms Bennett advised that the CQC action plans had been completed. She added that recruitment remained an ongoing consideration and that a number of transformation projects had been introduced across the Fylde locality to allow for the natural progression of staff.

Ms Bennett added that the Trust had recently met with CQC inspectors to discuss progress, evidence and statistics and feedback from the Commission had been positive despite the additional pressures caused by the pandemic. In response to a question, Ms

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 31 MARCH 2022**

Bennett advised that there would not be a further report from the CQC at this time, however, detailed feedback had been received by the Trust.

The Committee discussed the issues with recruitment in detail, and queried whether issues with staff turnover contributed to the continual need to recruit. Dr Worthington advised that staff turnover varied across different parts of the workforce. He advised that there had been a change at The Harbour, an area of previous concern for staffing, with the change and progress made having a positive impact on staff. Ms Bennett advised that staffing was the biggest challenge facing the NHS nationally and that despite this the Trust had been very successful in recent recruitment for senior members of staff.

In response to further questions, Ms Bennett advised that apprenticeships and training programmes were on offer where possible to support workers into skilled and qualified professions. She added that the Trust was making the training as attractive and interesting as possible to staff.

Members discussed the introduction of the Initial Response Service (IRS) in detail and noted that the premises for the service had not yet been secured. It was queried whether the delay in securing a building would delay the overall introduction of the service to Blackpool. Ms Stark advised that there had been difficulties in securing a local estate from which to run the service and that a deadline had been set to find an alternative site should the original estate identified not be procured. Following further questions, Ms Stark advised that it was possible that the introduction of the Service would be delayed and agreed to provide an urgent update to the Committee once the deadline for the estate procurement had expired. A full report would then be provided to the Committee at its next meeting.

The Committee went on to consider the identified bed deficit and noted that the previous modelling had suggested the Trust was 90 beds short. Dr Worthington advised that additional rehabilitation beds had been identified which would free up other beds. He noted that additional sites had been identified for redevelopment to add in additional adult and older adult capacity. It was expected that the deficit would be reduced to zero by May 2023, however, Members were informed that should new modelling be carried out, it might change the figure required again due to the additional demand seen over the previous few years.

In reference to the transition from children's to adults mental health services, Members of the Committee sought assurance that improvements had been made and that a good transition was now provided. In response, Ms Bennett advised that she had assumed responsibility for the transition and undertook regular quality assurance of the staff and processes in place. She advised that pathways for the transition were being developed and that all complaints and incidents were logged so that they could be learned from. Additional support was also being provided for both families and the professionals working with young people through the service transition.

The Committee agreed to receive an urgent update on the procurement of a building for the IRS and a further update to its next Committee meeting.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 31 MARCH 2022**

7 COMMITTEE WORKPLAN

The Committee agreed to add consideration of Maternity Services in Blackpool to its workplan for October 2022 and noted the update on the implementation of its previous recommendations.

8 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was agreed as Thursday 23 June 2022, subject to confirmation at Annual Council. It was also noted that a special meeting of the Committee would be held on 11 May 2022, commencing at 6pm.

Chairman

(The meeting ended at 7.51 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

E-mail: sharon.davis@blackpool.gov.uk

This page is intentionally left blank