



**Lancashire &  
South Cumbria**  
NHS Foundation Trust

# **Mental Health Service Provision Briefing Report**

Prepared for:  
Adult Social Care and Health Scrutiny Committee  
Wednesday 16 October 2019

## **1.0 Introduction**

The Lancashire & South Cumbria NHS Foundation Trust Executive Team attended the Adult Social Care and Health Scrutiny Committee in January 2019 to discuss a number of issues that were of concern to the Committee. This report is to update the Committee on progress made since January 2019, specifically in relation to the recommendations regarding Mental Health Services in Blackpool.

It is important to note that since the last Committee, a new CEO has been appointed to take forward the improvements required for the Trust. In order to support and enhance this, the new CEO has made some senior appointments, including an interim Director of Operations from Northumberland Tyne & Wear (NTW), Director of Nursing & Quality, and a Director of Improvement & Compliance. Further appointments are in recruitment.

## **2.0 Mental Health System Challenges**

### **2.1 NTW Review**

There have been considerable pressures within the adult acute pathway in Lancashire over the last two years. These pressures were leading to increasing concerns about patient safety and experience, a growing number of A&E 12-hour breaches impacting on acute trusts and a significant increase in Out of Area Placements (OAPs). As a result, the ICS commissioned an external system review of the pathway which was undertaken by Northumberland, Tyne and Wear NHS Foundation Trust (NTW). This review reported in May 2019 and highlighted a number of issues that needed to be addressed by LCFT, commissioners and wider system partners.

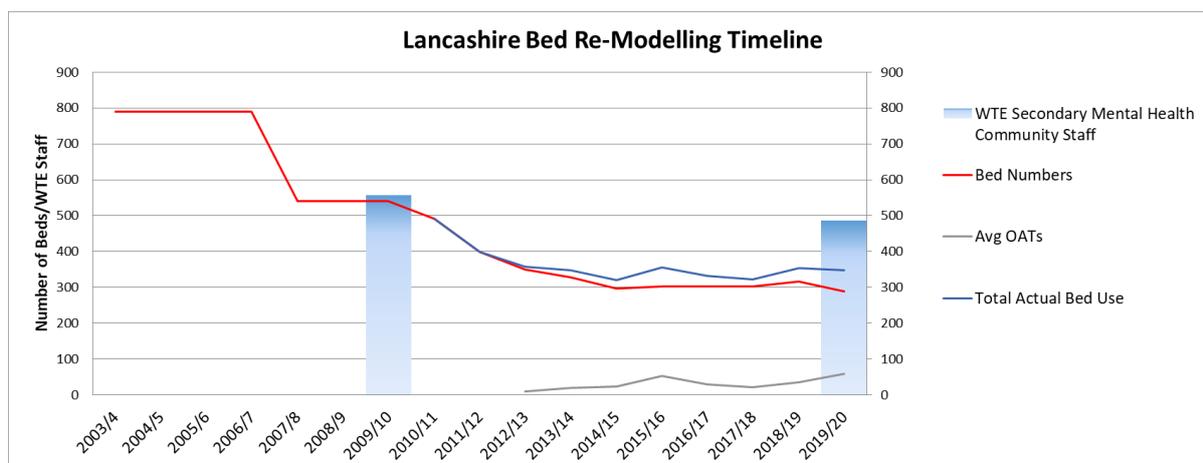
This improvement plan recognises the need to make immediate changes in the provision of mental health services, with a significant focus being given to increasing access to alternatives to inpatient admission. Examples including:

- extending access to Crisis Teams/ Homed Based Treatment Teams,
- promoting the use of Crisis Houses, and
- developing a Frequent Attenders Services.

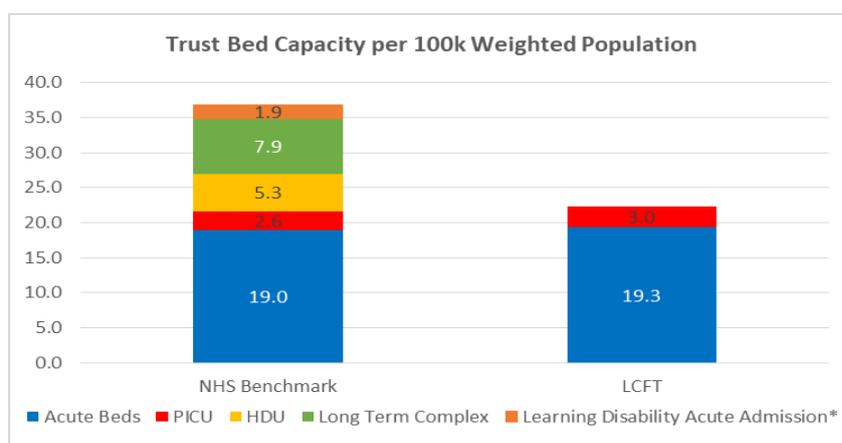
The NTW review triangulated the experiences of staff, service users, other stakeholders and a variety of data sources to reach the recommendations. In doing so, gaps in specialist in-patient provision were identified, specifically in relation to HDU, long-term complex rehabilitation and Learning Disabilities assessment and treatment beds. There is no capacity currently commissioned within Lancashire from LCFT. Following the review, further analysis of these findings in relation to beds has been undertaken.

Graph 1 below shows the reduction in mental health acute bed stock within LCFT over the last 10 years from 800 beds to under 300 beds. The graph also shows however that there has not been the expected corresponding increase in community investment during the same time period. A reduction in beds without enhancement to deliver a robust 24/7 community support offer is one of the significant contributing factors to the patient flow pressures currently experienced. It should also be noted that a further 13 beds were closed in November 2018 as part of a reconfiguration programme.

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**Graph 1: LCFT bed reconfiguration v community investment**

Graph 2 shows the national benchmarking bed capacity data for acute and specialist provision and demonstrates that there is broadly sufficient acute provision but with a considerable gap in specialist beds. It should be noted however that the benchmark data precedes both the recent bed loss of 13 beds and the growth in OAP's, both of which have led to the conclusion that there is also now a gap in general adult acute provision. There are on average circa 55 people in adult acute and PICU OAP's and a further 76 in LD and rehabilitation OAP's directly commissioned.

**Graph 2: General and specialist benchmarked bed capacity**

In addition to the lack of capacity identified, there are currently circa 80 people in locked rehab OAP's which are commissioned directly by CCG's at significant cost.

## 2.2 CQC Inspection

The following sections within the report outline the findings from CQC inspections in 2019, and also the immediate actions taken, along with information on the improvement plans in place.

## 2.3 CQC Mental Health Act 136 Focussed Visit

On 28 February 2019, the Trust received notification from CQC of their intention to undertake a focussed Section 136 visit to The Harbour, which included visiting other locations in the Blackpool area specifically. The visit formed part of the CQC's preparation for the full inspection that LCFT received in May/June 2019 and supported wider intelligence gathering. The visit to The Harbour took place on Thursday 14 March 2019, with CQC also visiting Blackpool Victoria A&E on Monday

18 March 2019, as well as the MHDU and MHLT, which are both based at the hospital. The Trust received the report of the Section 136 focused review from CQC on 8 May 2019.

The report and the CQC requirements in the Section 136 focussed visit report made reference in a number of places to the review of the urgent mental health pathway in Lancashire and South Cumbria, which was undertaken by Northumberland, Tyne and Wear NHS Foundation Trust (NTW), as outlined above. The results of the NTW review were made available week commencing 19 June 2019, whilst the process was ongoing for completing the CQC Provider Action Response to the CQC Section 136 focussed visit. Some of the Section 136 focussed visit actions related to the work of the Multi Agency Oversight Group (MAOG) which has a reconstituted membership, which includes a representative from Blackpool Council. This group will take forward those actions that require a multi-agency approach. All the actions that related to LCFT have been completed.

## 2.4 CQC Inspection 2019

The CQC inspected the trust in May/June 2019, undertaking a Core Service Inspection of the trust's clinical services and a well-led inspection of the leadership. Five of the trust's core services were inspected, which were as follows:

- Community dental services;
- Acute wards for adults of working age and psychiatric intensive care units;
- Community based mental health services for adults of working age;
- Child and adolescent mental health wards;
- Mental health crisis services and health-based places of safety.

The final report was published by CQC week commencing 9 September 2019. The outcome is that the Trust has retained an overall rating of Requires Improvement. The following table provides how the overall Trust-wide ratings have been amalgamated by each domain for the 2018 inspection and the 2019 inspection:

Below shows the detailed CQC ratings by core service.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement 2017	Requires improvement 2017	Good 2017	Good 2017	Good 2017	Requires improvement 2017
Community health services for children and young people	Requires improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
Community health inpatient services	Good 2018	Good 2018	Good 2018	Good 2018	Good 2018	Good 2018
Community dental services	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
Community health sexual health services	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
<b>Overall*</b>	Requires improvement 2019	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019

Below shows the detailed ratings by core service for our mental health services.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate ↓ Aug 2019	Requires improvement →← Aug 2019	Good ↔ Aug 2019	Requires improvement ↓ Aug 2019	Inadequate ↓ Aug 2019	Inadequate ↓ Aug 2019
Forensic inpatient or secure wards	Good 2018	Good 2018	Good 2018	Good 2018	Good 2018	Good 2018
Child and adolescent mental health wards	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Wards for older people with mental health problems	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
Community-based mental health services for adults of working age	Requires improvement ↓ Aug 2019	Requires improvement →← Aug 2019	Good ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↓ Aug 2019
Mental health crisis services and health-based places of safety	Requires improvement 2019	Inadequate ↓ 2019	Inadequate ↓↓ 2019	Inadequate ↓ 2019	Inadequate ↓ 2019	Inadequate ↓ 2019
Specialist community mental health services for children and young people	Requires improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
Community-based mental health services for older people	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
Community mental health services for people with a learning disability or autism	Good 2017	Requires improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017
<b>Overall</b>	Requires improvement ↔← 2019	Requires improvement →← 2019	Good ↔ 2019	Requires improvement ↓ 2019	Requires improvement →← 2019	Requires improvement →← 2019

## 2.5 Positive feedback from the inspection and key areas of challenge:

### 2.5.1 Positive feedback

- Community Dental Services were inspected for the first time in 2019, resulting in an overall rating of Good, with the Caring domain being rated as Outstanding.
- The Cove (the mental health inpatient service for children and young people) showed significant improvement moving from Requires Improvement to Good across all domains.
- CQC also observed that our staff are kind, caring and motivated to providing the best care and treatment that they can for patients.

Ten out of the fourteen trust core service areas (as described by CQC) are rated as Good  
These are:

1. Community health services for adults
2. Community health services for children and young people
3. Community health inpatient services
4. Community dental services
5. Community health sexual health services
6. Forensic inpatient or secure wards
7. Child and adolescent mental health wards
8. Wards for older people with mental health problems
9. Specialist community mental health services for children and young people
10. Community-based mental health services for older people
11. Community mental health services for people with a learning disability or autism

### 2.5.2 Key areas of challenge

- Mental health crisis services and health-based places of safety have been rated as Inadequate.
- Acute wards for adults of working age and psychiatric intensive care units have been rated as Inadequate.
- Community-based mental health services for adults of working age have been rated Require Improvement.

During the inspection, the CQC issued the Trust with two Warning Notices under Section 29A of the Health and Social Care Act 2008. The Warning Notice is a statutory enforcement notice, requiring the Trust to make significant improvements to its service. The first Warning Notice related specifically to care of patients who remain in Places of Safety (136) after the section expiry (24 hours) and to patients who remain in MHDUs after the 23 hour maximum admission period. The second Warning Notice related to Acute wards and Psychiatric Intensive Care Units. Both Warning Notices required significant improvements to be made as soon as possible.

Immediate actions were taken by the Trust in response to the Warning Notices issued and in response to the feedback from CQC. Actions taken were as follows:

- Significant improvement in performance for Section 136 breaches, relating to patients waiting for inpatient admission more than 24 hours, when detained under Section 136; this improvement has been recognised by ICS and regulators;
- Investment and recruitment of medical staffing, which has resulted in no Consultant vacancies and a full establishment of trainees in inpatients wards;
- Investment in nurse staffing on inpatient wards, both registered and unregistered staff, following a safer staffing review;
- Improvements to medicines management in inpatient units, specifically focusing on education for medical trainees and more scrutiny of practice;
- Investing in an electronic system to record and monitor clinical supervision; this has resulted in an improvement to 76%;
- Additional training for staff in resuscitation has been delivered;
- There has been focussed work on seclusion, working with service users, focusing on processes of seclusion and environment etc.
- Compliance for both Mandatory Training and Appraisals continue to be monitored through the CQC weekly Mandatory Training Action Group to improve compliance levels. This has resulted in increased capacity being put in place and mandatory training figures are now at 88%, which represents an increase and are above trust target. The training team also deliver non mandatory training subjects including Mental Health First Aid, Registered First Aid and Venepuncture. Our training delivery includes both face to face and e- learning. The 'our e-learning' suite hosts over 100 training modules. We use blended learning techniques for some courses which includes both an e –learning and face to face component. Future E-learning enhancements include the development of a new immersive e-learning video for Violence Reduction Training as we look to address the quality of the learning experience.
- For Appraisal, our position in September is that we have an in year compliance rate of 71.5% against a target of 80%. This is an improving position and there is trajectories for improvement across all services, which are being monitored.

As well as immediate actions taken, there is an improvement plan in place, being scrutinised by the CEO and senior team on a regular basis. An Improvement and Compliance Group is meeting fortnightly to take forward the actions and monitor delivery and sustainability. This group escalates any issues and provides assurances to the appropriate forums, internally and externally to the Trust.

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### **3.0 Mental Health Improvement Plan**

In response to the NTW review, a robust system wide improvement plan has been developed. This plan is led and scrutinised by the ICS and focuses on immediate and long term improvements required for the acute care pathway across the system. From a governance and oversight perspective the plan is reviewed on a monthly basis by the ICS Mental Health Improvement Board, which is a collaboration between commissioners, health and social care providers and the police.

Improvements include:

#### **3.1 A&E Liaison**

The trust is responsible for providing a range of mental health services within the local acute trust, with the key focus being on mental health assessments in the A&E Departments, as well as ward based consultations. Most recently, the pressure has been within the A&E Department as a result in patients presenting with mental health needs. Additional resources has been allocated to the trust from the National Crisis & Liaison Transformation Fund. This will enable the trust to enhance the current liaison psychiatry service, working in partnership with commissioners and acute care colleagues, to help to meet the growing demand.

#### **3.2 24/7 Home Treatment Team**

The Home Treatment Team service is now a 24 hours a day, 7 days a week service. This has been achieved by investment in the Home Treatment Team workforce. This provides a rapid response to people who need assessment and treatment at home and provides gatekeeping for inpatient admissions. This will also result in less people presenting to A&E and also being detained under Section 136 Mental Health Act.

#### **3.3 Crisis House**

The Trust have received additional resource to provide a Crisis House in Blackpool.

The crisis house currently 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 will be delivered in a house in a residential property, staffed by a team of mental health support workers and a service manager. The service will offer 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.

#### **3.4 Community Mental Health Teams**

In order to provide the adequate care to service users within our community teams, the CMHT workforce has been enhanced to ensure each Mental Health Practitioner has the capacity to support service users aligned to their case load. This will further enable them to provide the care co-ordination to people necessary to prevent relapse, support recovery and develop strategies to enable to live in their own home. This extra capacity will also allow a full caseload review and earlier discharge as people recover.

#### **3.5 Frequent Attendance Team**

This is a new service to support those individuals who frequently attend A&E, working collaboratively with the Police, NWAS, Third Sector and Community Services The team will provide outreach work, visiting service users in their homes and using a holistic approach to aid engagement with services to meet individual needs, and to prevent 'inappropriate' attendance to A&E. This is being developed within each of the 4 localities in Lancashire, and is expected to be fully implemented by end October 2019.

#### **3.6 Psynergy Street Triage**

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The Psynergy pilot has been in place in Blackpool since December 2018, with agreement to continue for a further year. The aim of this team of Police, NWS and LCFT Mental Health Practitioners, 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.

This team will rapidly respond and assess individuals to explore alternative ways to support the person through the crisis rather than the default of A&E or Section 136 detainment. The team will have access to a broad range of information, both clinical and non-clinical, to enable them to make an appropriate decision that best supports individual, with the principle of diversion to alternative provision being the key outcome. As the trust and the local system develop more services that are accessible on a 24-7 flexible basis, this will, further enhance this model. There are numerous examples of this approach being adopted nationally.

### **3.7 Development of Mental Health Rehabilitation Beds**

Within the current LCFT acute bed provision, there are a substantial cohort of long stay patients who require longer term rehabilitation interventions, although there is no current provision for these service users. This has resulted capacity issues in the acute wards, which in turn has impacted on the acute care pathways and the availability of timely inpatient care. The Trust is therefore planning to develop a rehabilitation facility on the Fylde Coast, likely to be on the Wesham Hospital site; this is likely to be in place summer 2020.

This development will replace an original proposal which was to develop the Parkwood site at Blackpool Victoria Hospital (BVH) and integrate the crisis mental health teams, a Mental Health Decision Unit (MHDU) and the Acute Therapy Service. The proposal has now realigned to focus on multi-developments to improve Mental Health care across the urgent care pathway, discharge pathway and preventative interventions.

### **3.8 Closure of Blackpool MHDU**

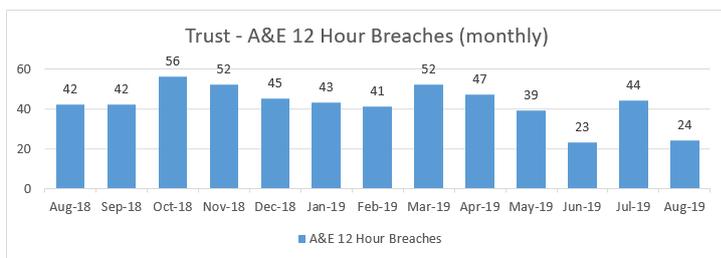
Blackpool MHDU was established to provide an enhanced assessment function for individuals who had come through the A&E department and were viewed as requiring a further period of review and assessment prior to a decision being made about possible admission to an acute ward. This service was provided in collaboration with the Richmond Fellowship. It was always intended that this service would be reviewed in terms of its medium term viability as a number of concerns were soon highlighted in terms of its clinical credibility, and associated governance arrangements. This MHDUs came under greater scrutiny during the CQC inspection of the Trusts Urgent Care Pathway in June 2019. Concerns were raised regarding the suitability of the facilities, as well as the trusts ability to work to our own operational policy and procedures by ensuring that individuals did not remain in the MHDUs for longer than 24 hrs. A decision was taken by the new CEO to close these facilities in a phased way between August and October 2019, which was subsequently agreed by the Board of Directors. Following the closure of the Blackpool MHDU in August 2019, the Richmond Fellowship staff were redeployed into roles within the urgent care pathway.

### **3.9 Impact of actions to date**

There are a number of early indications of improvement as a result of the actions taken that are being monitored through a number of measures. In particular, the number of 12 hour A&E breaches has been gradually reducing in the last 3 months as a result of the immediate actions implemented. This is shown in Graph 3 below. To note, that September has continued to see a reduction although this data is currently subject to validation.

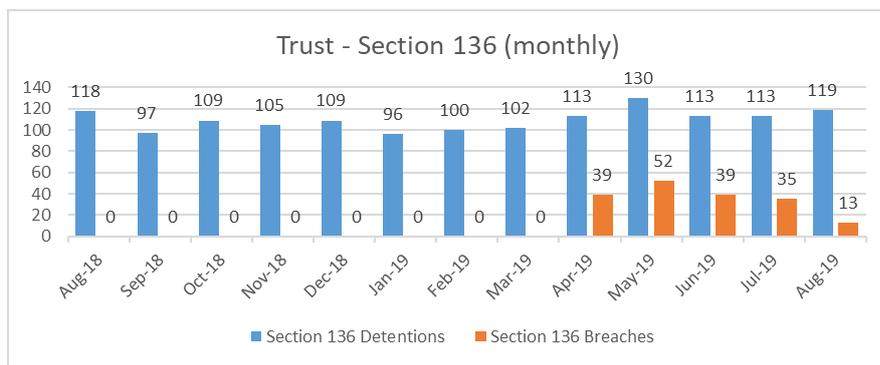
#### ***Graph 3: A&E 12 hour breaches***

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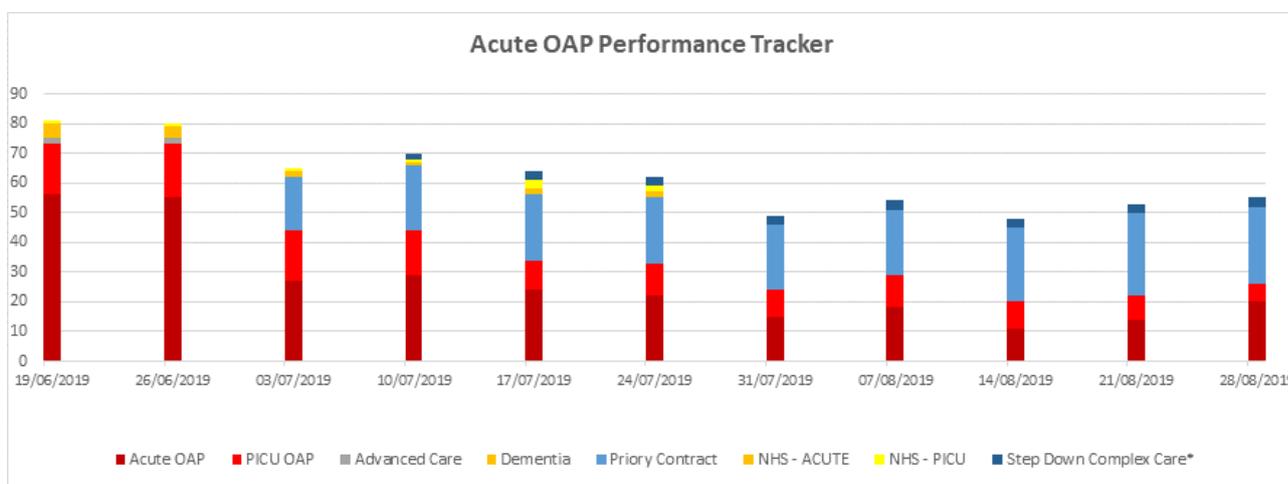
In addition, although the volume of section 136 detentions across the county has continued at previous levels, there has been a marked reduction in the number of service users who go on to breach the 24 hour standard as can be seen in Graph 4.

**Graph 4: Section 136 detentions**



There has also been a positive reduction in the last three months in the number of Out of Area placements which are measured in occupied bed-days, having reduced by circa 50% between June and August 2019.

NHS Improvement Indicators					
Indicator	Target	Q1 19-20	Jun-19	Jul-19	Aug-19
MR16 - Inappropriate AMH OAPs OBDs (monthly target)	257	5284	1311	982	634



## **4.0 Financial Position**

### **4.1 Additional funding for Mental Health**

In addition to developments in CAMHS, Learning Disability and Rehabilitation, the Trust has sought funding to support the mental health urgent care pathway across Lancashire and South Cumbria. The total requested at the beginning of 2019/20 was £15.5m, comprising:

<b>MH Urgent Care</b>	<b>Plan Requirement £m</b>
Home Treatment	5.4
CMHT Capacity	4.4
A&E Liaison / Core 24	1.4
Enhanced Bed Management	1.7
Frequent Attenders	0.7
Crisis House * 2	1.0
Crisis Café * 3	0.9
<b>Total</b>	<b>15.5</b>

Monies totalling £3.4m was secured in the contracting round for 2019/20 leaving a recurrent residual balance of £12.1m. The Trust has subsequently secured additional funding amounting to a further £5m in year. This was a combination of £2.9m of national non-recurrent funding and £2.1m of resource from within the ICS. Mobilisation and recruitment to these services is currently underway.

The Trust has also separately secured £2.2m of funding nationally in 2020/21 against specific bids.

The remaining recurrent gap to be addressed by the system is £9.9m in 2020/21, rising to the full £12.1m in 2021/22 and there is ongoing discussion with commissioners relating to this. Indicatively, Blackpool CCGs share is c12%, so £1.2m in 2020/21, rising to £1.45m in 2021/22.

## **5.0 Recommendations from previous Overview & Scrutiny Committee**

### **5.1 Management of aggression and challenging behaviour Harbour**

The trust previously recognised that there were emerging concerns raised regarding incidents of violence and aggression in the harbour inpatient unit. In response to this, the trust implemented actions, including the following:

- Development of new training for staff (Positive and Safe) which is being rolled out across the Trust;
- Improving liaison with the police;
- Reviewing the environment and clinical practices and taking action to ensure these are not triggers for violence;
- Implementation of new clinical practices, such as zonal observations for older adult wards, to reduce triggers for violence;
- Violence reduction specialist nurses put in place to support wards to manage violence.

During the CQC inspection it was recognised that these measures were in place, with the CQC stating: 'the wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately and when things went wrong, staff apologised and gave patients positive information and suitable support'.

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating, and managing challenging behaviour. Staff use restraint and seclusion only after attempts at de-escalation had failed’.

## **5.2 Partnership working with Voluntary & Community Mental Health support Groups**

The Director of Nursing and Quality and the Chair of the Trust Board are holding an Open Space event in November 2019. An invitation will be extended to voluntary and third sector partners, people with experiences of care, families and carers. The event is to agree the service user and carer strategic plan, to adopt a co-production way of working with people using/with experiences of services, carers, families, clinical teams and communities in equal partnership.

An example of a Fylde Coast quality improvement initiative having this principle at the core is:

### **5.2.1 ‘Young onset, young outlook’ -Living well with young onset dementia**

A member of the Quality Improvement team is working with the Fylde coast MAS team and a number of younger people with dementia and community groups 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 is taking place on 2 October led by the co-design group and involving community groups, GP’s, clinicians and other public sector partners. The improvement group will share their experience journeys through services and their ideas for improvement asking the group to co-produce solutions.

### **5.2.2 Rethink**

Since the last Scrutiny committee, the local mental health management team have had a series of meetings with Mr Clayton and other members of the Rethink group to understand their challenges and keep them informed of developments. The group are also involved in some specific pieces of work including being part of the Blackpool crisis café Task and Finish group. Regular meetings are now set up with Fylde family group for the next 12 months.

### **5.2.3 Peer Support Workers**

The Calico Group were commissioned to provide 18 Peer Support Workers within Community Mental Health Teams across the Fylde Coast and 5 Recovery Liaison Workers (RLW) within the Blackpool Mental Health Liaison Team. Peer Support Workers and Recovery Liaison Workers are members of staff 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.

The Peer support workers are working specifically with individuals referred to Blackpool, Fylde, and Wyre CMHTs. The intention is to improve engagement, overcome barriers to recovery, and offer hope through their own lived experience. The key difference between Peer Support Workers and the traditional Support Worker role within Community Mental Health Teams is that of having lived experience, with an emphasis on client-facing tasks and service-user engagement. The Peer Support Workers are working with people to achieve their recovery goals.

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 OSC we have engaged with the following groups across the Fylde Coast around our 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”.

#### **5.2.4 Health and Wellbeing Engagement - Health, advice, recovery, resilience, information (HARRI)**

HARRI is our health and wellbeing engagement vehicle enabling us to travel around Lancashire to talk with the local communities and individuals. The HARRI team:

- Engage with the public; to share our ideas and plans for the future and to gain insight into what people’s needs are, their feedback and improvement ideas.
- Offer simple signposting, advice and guidance to offer the right help at the right time in the right place for people.

The team manning HARRI varies but typically a mixed group from within the NHS and beyond enabling the sharing of a wide range of information on many of the issues: debt, quit smoking, diabetic DESMOND, Steady On, My Place, Lancashire Victim support and much more. The vehicle includes a private consulting area with disabled access.

HARRI is one of the ways Lancashire Care NHS Foundation is using to reach out to communities to promote positive aspects of mental health and wellbeing. HARRI has been at various events across the Fylde Coast these include:

- Sat 20th July in partnership with local mouth cancer charity – Mental Health Awareness
- Tuesday 17th Sept HARRI Road show involving, for example, the Mental health helpline, CVS, Blackpool coastal housing.
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Future dates planned across the Fylde Coast include:

- 22<sup>nd</sup> October – St Johns Square Blackpool
- 19<sup>th</sup> November – Men’s Health Day Blackpool Football Ground.

#### **5.2.5 Recovery College**

The Trust has worked with partners across Blackpool to develop a Recovery College offer and from September this year have been offering sessions across the Fylde Coast. A Fylde advisory group has been established in collaboration with Blackpool Council. An event was held on the 13th June 2019 at the Energy HQ with partners from across Blackpool to talk about recovery and develop a recovery offer. A brochure is available listing all the forthcoming events and courses in Blackpool.

#### **5.2.6 Collaborating with the third sector**

Other examples of partnership working with the voluntary sector include:

- Healthwatch Blackpool
  - Healthwatch Lancashire
  - MIND
  - Blackpool Carers
  - NCOMPASS Northwest
  - Empowerment Charity
  - AGE UK Lancs
  - Lancashire carers
  - Clover leaf
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## **6.0 Summary**

In summary, the trust recognises the challenges in taking forward improvement and the leadership team are committed to responding in an open and transparent way. The trust has made significant improvements, via working in partnership, securing investment, and putting improvement strategies in place. The Committee is asked to note the updates as provided in this report.

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