

Lancashire County Council

Health Scrutiny Committee

Tuesday, 12th December, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No. Item

1. Apologies

2. Disclosure of Pecuniary and Non-Pecuniary Interests

Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3. Minutes of the Meeting Held on 31 October 2017 (Pages 1 - 6)

4. Improvements to Mental Health Services in Lancashire (Pages 7 - 30)

5. Suicide Prevention in Lancashire (Pages 31 - 80)

6. Health Scrutiny Steering Group Report, Revised Purpose and Work Plan 2017/18 (Pages 81 - 94)

7. Urgent Business

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

8. Date of Next Meeting

The next scheduled meeting of the Health Scrutiny Committee will be held on Tuesday 23 January 2018 at 10.30am at County Hall, Preston.

County Hall
Preston

I Young
Director of Governance,
Finance and Public Services

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 31st October, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Purcell	C Edwards
L Beavers	M Iqbal
J Burrows	J Parr
Ms L Collinge	E Pope
G Dowding	J Rear

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Jean Cronshaw, Chorley Borough Council
Councillor Tony Harrison, (Burnley Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor M Tomlinson, (South Ribble Borough Council)

County Councillors Jean Parr and Jayne Rear replaced County Councillors Margaret Pattison and Peter Steen respectively; and Councillor Jean Cronshaw replaced Councillor Hasina Khan.

1. Apologies

Apologies were received from District Councillors Roy Leeming, Preston City Council and Paul Cotterill. Apologies were also received from Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Lizzi Collinge disclosed a non-pecuniary interest as her post was funded by Lancashire Care Foundation Trust and her husband worked for NHS England.

3. Minutes of the Meeting Held on 19 September 2017

Members enquired if the letter had been sent to the Secretary State for Health and the Chairs of Health Education England and Health Education North West inviting appropriate representatives to attend a future meeting of the Committee to address the inequity of funding for medical under-graduate and post-graduate training in Lancashire and South Cumbria. They were informed the letter was being sent out later that day.

Resolved: That the minutes from the meeting held on 19 September 2017 be confirmed as an accurate record and signed by the Chair.

4. Chair's Update

There was no update for the Committee.

5. Winter pressures and preparations

The Chair welcomed Peter Mulcahy QAM, Head of the Paramedic Emergency Service, from the North West Ambulance Service (NWAS) who gave a presentation highlighting the pressures they would face and the preparations they had made in readiness for the forthcoming winter season.

It was reported that winter planning was a Department of Health directive which commenced during the summer months. NWAS was also accountable to the commissioners – Blackpool Clinical Commissioning Group (CCG). Some of the preparations not referenced in the PowerPoint slides included:

- From the 1st December 2017, a command structure (senior managers) in place both in and out of hours;
- Liaison officers based in hospitals to ensure smooth handover of patients;
- St John's Ambulance and other third party providers in place to support;
- The fleet service having their own plan for maintaining emergency vehicles; and
- Audit teams in place to monitor 999 calls.

On 999 calls, it was reported that patients with mental health problems were known to take up considerable time with call handlers. It was acknowledged that NWAS was not the expert on mental health and was working with Lancashire Care Foundation Trust (LCFT) to employ appropriately trained people to work in call centres to field these calls.

The Committee was also informed that Hazardous Area Response Teams (HART) from Manchester and Liverpool would be called upon to support the rest of the NWAS region.

Each year NWAS developed a Strategic Winter Capacity Plan for its entire region and a Local Winter Plan for each area including Lancashire and Cumbria. Planning would be continuous up to and throughout the winter season with regular meetings to ensure that focus was maintained. NWAS covered the five counties of Lancashire, Cumbria, Greater Manchester, Merseyside and Cheshire.

The benefit of having a plan that covered five counties was that resources from one county could be used in another.

Some paramedics were placed in the Emergency Control Centre as support call takers to advise on the most appropriate treatment. The Police would also work in the control room on key dates.

Regarding their communications strategy, NWAS would be supporting the national Stay Well This Winter campaign providing information locally and assisting partner organisations in spreading the messages.

The Committee was informed that over the festive period during 2016/17, emergency calls had increased by 24% with approximately 180 calls received per hour over New Year's Eve and New Year's Day. Over the December period NWAS had dealt with on average 150 calls per hour. The Committee expressed concern at the amount of resources used during this period and that the main cause of this increase related to incidents involving alcohol. Communication from NWAS and NHS partners would focus on this aspect in the run up to the Christmas period. It was suggested that the County Council's Communications Team assist the implementation of the NWAS communication strategy. Members were also reminded of the benefits in utilising social media to help spread the message.

In terms of winter planning for care homes, it was reported that NWAS responded to a considerable number of call outs. NWAS was currently visiting care homes throughout the region, training staff on making better assessments of the patient's needs.

Members were informed that flu jabs were now available from NWAS staff. Last year, 62% of staff at NWAS took up the flu jab.

One member sought assurance that planning was sufficient and implementable if there was a bad winter. Members were reassured by NWAS that there were no gaps in their system. However, NWAS could not guarantee that ambulances would not be delayed in respect of any increase in Delayed Transfers of Care within the hospitals. It was reported that interaction between the hospitals and NWAS was good.

Regarding vacancies NWAS would nearly be at full establishment by the end of December. It was noted that the service did not actively seek recruitment of staff externally or from overseas. However, it was noted that the Polish paramedic qualification was akin to the UK qualification. NWAS had also worked with the University of Central Lancashire and the University of Cumbria on the creation of paramedic courses for staff to attend on a day release basis.

As part of the budget process a contingency fund was specifically set aside for winter to cover for additional vehicles, etc. Additional funding was also provided either nationally from the Department of Health or locally from the commissioners during the winter season.

The Committee was informed that Lancashire had a Local Health Resilience Partnership which scrutinised all Lancashire hospitals' plans regarding their periods of most activity.

Members asked if the potential impact of flooding formed a part of winter planning for NWS. The NWS had a Generic Major Incident Plan with flood plans rolled out across the County through the Local Resilience Forum. It was also noted that NWS had a good working relationship with Highways England.

With regard to the NHS Five Year Forward View and the Sustainability and Transformation Partnerships, it was explained that in the future there would be less ambulances and more appropriate care for the patient at the front end of the journey. Emphasis was also being placed on health prevention and promotion, interfacility transfers and how the service worked with health care professionals. NWS was also looking to increase capacity in their contact centres over the next few years.

Resolved: That;

- i. The Committee welcomed the North West Ambulance Service was meeting its recruitment targets;
- ii. The County Council's Communications Team be recommended to assist the North West Ambulance Service on the implementation of their communications strategy for the forthcoming winter season; and
- iii. A site visit to North West Ambulance Service's regional headquarters be arranged for members of the Committee to attend.

6. Report of the Health Scrutiny Steering Group

The Committee received a report detailing matters presented and considered by the Health Scrutiny Steering Group at its meetings held on 27 September and 11 October 2017.

It was noted that a report setting out proposals for a revised purpose of the Steering Group would be presented to the Committee for consideration at its next scheduled meeting on 12 December 2017.

Resolved: That the report of the Steering Group be received.

7. Health Scrutiny Committee Work Plan 2017/18

The Work Plans for both the Health Scrutiny Committee and its Steering Group were presented to the Committee. The topics included were identified at the work planning workshop held on 20 June 2017.

It was reported that the Steering Group had recommended that a report from Lancashire Care Foundation Trust on improvements to mental health services in Lancashire be referred to the Committee for consideration at its meeting scheduled for 12 December 2017.

Resolved: That;

- I. The report be noted; and
- II. The recommendations made by the Steering Group at its meeting held on 27 September 2017 to refer the report on improvements to mental health services in Lancashire for consideration by the Committee at its next scheduled meeting on 12 December 2017 be accepted.

8. Urgent Business

There were no items of Urgent Business.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will take place on Tuesday 12 December at 10.30am in Cabinet Room C (The Duke of Lancaster Room) at the County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 12 December 2017

Electoral Division affected:
(All Divisions);

Improvements to Mental Health provision in Lancashire

(Appendices A and B refer)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny),

gary.halsall@lancashire.gov.uk

Executive Summary

Officers from the Lancashire Care Foundation Trust will attend the meeting to present planned changes for mental health inpatient provision in the Pennine Lancashire and Central Lancashire areas.

Recommendation

The Health Scrutiny Committee is asked to:

1. Consider and comment on the planned changes to mental health inpatient provision for the Pennine Lancashire and Central Lancashire areas;
2. Note the planned changes for a site in Pennine Lancashire remains the original proposal as previously supported by the Joint Lancashire Health Scrutiny Committee at its meeting on 13 November 2012; and
3. Support the planned changes for a site in Central Lancashire to be located at the former mental health inpatient accommodation on the Chorley Hospital site.

Background and Advice

Officers from the Lancashire Care Foundation Trust (LCFT) will attend the meeting to present planned changes for mental health inpatient provision in the Pennine Lancashire and Central Lancashire areas. A copy of the presentation that will be delivered at the meeting is set out at appendix 'A'.

The planned changes represent the next phase of improvements to mental health provision (Acute reconfiguration) in Lancashire that commenced with a formal consultation in 2006, which was formally signed off by the Joint Primary Care Trust (PCT) the Joint Lancashire Blackpool and Blackburn Mental Health Overview and Scrutiny Committee in Spring 2007 and the launch of a ten year programme of reconfiguration.

Reconfigurations to date have been subject to scrutiny both by this Committee and the former Adult Social Care and Health Overview and Scrutiny and Health Equalities Overview and Scrutiny Committees and jointly with Cumbria County Council, Blackpool Council and Blackburn with Darwen Council. In particular, the now disestablished Joint Lancashire Health Scrutiny Committee at its meeting on 13 November 2012, supported the proposals "to work up the development of four inpatient facilities across Lancashire as follows:

- A new inpatient facility in Blackpool – The Harbour
- The redevelopment of the Oaklands Unit on Pathfinders Drive in Lancaster [The Orchard].
- The redevelopment of existing facilities at the Royal Blackburn Hospital site.
- An inpatient facility in Central Lancashire (location still to be confirmed following further engagement work)."

The Orchard on Pathfinders Drive in Lancaster opened in 2014. The Harbour opened in 2015.

Pennine Lancashire

At a meeting of the Governing Body of Blackburn with Darwen Clinical Commissioning Group (CCG) on 5 July 2017, it was reported that "as a result of delays in preparing the Royal Blackburn site for development an alternative option was put forward by LCFT in 2014. This was to proceed with a new build option adjacent to the Royal Blackburn Hospital. This option can no longer be pursued as it is now unaffordable; the preferred option remains the original proposal for refurbishment set out in the Technical Appraisal which is the Royal Blackburn Hospital site." The Governing Body was asked to note the preferred option remained the original proposal at the Royal Blackburn Hospital. The Governing Body's resolution on this matter noted the preferred option.

Central Lancashire

At meetings of the Governing Bodies for Chorley and South Ribble CCG and Greater Preston CCG held on 26 and 27 July 2017 respectively, a recommendation was made to approve the preferred option to locate the unit on the Chorley Hospital site (utilising the former mental health inpatient accommodation there). The Governing Body for the Greater Preston CCG approved the preferred option. However, the Governing Body meeting for Chorley and South Ribble was not quorate and whilst governing body members supported the proposals, final approval, by delegation was given by the Chair and Chief Officer.

Health Scrutiny Steering Group referral

At its meeting on 27 September 2017, the Steering Group met with representatives from LCFT to discuss the planned changes. A copy of the briefing note which was presented is set out at appendix 'B'. In referring the matter to the full Health Scrutiny Committee for this meeting, the Steering Group formulated the following key lines of enquiry for LCFT to report back on:

- Clarity on current service provision in Central and Pennine Lancashire;
- Clarity around the approach to service redesign;
- Further detail on improvement plans;
- Outline of the different pathways – the demand, waiting times, gaps, where are we not meeting demand?; and
- Adequacy of supply and the range of services (enhanced community services) – enough to meet demand, flexible, staffing resources and the budget to support?

The Health Scrutiny Committee is therefore asked to consider and comment on the planned changes to mental health inpatient provision for the Pennine Lancashire and Central Lancashire areas; note the planned changes for a site in Pennine Lancashire at the Royal Blackburn Hospital; and support the planned changes for a site in Central Lancashire to be located at the former mental health inpatient accommodation on the Chorley Hospital site.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no risk management implications arising from this report.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
Health Scrutiny Committee – Work Plan report	31 October 2017	Gary Halsall, 01772 536989
Joint Lancashire Health Scrutiny Committee Agenda and Minutes	13 November 2012	

Reason for inclusion in Part II, if appropriate

N/A

Improvements to Mental Health provision in Lancashire



Lancashire Care
NHS Foundation Trust

Steve Winterson, Engagement Director
Alistair Rose, Projects Director
Bev Liddle, Team Leader

Excellence | Accountability | Respect | Teamwork | Integrity | Compassion

The journey to here

- Decisions taken in the context of historic consultations, the Sustainability and Transformation Plan for Lancashire and South Cumbria and the implementation of the Five Year Forward View for mental health locally
- Long term programme to change the way that mental health services are provided
- Shift to a community based model of care and a better standard of facilities for those people that do require an admission to hospital.
- Four sites (two of these have been delivered – The Orchard, The Harbour)
- Next phase involves establishing the sites for Pennine Lancashire and Central Lancashire.

Intensive Community Support Schemes

Scheme	Avoids Admissions	Reduces LOS
Crisis Support Units	✓	
Assessment Wards	✓	✓
Acute Therapy Service	✓	✓
Crisis House	✓	

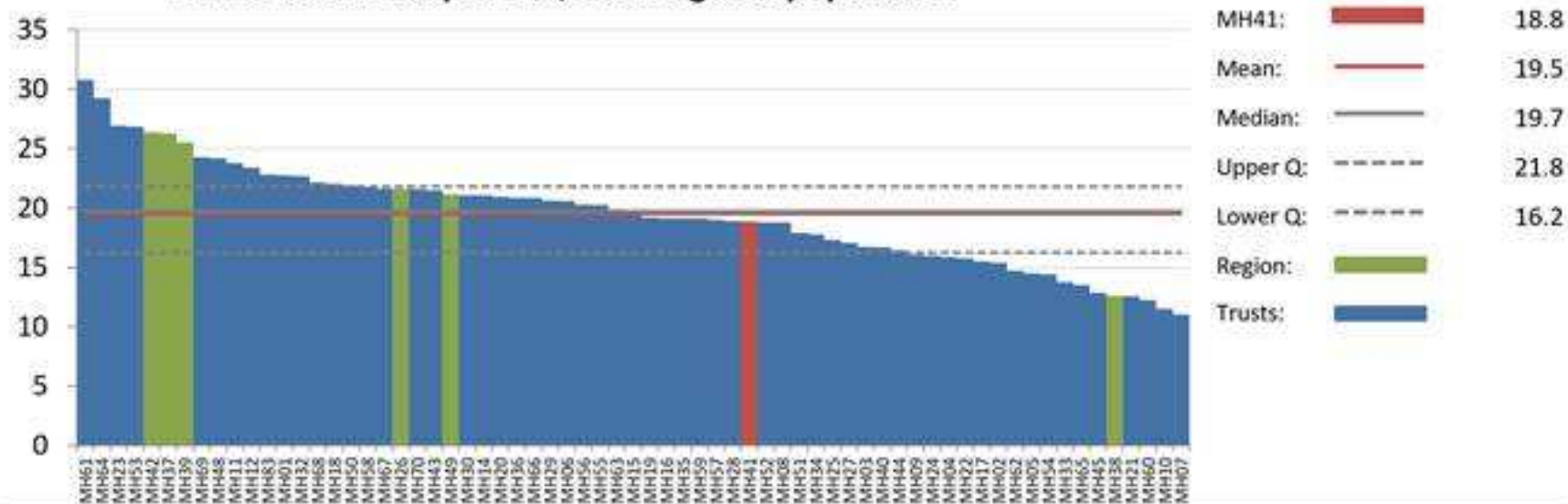
Intensive Community Support Schemes

- ↓ Length of Stay
 - Reduced by 20.4%, 31.3% lower than national mean
- ↑ Patient Satisfaction
 - *“The family and I have been astounded by the quality of care received on Ribble Ward....we felt he was in a safe and caring place and would get the care he needed”*
 - *“Thank you very much for all of your support while I have been here at ATS. Without your great service I wouldn’t have known how to cope with the nightmare that I am going through at the moment and I know that I would have been back in hospital.”*
 - *“I just wanted to say thank you to each and every one of you for all the support I have received whilst at Willow House...I am not sure I would have got through the week if the support I have been given had not been there.”*
- ↓↓ Conversion to Treatment Bed



Bed Provision in Lancashire

Adult Acute beds per 100,000 weighted population



Provision in Central Lancashire

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams, restart and rehab teams and A&E liaison services
- Chorley Hospital, (30 beds plus 6 female Psychiatric Intensive Care beds)
- Ormskirk Hospital, (Scarisbrick Unit: 20 beds and 4 male PICU)
- Acute Therapy Service for people in crisis
- Willow House, providing crisis support from a domestic facility in Coppull
- Crisis Support Unit, 6 places at Royal Preston Hospital
- Guild Lodge, medium and low secure inpatient services
- Specialist Perinatal (mother and baby) facility, 8 beds accessible to females from Lancashire and Cumbria*

Provision in Pennine Lancashire

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams, restart and rehab teams and A&E liaison services
- Hillview/Pendleview, Royal Blackburn Hospital: (79 beds for Pennine Lancashire)
- Crisis Support Unit at Royal Blackburn Hospital
- A partnership with Richmond Fellowship will provide support to people in crisis from a domestic facility in Burnley
- Acute Therapy Service for people in crisis

Provision in Fylde Coast

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams and A&E liaison services
- Crisis Support Unit, location TBC
- Home View (12 bed step up/down facility)
- The Harbour (154 beds for adults and older adults including 30 dementia beds*)

Provision in North Lancashire

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams and A&E liaison services
- The Orchard, (18 beds for adults)
- The Cove, Children and Young People's CAMHS Tier 4 service (18 beds)*

Highly Specialist Provision

- The Cove, inpatient service for children and young people (Heysham)
- Guild Lodge, provide medium and low secure services (Preston)
- Specialist dementia beds (Blackpool)
- Perinatal (mother and baby) inpatient service (Chorley)

Challenges & Successes

- Crisis Houses
- Crisis Support Units
- Partnerships such as Richmond Fellowship, Home Group
- Acute Therapy Service

- Recruitment (Consultants, nursing staff)
- Demand for services

Improvement plans

- Reducing GP referrals from 2.7 x the national average
- More responsive START teams
- Alternatives to admission
- Partnerships and innovative services

Thank you.

Any questions?

Briefing Note:

Mental Health Services in Lancashire, Next Phase Agreed

This briefing is to provide further information about improvements to mental health services in Lancashire that have been agreed following a decision to conclude a long term programme of work.

Proposals were taken to CCG Governing Body meetings during July to agree a way forward and establish inpatient mental health services in Pennine Lancashire and Central Lancashire. Following an options appraisal that took into consideration previous consultation and engagement, it has been agreed that re-development work will take place at existing Trust facilities to provide an inpatient service at the Royal Blackburn Hospital site for Pennine Lancashire and a service for Central Lancashire will be provided from Chorley Hospital.

NB: The paper taken to the Central Governing Body Meetings set out a proposal for Chorley, South Ribble and Preston – the Ormskirk provision will remain in place for West Lancashire unless a better option comes forward. In West Lancashire, the Trust currently provides inpatient service for adults on the Scarisbrick Unit at Ormskirk Hospital.

The information provided gives an update on current plans, there is further work to do that will result in further changes and developments in mental health services.

Planned Changes in Central Lancashire

Extensive re-development work and expansion at Chorley Hospital will create an inpatient service providing 30 beds for adults aged 18 and over. Six psychiatric intensive care beds for women will also be provided from the facility which will become operational in 2018 following a major re-development. This will transform ward areas previously used by the Trust, providing private bedrooms and bathrooms, therapy spaces and access to garden areas.

A specialist service where new mothers who are experiencing mental illness can be cared for with their baby is also to be provided from the site. The perinatal unit will be one of only four new specialist services in the country and will provide 8 beds and a community service for women from across Lancashire and Cumbria. This will also become operational from 2018.

Investment has also been made into improving support for people who are experiencing mental health crisis. Willow House opened in Coppull in May 2017 to provide accommodation and support for people in a domestic environment with specially trained staff on hand, working in partnership with the Trust's crisis teams. In addition to this, investment has been made to establish a Crisis Support Unit at Royal Preston Hospital that provides 6 spaces where people can be assessed and supported when they are in crisis. This service opened in July 2017.

Planned Changes in Pennine Lancashire

The Pennine Lancashire inpatient service will be provided from the Royal Blackburn Hospital site. This follows enhancements to the existing service over the last few years and plans to consolidate all beds for the area there. Work is planned at the existing Blackburn site to accommodate 12 assessment beds that will be transferred from the Burnley site to Hillview by September 2018. Once these are in place, this will consolidate all beds for the area into one inpatient service for Pennine Lancashire and the Trust will move its inpatient service off the Burnley General hospital site. This is in line with previous consultation and engagement that was undertaken which identified the Royal Blackburn site as the preferred location for the Pennine Lancashire facility.

Land adjacent to the main Royal Blackburn site had been identified for a new development and the Trust had secured an option to purchase this land. However, due to the current economic climate, all NHS Trusts are now required to make the best use of resources and existing estate and other options had to be explored. Therefore the decision has been taken to make investments to improve the existing facilities at Blackburn and this will serve to enhance other developments that have been made there recently including improved accommodation for older adults and the provision of a crisis support unit.

On a broader locality basis, a facility will be opened in Burnley by the end of the year and delivered in partnership with the Richmond Fellowship to provide support to people who are experiencing a mental health crisis. It will provide short stay accommodation in a domestic setting with support from specially trained staff working alongside the Trust's crisis services. An Acute Therapy Service will also be provided in Pennine Lancashire, which is a psychological programme providing structured therapy in addition to practical, occupational, nursing and social support to people with low mood and who are deemed a risk of suicide and/or self-harm.

Future Provision by Locality

Central Lancashire

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams, restart and rehab teams and A&E liaison services
- Chorley Hospital, (30 beds plus 6 female Psychiatric Intensive Care beds)
- Ormskirk Hospital, (Scarisbrick Unit: 20 beds and 4 male PICU)
- Acute Therapy Service for people in crisis
- Willow House, providing crisis support from a domestic facility in Coppull
- Crisis Support Unit, 6 places at Royal Preston Hospital
- Guild Lodge, medium and low secure inpatient services
- Specialist Perinatal (mother and baby) facility, 8 beds accessible to females from Lancashire and Cumbria*

Pennine Lancashire

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams, restart and rehab teams and A&E liaison services
- Hillview/Pendleview, Royal Blackburn Hospital: (79 beds for Pennine Lancashire)

- Crisis Support Unit at Royal Blackburn Hospital
- A partnership with Richmond Fellowship will provide support to people in crisis from a domestic facility in Burnley
- Acute Therapy Service for people in crisis

Blackpool, Fylde and Wyre

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams and A&E liaison services
- Crisis Support Unit, location TBC
- Home View (12 bed step up/down facility)
- The Harbour (154 beds for adults and older adults including 30 dementia beds*)

North Lancashire

- Existing community services; talking therapies (IAPT), community mental health teams, complex care and treatment teams, crisis and home treatment teams and A&E liaison services
- The Orchard, (18 beds for adults)
- The Cove, Children and Young People's CAMHS Tier 4 service (18 beds)*

***Highly Specialist Mental Health Provision**

- The Cove, inpatient service for children and young people (Heysham)
- Guild Lodge, provide medium and low secure services (Preston)
- Specialist dementia beds (Blackpool)
- Perinatal (mother and baby) inpatient service (Chorley)

Please visit our [directory of services](#) to see further details.

Background to the Changes

A public consultation took place in 2006 and directed that more support should be available in the community for people with mental illness and that a better standard of facilities should be available for those that do need an admission, from specialist co-located sites across the county.

Since then, the Trust has established a range of community teams and two of the four planned specialist inpatient services, The Harbour in Blackpool and The Orchard in Lancaster are operational. The recent decision by commissioners was to determine the sites for the Pennine Lancashire and Central Lancashire localities and the wider support services within the community. This took into consideration the 2006 consultation and other recent factors including the Sustainability and Transformation Plan for Lancashire and South Cumbria and the implementation of the Five Year Forward View for Mental Health on a local scale.

The Model of Care

Significant investment has been made into community services over the last 10 years so that the majority of people can be cared for outside of hospital when appropriate.

The Trust and commissioners have always been clear that the future model of care will be community based, supported with a pan-Lancashire network of beds. Inpatient services are important and necessary for those people who are not well enough to be supported in the community and it is important to highlight that this is a small minority of the whole population. The majority of people can be supported by community teams. The Trust has an extensive range of services to support people with mental health problems in the community.

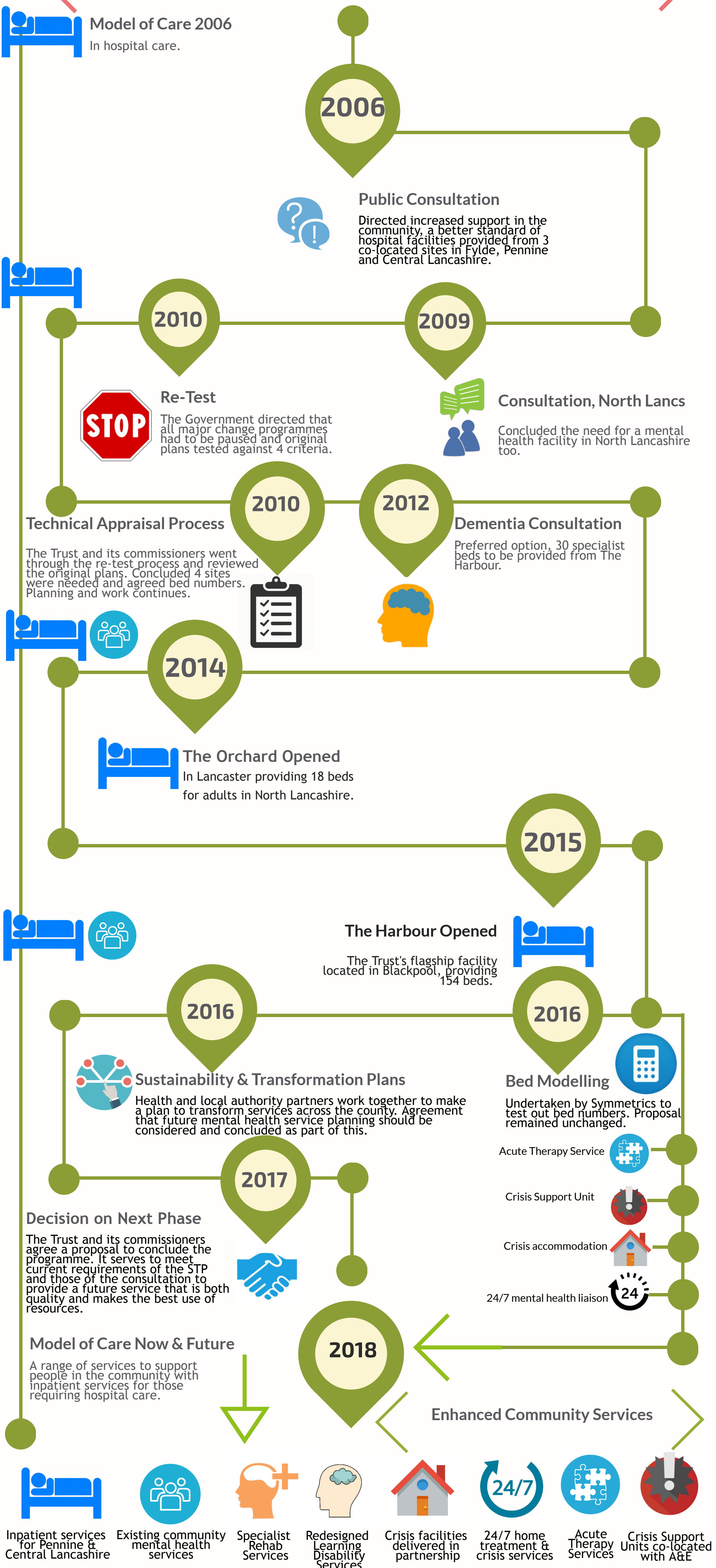
Attached

Please see the attached infographic which illustrates key milestones from 2006 until the present day in relation to the re-design of mental health services in Lancashire.

Mental Health Developments in Lancashire

The Journey So Far

In 2006, a joint Lancashire Commissioning body consulted on how mental health services should be improved and provided in the future. The changes would be made over a 10 year programme. These are the key milestones so far.



Health Scrutiny Committee

Meeting to be held on Tuesday, 12 December 2017

Electoral Division affected:
(All Divisions);

Suicide Prevention in Lancashire

(Appendices A, B and C refer)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny),

gary.halsall@lancashire.gov.uk

Executive Summary

The Health Scrutiny Committee will receive a presentation on Suicide Prevention in Lancashire. A copy of the presentation is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to formulate recommendations in relation to:

1. Ensuring effective implementation of the action plan; and
2. The four points as identified by the Health Scrutiny Steering Group and any other aspect from the presentation.

Background and Advice

On 4 April 2017, the Chair of the House of Commons Health Committee, Dr Sarah Wollaston MP, wrote to all Chairs of Health Scrutiny Committees to recommend that all Health Overview and Scrutiny Committees be involved in ensuring effective implementation of local authorities' suicide prevention plans and that this should be established as a key role of these committees. A copy of the letter is set out at appendix B to this report.

Chris Lee, Public Health Specialist (Behaviour Change), will be in attendance at the meeting to present an overview of the key work that has been undertaken to date. The Health Scrutiny Steering Group at its meeting on 15 November 2017, received an insight on the key work undertaken and identified the following four points for consideration by this Committee:

1. Data;
2. Drug related deaths;
3. Dual diagnosis; and
4. Wider determinants (for males such as divorce, debt, redundancy, loneliness).

The Cabinet at its meeting on 7 December 2017, will receive a report on Suicide Prevention in Lancashire, where it will be recommended to note the publication of the Suicide Audit Report, endorse the Lancashire County Council Suicide Draft Prevention Strategy and approve the County Council's Action Plan. The report and its appendices is [available on the County Council's website](#). The Action Plan has been adopted by the STP Suicide Prevention Oversight Group and is set out at appendix C to this report.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Suicide prevention in Lancashire

**Chris Lee: Public Health Specialist –
Behaviour Change**

Overview

- Key policy documents
- Key themes
- STP - local
- Suicide Audit
- Drug Related Deaths
- Debt
- Dual Diagnosis

Key recent policy documents...



A report from the independent Mental Health Taskforce to the NHS
February 2016



Preventing suicide in England: Third progress report of the cross outcomes

January 2017



Protecting and improving
the nation's health

Local suicide prevention planning A practice resource



October 2016



Protecting and improving
the nation's health

Support after a suicide to providing local bereavement support services



Support after suicide

Support after a suicide: Developing and delivering local bereavement support services



Supported by Public Health England

Key themes: Governments Strategy

- Reduce risks in high risk groups
- Improve mental health in specific groups
- Reduce access to the means of suicide
- Provider better information and support to those affected
- Support media in delivering sensitive approaches
- Support research, data, monitoring
- Reduce rates of self harm

Key themes: PHE

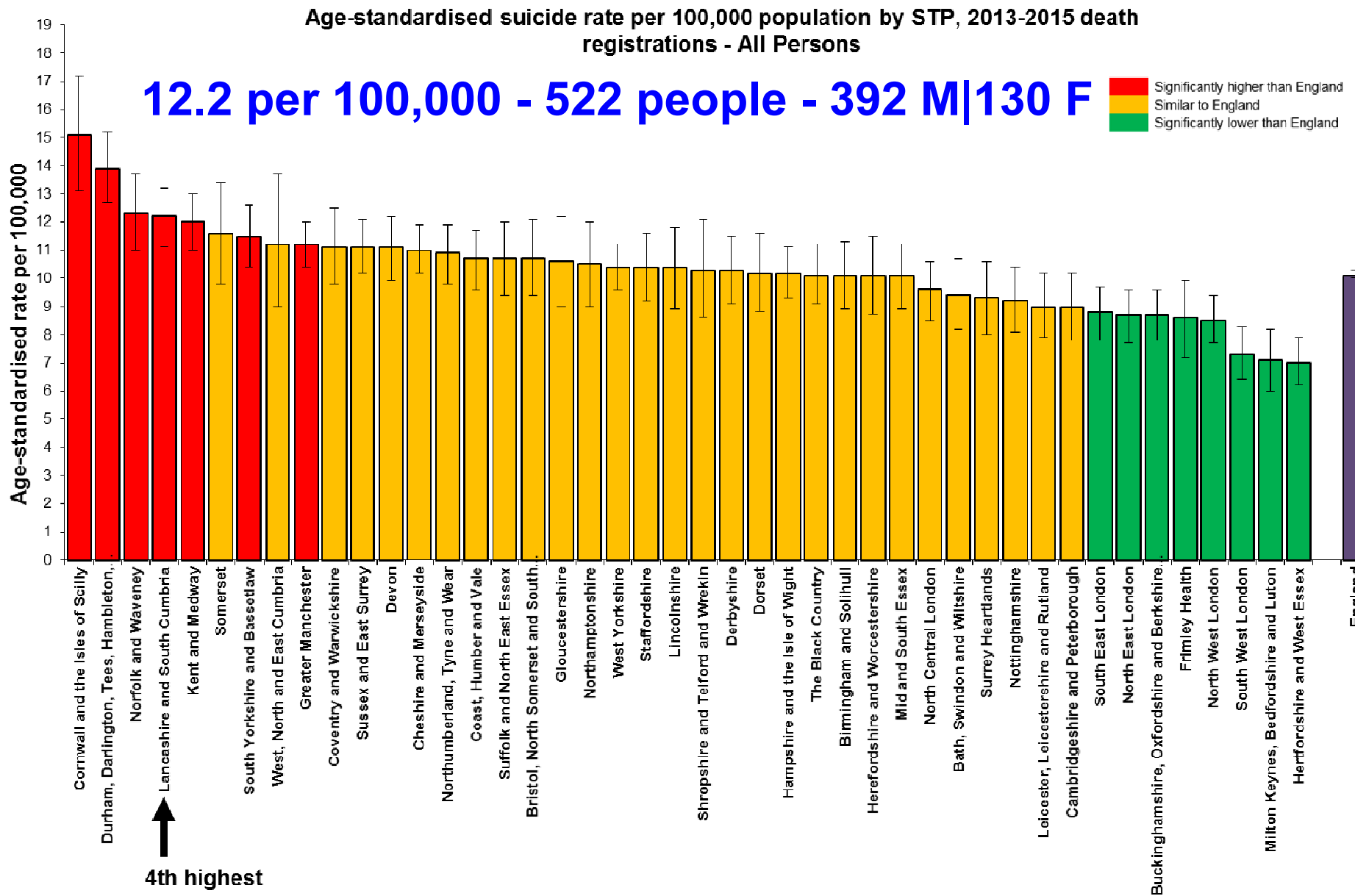
- Reduce risk in men
- Preventing and responding to self harm
- Mental health of children and young people
- Treatment of depression in Primary Care
- Acute mental health care
- Tackling high frequency locations
- Reducing isolation
- Bereavement support

STP - local

- STP Suicide Prevention Oversight Group
- Suicide Prevention Delivery Group
- Suicide Prevention Plan
- Lancashire Suicide Prevention Partnership
- Local delivery

Key task examples...

- Bereavement support – STP
- Real time surveillance – STP
- SP audit methodology – STP
- Hot spots – local
- District interest – local
- Application of data - local



Suicide rate rank in England STPs

Age band	Lancashire & South Cumbria STP Rank	Highest	Lowest
10-29	11th highest	Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby	The Black Country
30-44	5th highest	Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby	South West London
45-59	8th highest	Cornwall and the Isles of Scilly	Milton Keynes, Bedfordshire and Luton
60-74	9th highest	Cornwall and the Isles of Scilly	West, North and East Cumbria
75 and over	18th highest	Cornwall and the Isles of Scilly	Leicester, Leicestershire and Rutland



England - top 10% districts & UAs

4.10 - Suicide rate (Persons)

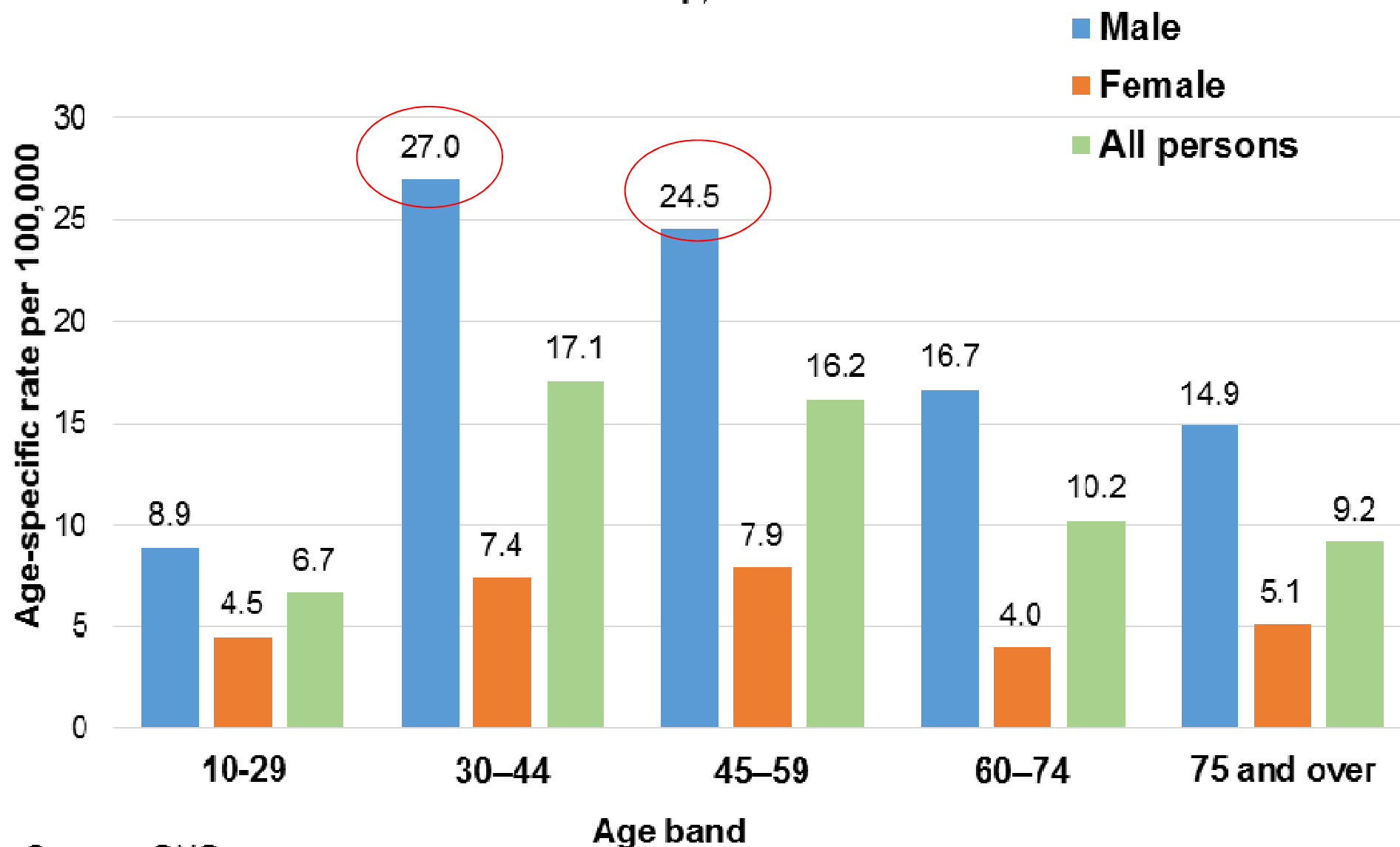
2013 - 15

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	14,429	10.1	10.0	10.3
Middlesbrough	—	59	17.4	13.2	22.6
Great Yarmouth	—	46	17.3	12.6	23.1
Weymouth and Portland	—	28	17.2	11.3	24.9
Preston	—	58	16.8	12.7	21.8
Blackpool	—	59	16.6		
Tendring	—	59	16.5		
Norwich	—	59	16.1		
County Durham	—	215	15.7		
Brighton and Hove	—	108	15.2		
Cornwall	—	222	15.1*		
Taunton Deane	—	41	14.7		
Corby	—	26	14.5		
Warwick	—	54	14.4		
Swale	—	52	14.4		
Southampton	—	83	14.4		
Bassetlaw	—	43	14.4		
Stafford	—	51	14.3		
Darlington	—	39	14.2		
Rotherham	—	96	14.2		
King's Lynn and West Norf...	—	54	14.2		
Portsmouth	—	75	14.1		
Chesterfield	—	40	14.0		
York	—	74	14.0		
Shepway	—	41	13.9		
St. Helens	—	63	13.7		
Lincoln	—	35	13.7		
Hyndburn	—	28	13.7	9.1	19.8
Hastings	—	32	13.7	9.3	19.3
Tunbridge Wells	—	41	13.6	9.8	18.6
Gravesham	—	37	13.6	9.6	18.8
Stockton-on-Tees	—	68	13.6	10.5	17.3
Nuneaton and Bedworth	—	45	13.5	9.9	18.1
Dartford	—	35	13.5	9.3	18.8
Isle of Wight	—	51	13.4	9.9	17.7
Runnymede	—	29	13.4	8.9	19.2
Carlisle	—	37	13.3	9.3	18.3
Colchester	—	61	13.2	10.1	17.0
Tameside	—	75	13.2	10.3	16.5
Salford	—	81	13.1	10.4	16.4

Preston 4th
highest &
Blackpool 5th
highest (Out
of the 326
Upper tier
and district
authorities)

**Age-specific suicide rate per 100,000 population by sex -
Lancashire and South Cumbria Sustainability and Transformation
Partnership, 2013-2015**

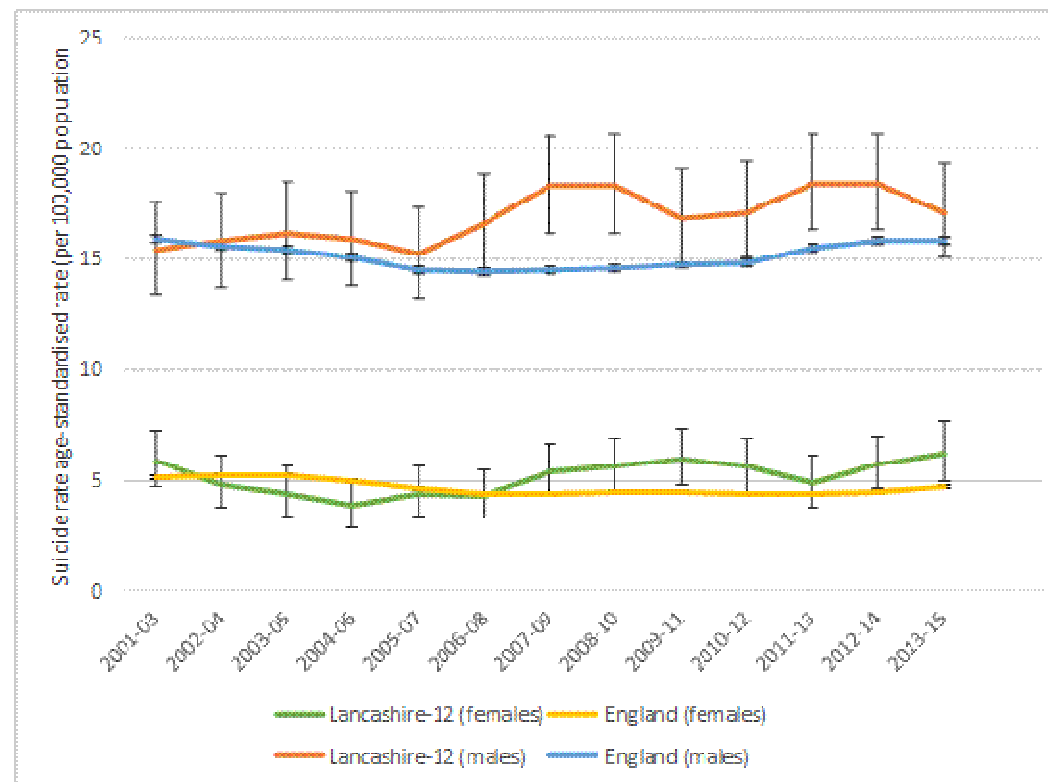


Source: ONS

Introduction: suicide in Lancashire

- Over time:

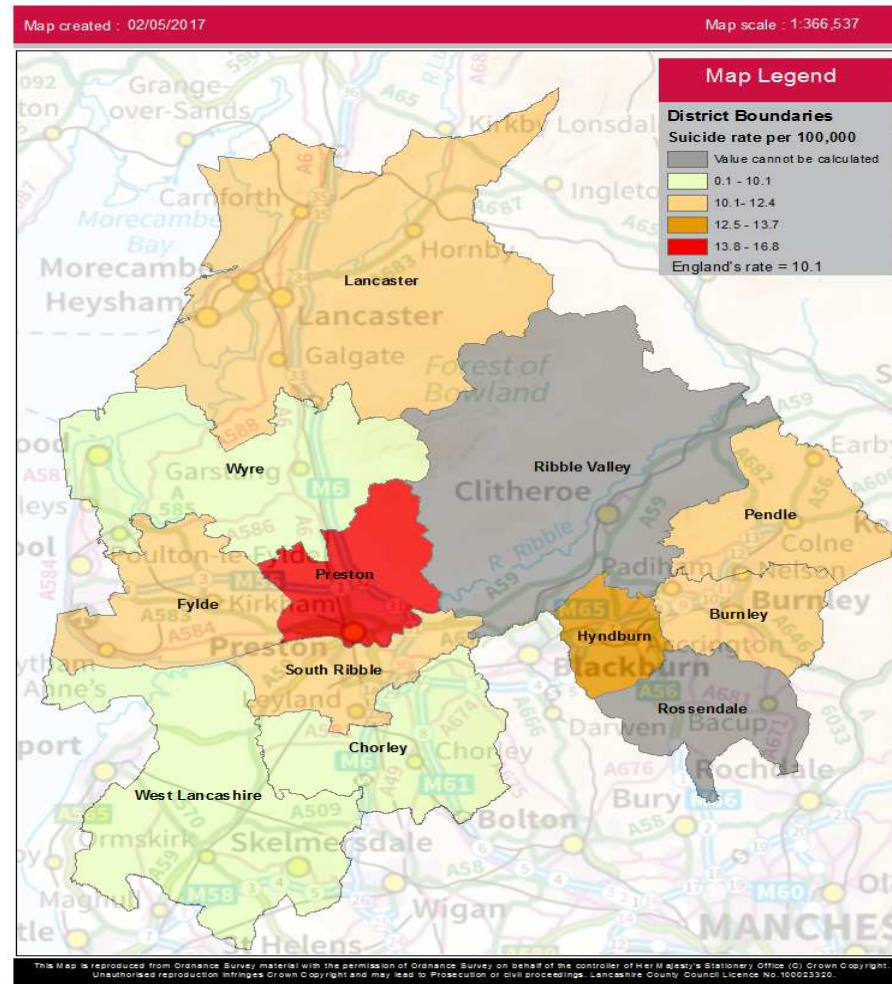
Trend in male and female suicide rate in England and Lancashire –2001-2003 to 2013-2015



Introduction: suicide in Lancashire

- The districts of Lancashire County Council:

Mortality rate from suicide and injury of undetermined intent
per 100,000 population (2013-2015), all persons, Lancashire-12 districts

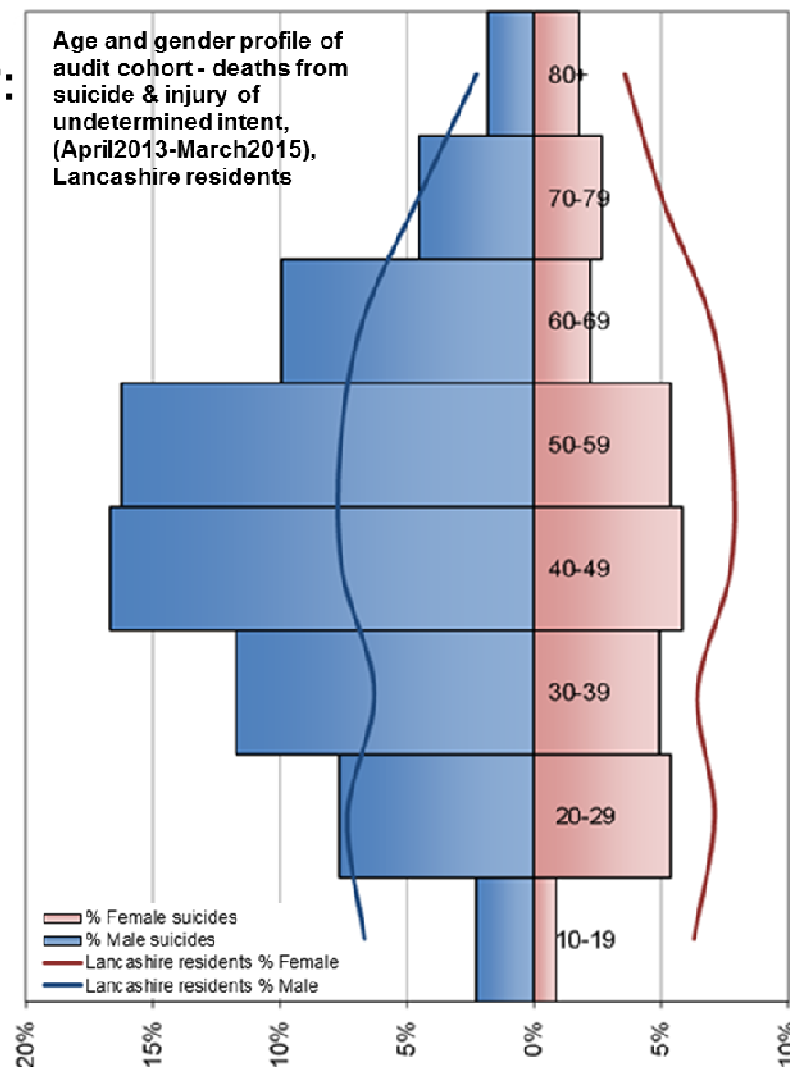


Methods

- **Case definition:**
 - ONS definition of suicide
 - Resident within Lancashire-12
 - Died between 1 April 2013 and 31 March 2015
 - Inquest conducted by one of the four Lancashire coroners
- **Case finding:**
 - Primary Care Mortality Database
- **Data collection:**
 - Inquest files
 - Standardised proforma
 - 222 cases reviewed: 174 suicide verdicts, 48 open verdicts

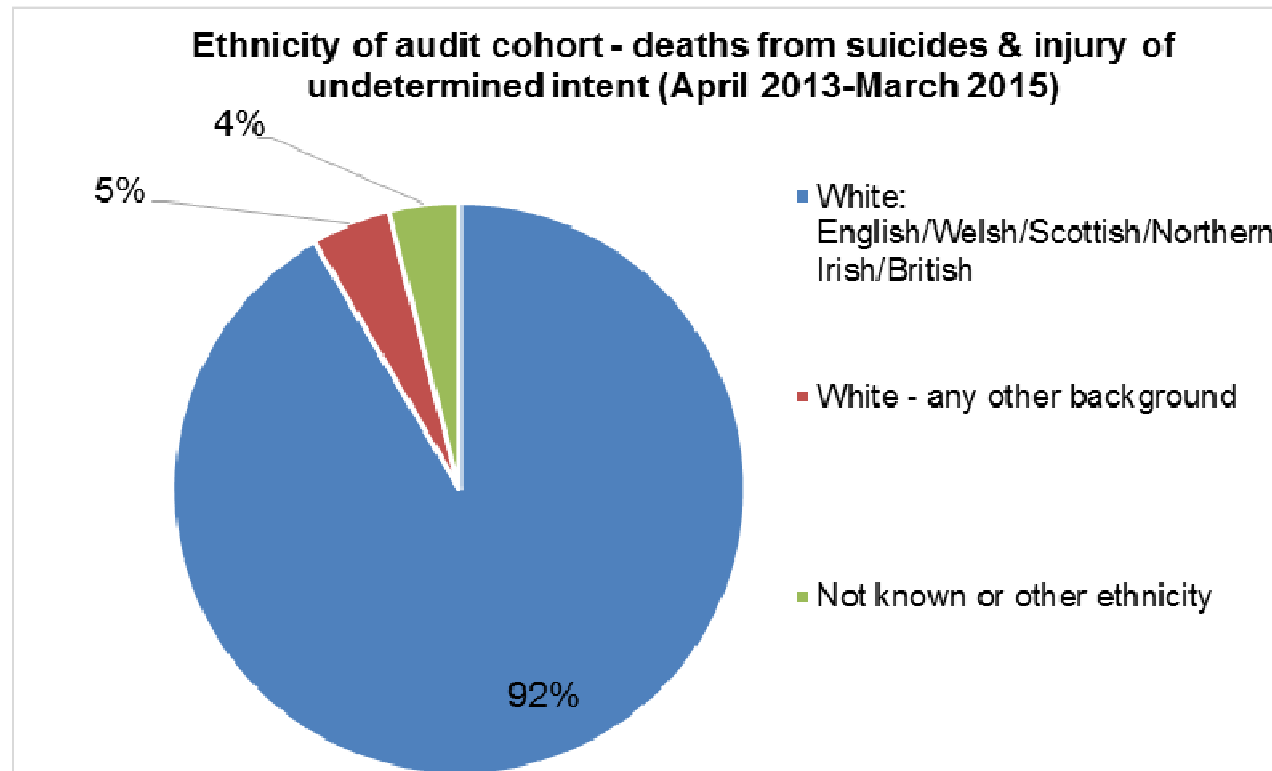
Results: demographic details

- Age and gender:



Results: demographic details

- Ethnicity:



Results: demographic details

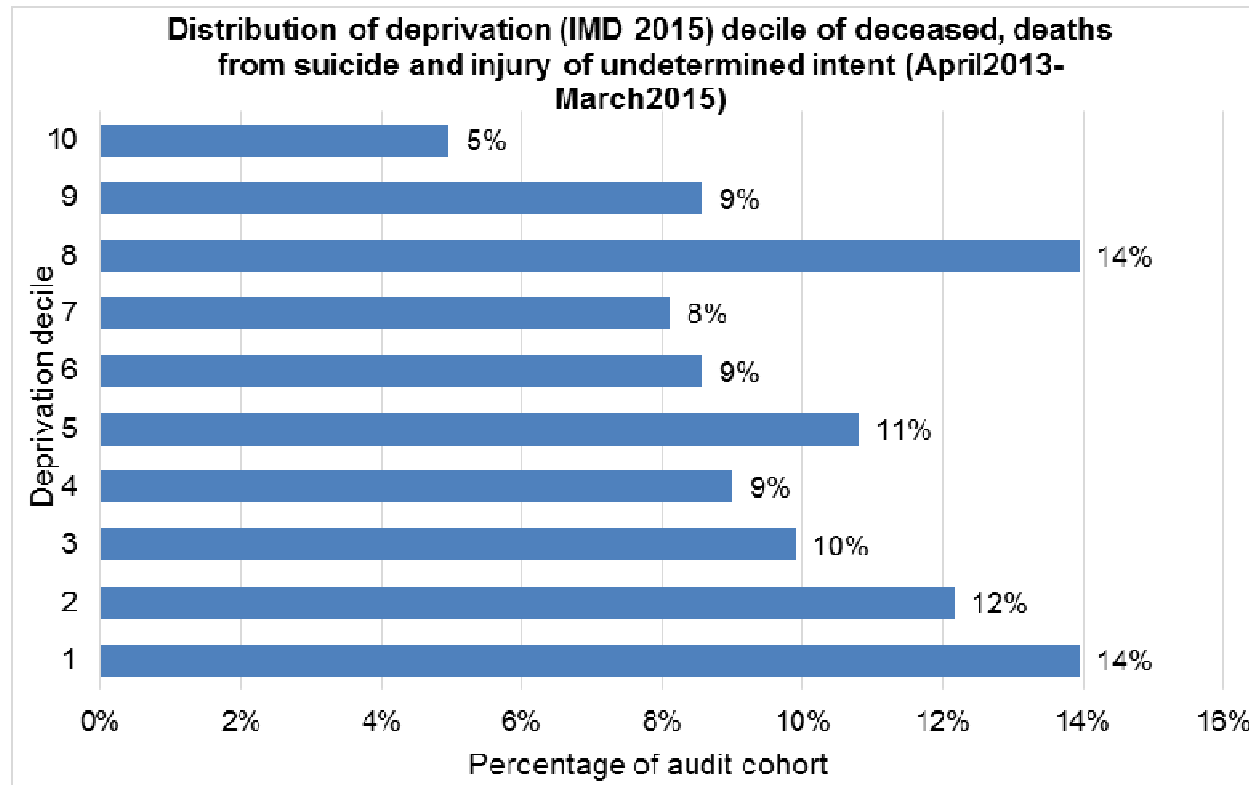
- Marital status and living situation:

Marital Status	Number (%)
Single	92 (41)
Married	49 (22)
Divorced	24 (11)
Seperated	23 (10)
Widowed	16 (7)
Co-habiting/civil partnership	10 (5)
Not known	7 (3)

Living situation	Number (%)
Alone	96 (43)
Spouse/partner	45 (20)
Spouse/partner and child(ren) or child(ren) under 18 only	25 (11)
Parents	25(11)
Adults (non-family)	9 (4)
Other family	7 (3)
Child(ren) over 18	5 (2)
Other	6 (3)
Not known	<5(<2)

Results: demographic details

- Deprivation:



* Decile 1=most deprived, decile 10=least deprived

Results: demographic details

- Employment and occupation:

Employment status	Number (%)
Working full-time	70 (32)
Working part-time	7 (3)
Unemployed	52 (23)
Economically inactive:	63 (28)
•Retired	38 (17)
•Long-term sick or disabled	11 (5)
•Student	9 (4)
•Caring for home/family	5 (2)
Others	5 (2)
Not known	25 (11)

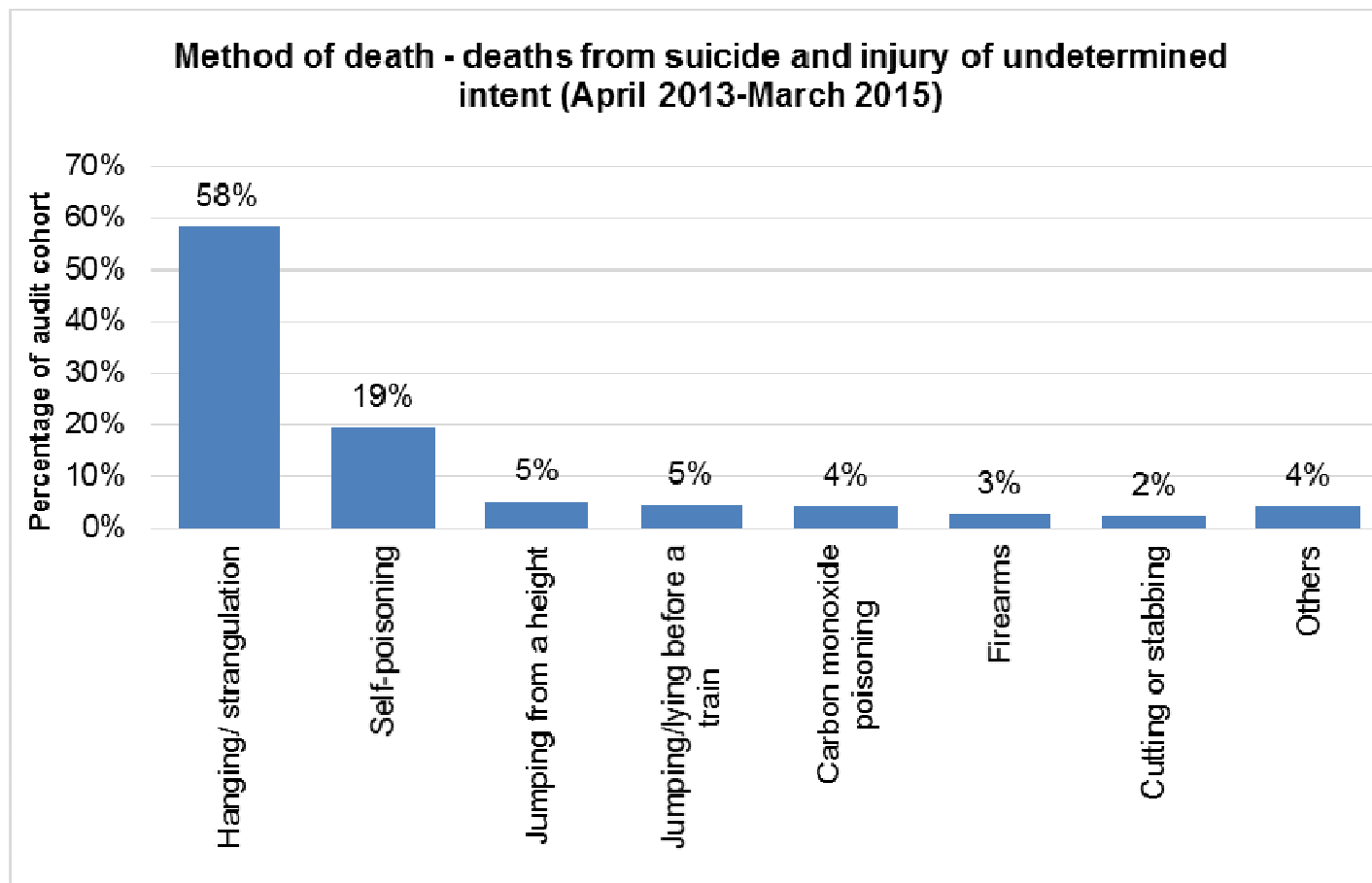
Results: circumstances of death

- Factors contributing to death:

Factors contributing to suicide	Number (%)
Mental illness (including history of self-harm)	70 (32)
Financial difficulties	47 (21)
Relationship breakdown/difficulties	45 (20)
Substance misuse	35 (16)
Bereavement	31 (14)
Ongoing criminal investigation or recent police contact	28 (13)
Abuse	25 (11)
Loneliness/social isolation	16 (7)
Family history of suicide	13 (6)
Stress at work	11 (5)
Concerns regarding children's custody	9 (4)
Internet content	7 (3)

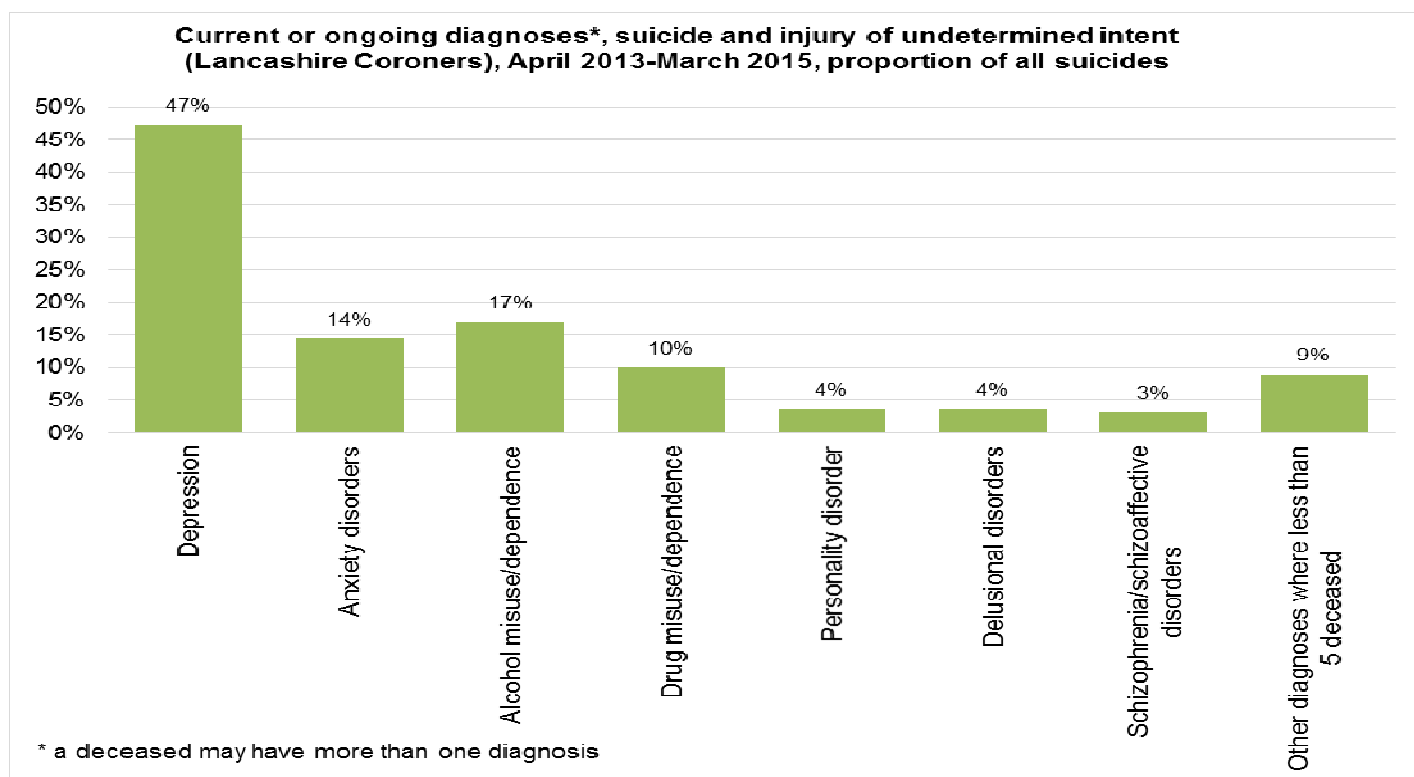
Results: circumstances of death

- Method of death:



Results: contact with primary care

- 48% had a physical health condition and 32% had both a mental illness and a physical health condition
- 63% males, 77% females had a mental health diagnosis:

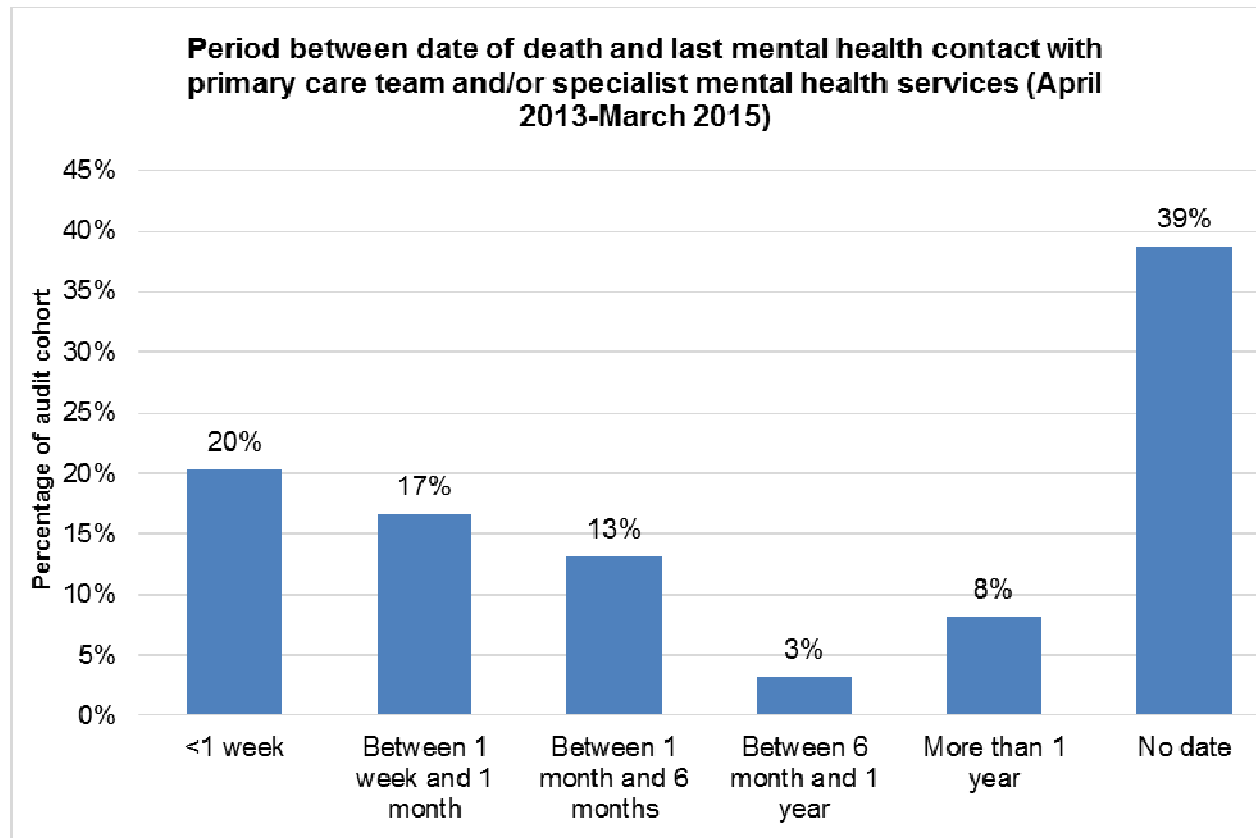


Results: specialist mental health services

- Nature of last contact:

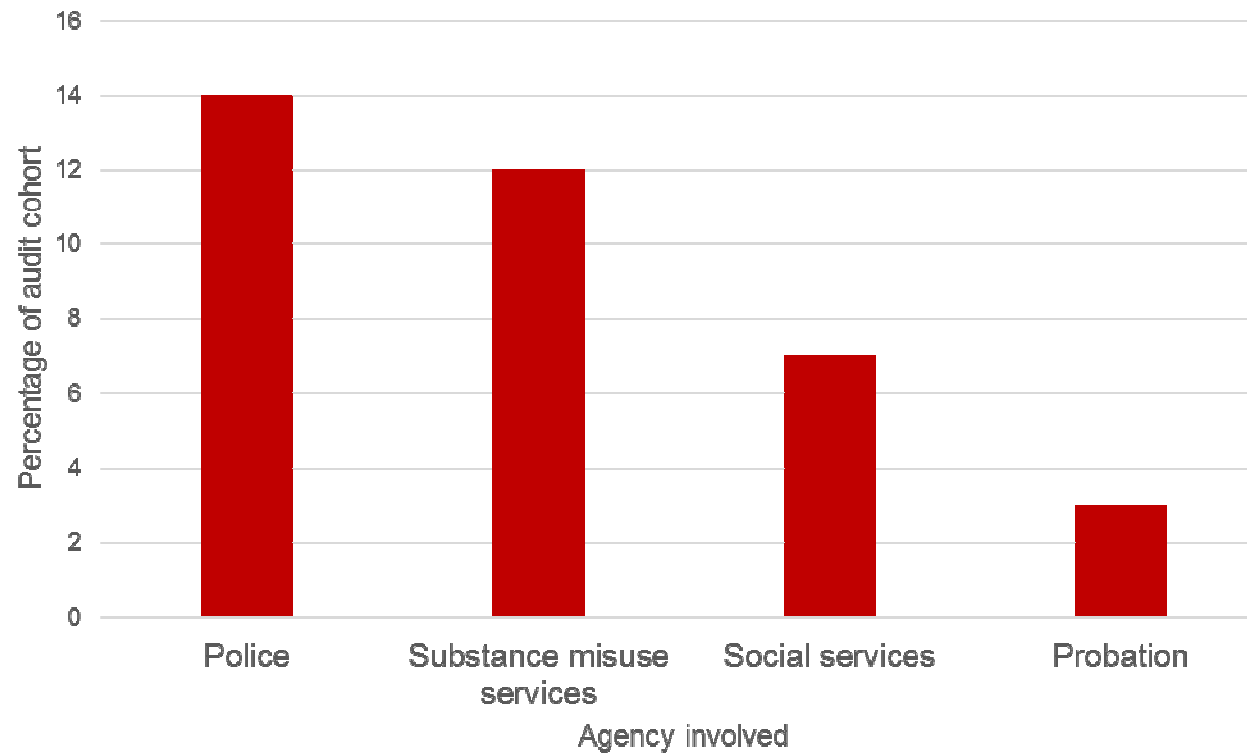
Nature of last contact with specialist mental health services	Number (%)
Discharge from caseload	26 (12)
Contact while on caseload	55 (25)
Assessment, but not taken on caseload	21 (9)
No contact	20 (9)
Not known	100 (45)

Results: primary care and mental health services combined

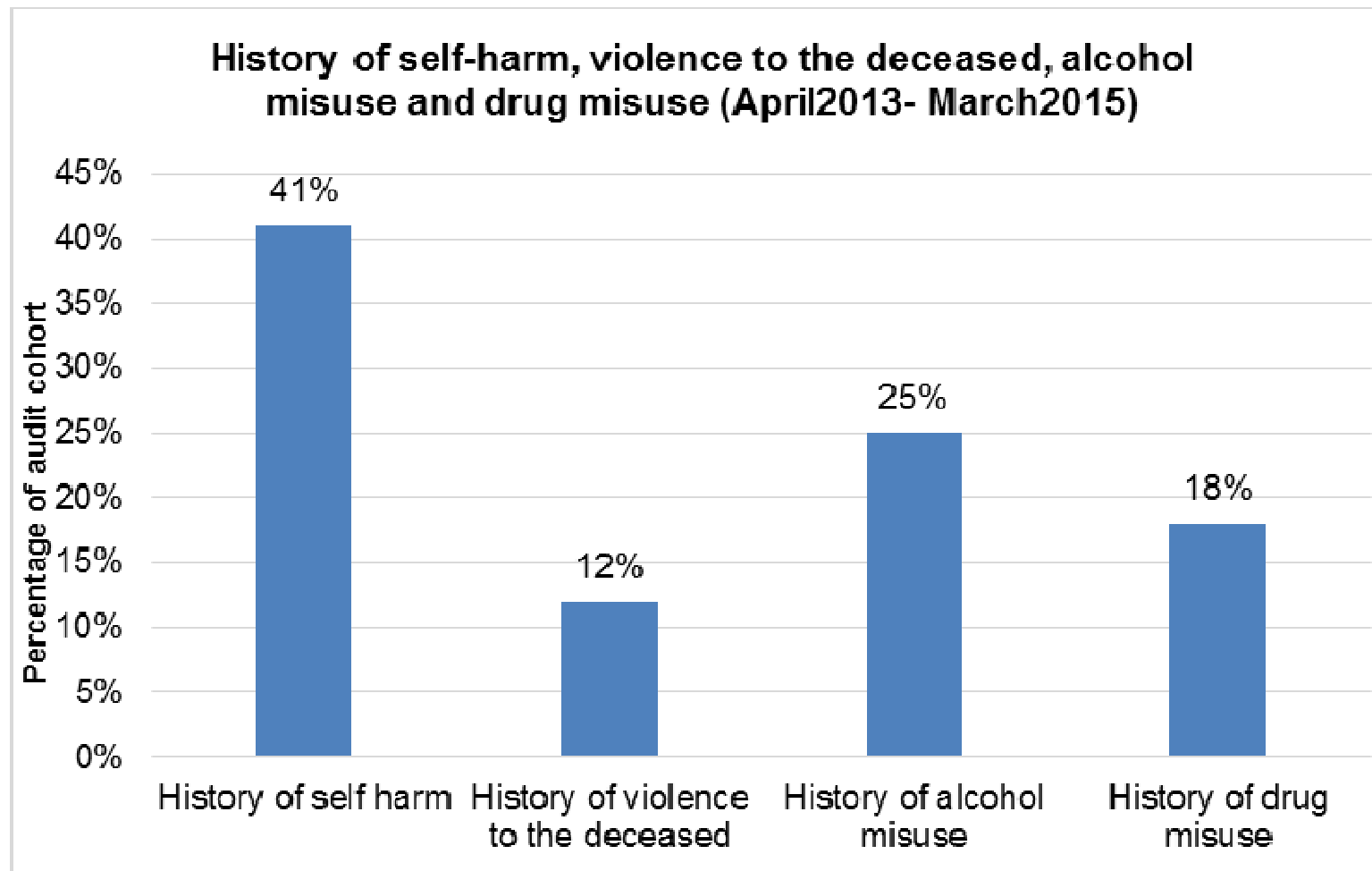


Results: other services

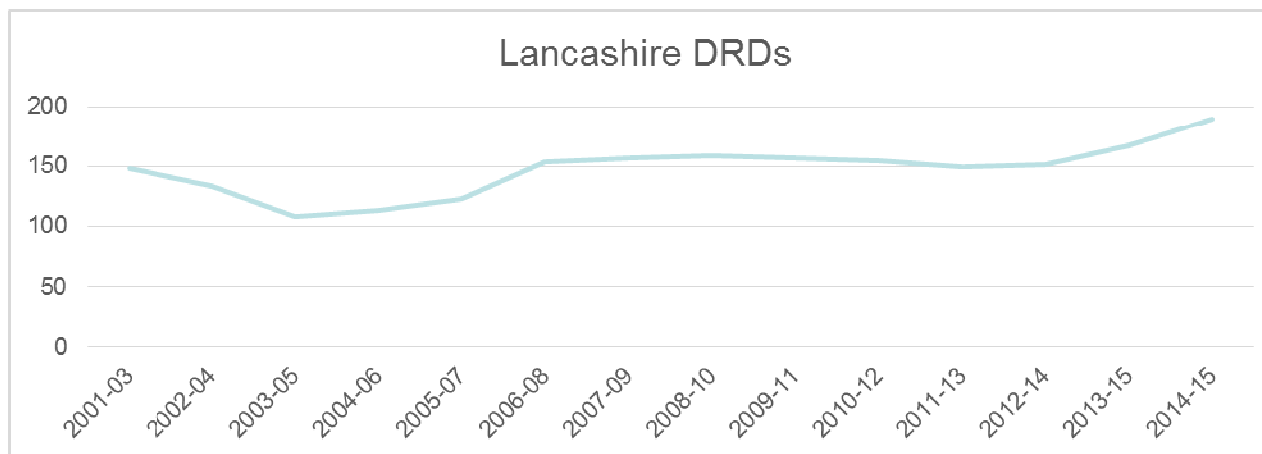
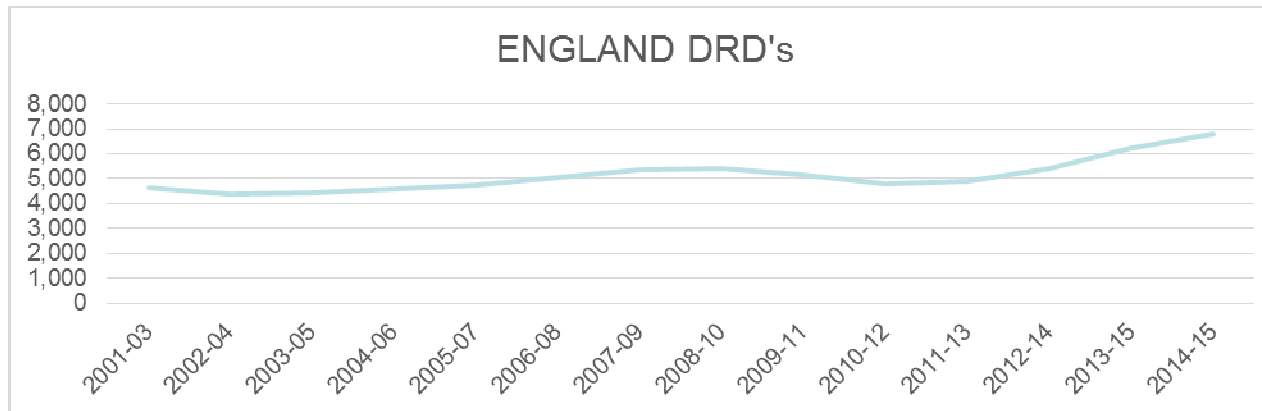
Other agencies in contact with the deceased (April 2013-
March 2015)

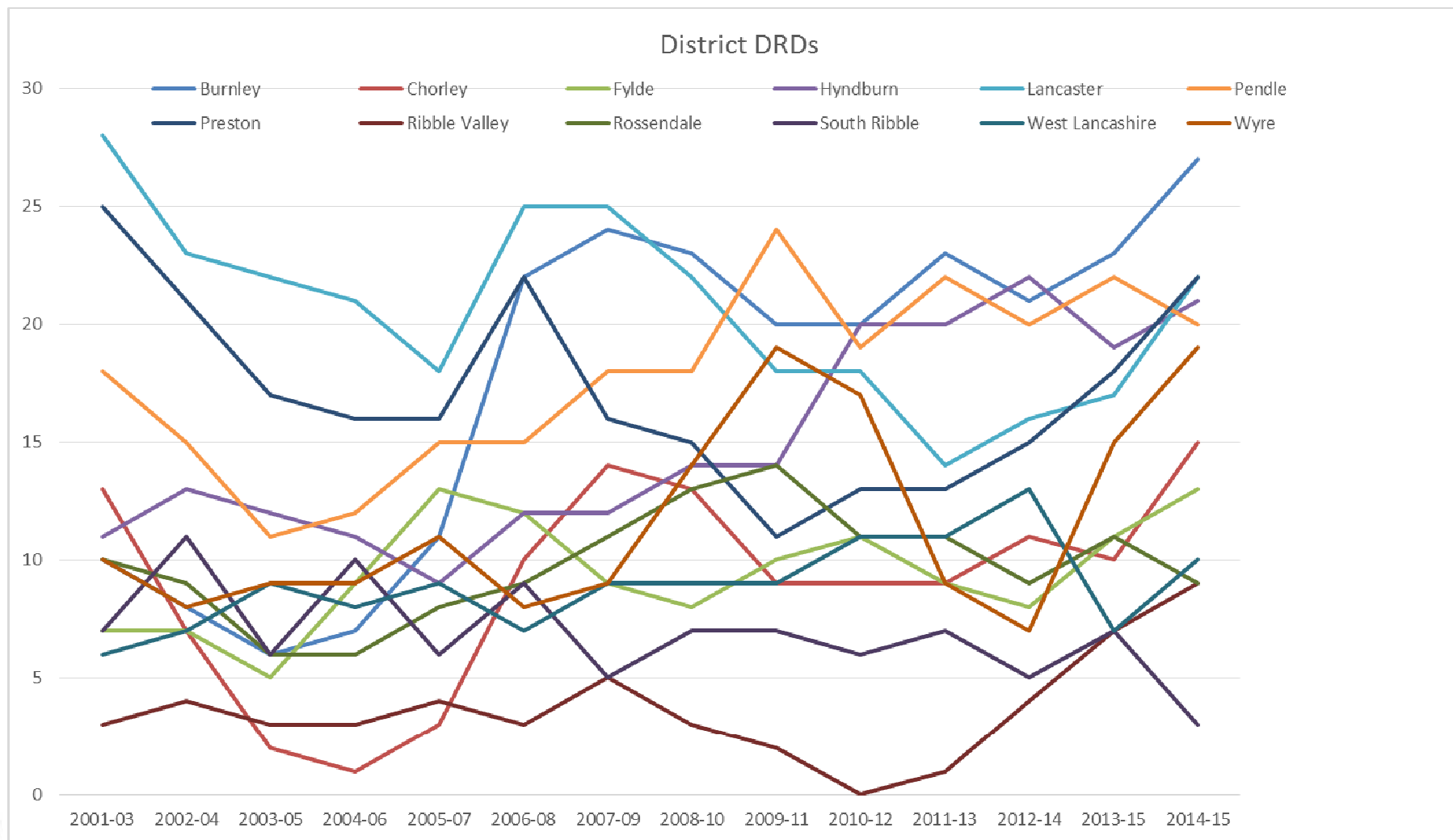


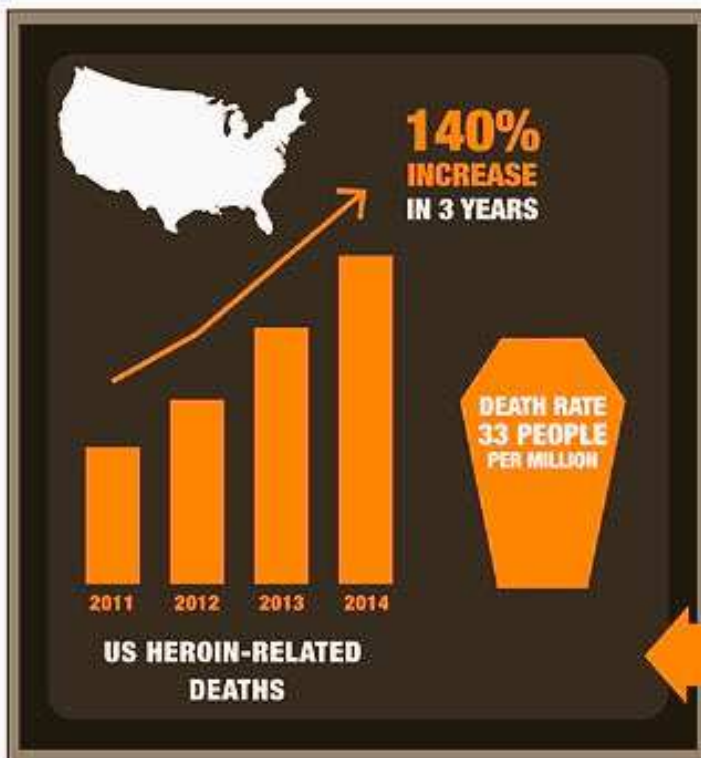
Results: substance misuse and abuse



Drug Related Deaths

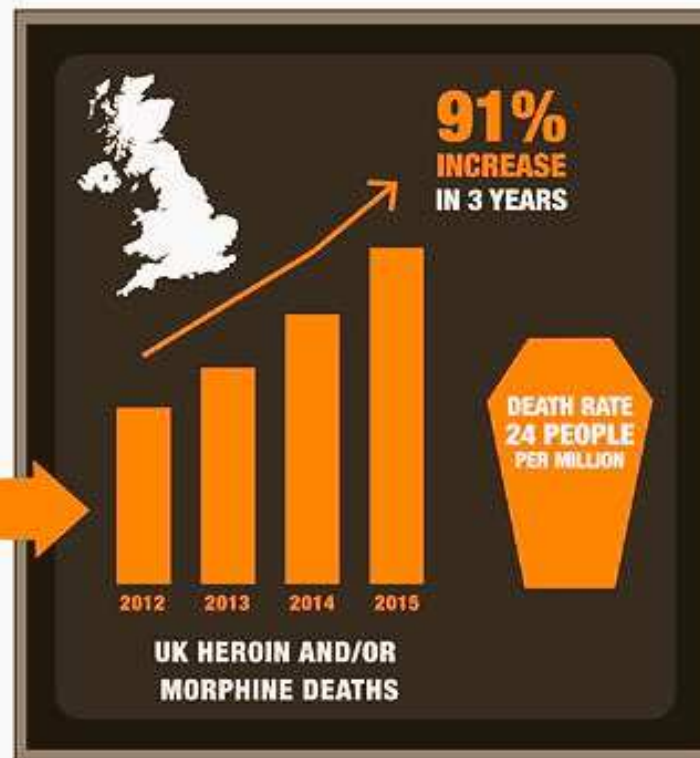






SOURCE: NATIONAL OVERDOSE DEATHS - NATIONAL INSTITUTE ON DRUG ABUSE

WHY IS NO-ONE TALKING ABOUT A CRISIS IN THE UK LIKE THEY ARE IN THE US?



SOURCE: ONS; NRS; NISRA

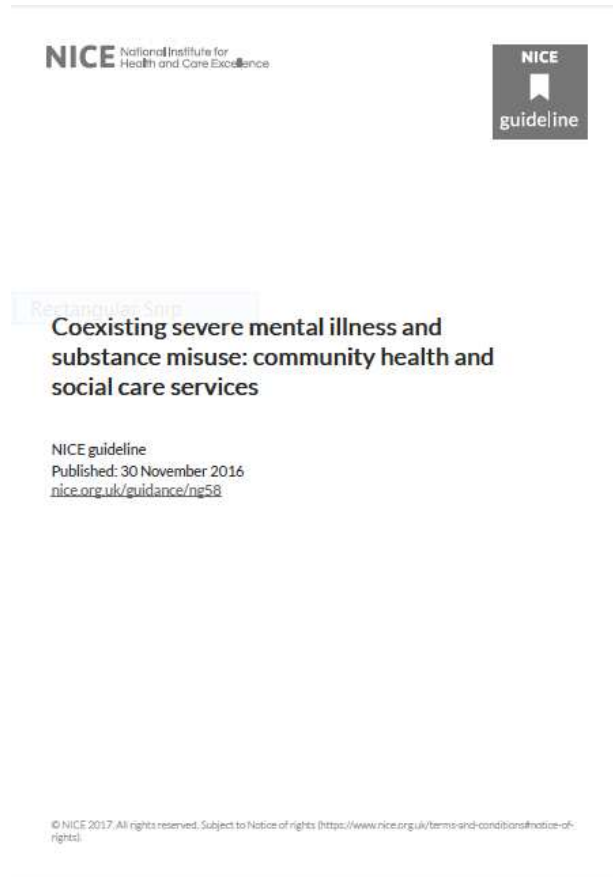
www.release.org.uk

[f @ReleaseDrugs](#) [@Release_drugs](#)

Release
Drugs, the Law & Human Rights



Dual Diagnosis



Next steps

- Dissemination of information
- Integration within suicide prevention work
 - Lancashire County Council
 - Lancashire and South Cumbria STP
 - Finalise LCC Suicide Prevention Strategy
 - Increase MH training
 - Bereavement service
 - Real Time Surveillance



Health Committee

House of Commons London SW1A 0AA

Tel 020 7219 6182 Fax 020 7219 5171 Email healthcom@parliament.uk www.parliament.uk/healthcom

From Dr Sarah Wollaston MP, Chair

4 April 2017

Dear Chair,

As you may be aware, the House of Commons Health Committee has recently concluded an inquiry into suicide prevention. The Committee's [final report](#) was published on 16 March.

In our report, we welcomed the fact that 95 per cent of local authorities have a suicide prevention plan in place or in development. However we were concerned that there is no detail about the quality of the plans or about how effectively they are being implemented.

We noted that there is a role for local scrutiny of implementation of suicide prevention plans in the first instance and we considered that this local scrutiny could be a role for health overview and scrutiny committees within local authorities. Local scrutiny does not diminish the need for national oversight, which will be better placed to take a broad perspective of where plans are working, which plans are being implemented effectively, and which local authorities may need more support. We recommended the creation of a national implementation board to serve that purpose. Nevertheless, we consider that local scrutiny is essential for ensuring effective implementation and health overview and scrutiny committees in local authorities are well-placed to perform this important function.

Our recommendation to the Government is as follows: **We recommend that health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.**

I wanted to draw your attention to the Committee's report, and specifically to the recommendation to the Government that effective implementation of the suicide prevention plan in local areas should be a key role of health overview and scrutiny committees. It may be that you are already carrying out this role and if so I hope you will forgive this letter and read it instead as thanking you for already doing so.

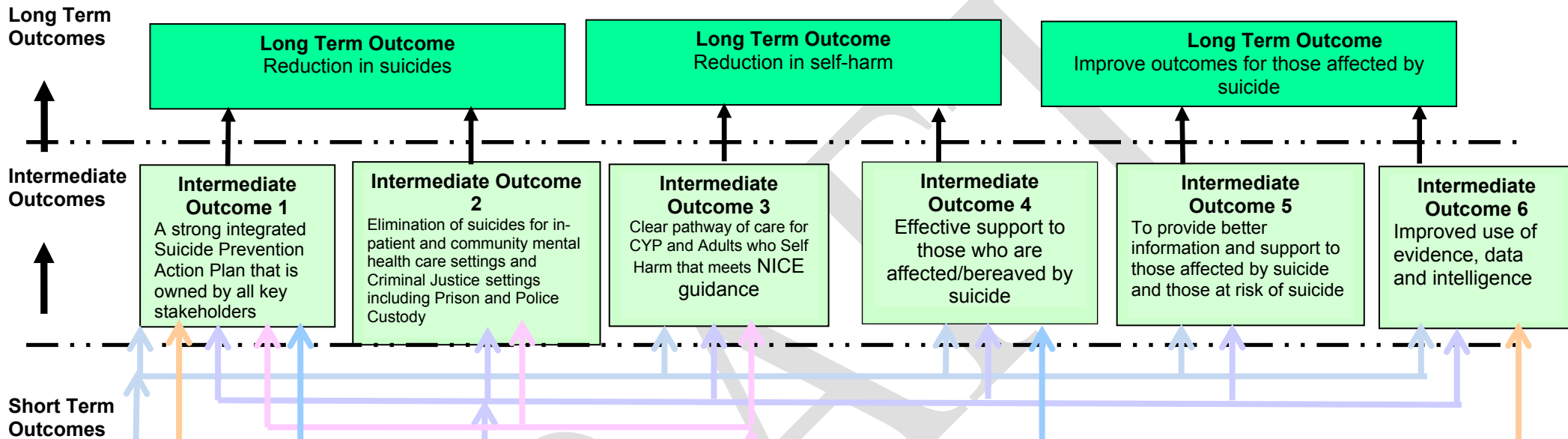
Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee


DRAFT


Lancashire and South Cumbria STP
Suicide Prevention Logic Model

Vision: Lancashire and South Cumbria residents are emotionally resilient and have positive mental health



LEADERSHIP

Long Term Outcomes	Reduction in suicides		Reduction in self-harm		The impact of suicide, on those affected by it, is relieved	
Intermediate Outcomes	Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	Outcome 4 Effective support to those who are affected/bereaved by suicide	Outcome 5 To develop and support our workforce to assess and support those who may be at risk of suicide	Outcome 6 Improved use of evidence, data and intelligence
Short Term Outcomes	Short Term Outcome 1 An effective Suicide Prevention Board		Short Term Outcome 2 Greater integration of suicide reduction activities within other strategies and service plans		Short Term Outcome 3 Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health and suicide prevention champions	
Signs of success	6 SP Oversight Board meetings held each year LA Safeguarding Boards are provided with regular updates on progress		Suicide Prevention Commitments and Statements are included in all key stakeholders policies and strategies i.e. HR Policies Every organisation has a suicide prevention policy for staff		All H&WB have agreed the content and signed up to support the delivery of the Lancs and SC SP Action Plan All LAs have a MH and Suicide Prevention Elected Member Champion	
Reach	Key Stakeholders, Safeguarding Boards, LA Suicide Prevention groups, STP Governance meetings, Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWS, CYP service, Commissioners and 3rd Sector services, Local Communities		Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWS, CYP service, Commissioners and 3rd Sector services, Private Sector (particularly Construction, Carer Organisations)		Local Authorities- Health and Well Being Boards, Elected Members, Local Communities,	
Output 	Commitment from all key stakeholders to reduce and prevent Suicides		Suicide Prevention is seen as the responsibility for all in Lancs+ SC		Elected Member Mental Health and Suicide Prevention champions in each of the LAs	

Activity 	<p>Bi Monthly SP Oversight Board meeting</p> <p>To attend at each Health and Wellbeing Board to seek support for the Lancs and SC STP action plan action plans</p> <p>To provide update reports to local Safeguarding Boards and Health and Wellbeing Boards on the development and delivery/ implementation of the Suicide Prevention STP Plan</p> <p>Strategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action Plan</p> <p>Strategic Leads across Lancs and SC to consider to sign up to the No More Zero Suicide Alliance</p>	<p>To develop a Suicide Prevention narrative and key areas for action for strategies and plans where suicide and suicide prevention is a related issue or risk e.g. drugs and alcohol, long-term conditions (</p> <p>Key stakeholders to audit current policies and procedures to establish if suicide prevention/ risk of suicide is included</p> <p>Mapping of key stakeholders data to allow for segmentation and targeting for those high at risk of suicide</p>	<p>Define the role of Mental Health and Suicide Prevention Champion</p> <p>LA PH Leads to present the role and expectation to LA Cabinet meetings</p> <p>To identify Elected Members that will take on the role of Mental Health and Suicide Prevention Champion</p> <p>Train the MH/ Suicide Prevention Champions</p>
Inputs	<p>Officer time to attend meetings</p> <p>Officer time to produce update reports</p> <p>Financial</p>	<p>Officer time to conduct audit of policies</p> <p>Analytical</p>	<p>Training of Mental Health and Suicide Prevention Elected Member Champions</p> <p>Officers time</p> <p>Financial</p> <p>Training</p>


PREVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	The impact of suicide, on those affected by it, is relieved
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Intermediate Outcomes	Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	Outcome 4 Effective support to those who are affected/bereaved by suicide	Outcome 5 To develop and support our workforce to assess and support those who may be at risk of suicide	Outcome 6 Improved use of evidence, data and intelligence
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Short Term Outcome	Short Term Outcome 4	Short Term Outcome 5	Short Term Outcome 6	Short Term Outcome 7	Short Term Outcome 8	Short Term Outcome 9	Short Term Outcome 10
	Increased awareness of suicide risks and suicide prevention	Improved mental health and wellness	Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately	The media delivers sensitive approaches to suicide and suicidal behaviour	Restrict access to means and respond effectively to hotspots	Increased awareness of impact of Adverse Childhood Experiences (ACEs)	Development of an Offender MH Pathway for when released in to the community
Signs of success	<p>% of people who report that they are more aware of who is at risk of suicide and ways in which that it can be prevented</p> <p>Decrease in Suicide rates across the STP</p> <p>Increased awareness of the suicide audit</p>	<p>Increase in volunteering</p> <p>Increase in residents taking part in physical activities across the STP area</p> <p>Increase in those accessing Adult Learning opportunities</p> <p>5 Ways to</p>	<p>Specify number people trained in SP</p> <p>% who are trained who improved knowledge, skills confidence in identifying individuals at risk</p> <p>Specify number public sector organisations who agree to make SP training mandatory</p>	<p>Local Authorities and 4 local media organisations have pledged to adhere by the Samaritans suicide reporting guidance</p> <p>No of stakeholders that sign up and adopt the principles for the reporting of suicides</p>	<p>Reduction in suicides in suicide hotspots</p>	<p>Staff in key agencies have an increased awareness of ACEs and the impact that they have on CYP</p> <p>Increase in staff that report that they are able to support/ refer to services that will help CYP when an ACE is</p>	<p>Clear pathway for offenders to access MH services when released for custody, particularly for those that are high risk of suicide i.e. on suicide watch in the custodial estate</p> <p>Reduction in the number of suicides of</p>

	findings across all key stakeholders	Wellbeing embedded in commissioned services Increase in mental health awareness training	Specify number of people who are trained in the impact/ risk of Self Harm Number of hours of Protected Learning time allocated by CCGs for Suicide Prevention awareness training sessions			identified Increase in the number of services that are commissioned which include and monitors ACEs	prisoners on release from custody Offender Health Pathway protocol developed and signed off
Reach	Those more at risk of suicide: men, older, Private businesses; taxi, barbers Schools and colleges Prisons Substance misuse services , Local authorities, Primary and Secondary Health, DWP, CAB, 3 rd Sector Organisations	Universal – whole population Target services which address high levels of vulnerability eg Substance Misuse Services, Community Mental Health services, Wellbeing services	Specify who is targeted for training Local residents Elected Members Frontline Police/ A+E staff/ Secondary MH services/ Schools/ Primary Care	Communication Departments in all Key Stakeholder organisations Media Outlets	Local Communities Police/ NNAS/ National Rail/ LA Planning Departments/ Local Travel Companies/ British transport Police	Local Authorities Police Education 3 rd Sector organisations Commissioners- Health and Public Health Prisons Probation	Prisons, Police, Primary Care and Secondary MH Services, Local Authorities, Probation
Output ↑	number of events during Suicide Prevention Day Time to Change Campaigns embedded across Las Suicide Audit data publicised and shared Scoping exercise	Measure increase in mental health awareness training delivered Contracts have 5 Ways embedded Volunteer hours recorded across the system Uptake of physical activity (PHOF ?)	<ul style="list-style-type: none"> Specify number of training sessions Specify number of people trained Suicide Prevention awareness training is integrated in to mandatory training for all 	At least one of the following media organisations will sign a suicide prevention pledge re responsible reporting <ul style="list-style-type: none"> TV (That's Lancashire Channel) Newspaper Radio 	Number of Suicide high risk locations that are identified and target hardened	% of staff that are have attended ACE awareness training Number of services that are commissioned which include ACEs and are monitoring them	Clear pathway agreed for prisoners returning to Lancashire and South Cumbria to access MH Services Gaps identified Agreed protocol signed up to by Prison/ probation and Services

	of debt services completed		stakeholders i.e. module within safeguarding training <ul style="list-style-type: none"> All localities in LANCS + SC have a SP training programme All LAs have an Elected Member for Mental Health and suicide prevention 				
Activity 	<p>To undertake suicide prevention awareness raising during world Suicide Prevention Day</p> <p>To develop suicide prevention social marketing campaign material</p> <p>To deliver a “Time to Change” campaign as part of MH Awareness week</p> <p>Scoping of the level of debt advice support available across STP</p> <p>Identify gaps in debt/ money services</p> <p>Develop a standard/ universal</p>	<p>Write 5 Ways into all relevant new service specifications</p> <p>Measure volunteer hours across STP</p> <p>Monitor changes in PHOF physical activity data</p> <p>Partnership to develop wider mental health training capacity (eg use of e learning tools).</p>	<p>Map out current ‘e’ learning suicide prevention training that is available/ being used</p> <p>To identify potential gatekeepers or champions for suicide prevention in local authorities,</p> <p>CCGs to allocate protected learning time sessions/ 1 hour session for Suicide Awareness/ REACH training to programmed statutory safeguarding training</p> <p>Develop a Suicide Prevention training programme which</p>	<p>To host a meeting with key media organisations which focuses on suicide awareness and responsible media reporting</p> <p>To relaunch the Samaritans media guidance</p> <p>Standardised guidance document produced for reporting of suicides</p> <p>Principles of the reporting guidance adopted by all key agencies</p>	<ul style="list-style-type: none"> Identify Top 10 high risk locations in Lancs and South Cumbria Work with Network Rail, Coast Guard, BTP, Lancashire and Cumbria Police, Highways Agency, and Waterways Agency to reduce access in the top 10 high risk locations Carry out Environmental Visual Audits of high risk locations 	<p>Raise awareness of ACEs i.e. what they and the long lasting impact they can have on CYP</p> <p>Include ACEs in future Suicide Audits</p> <p>Include ACEs in all relevant commissioned services that are being re designed</p>	<p>Mapping of current pathway</p> <p>Gaps identified</p> <p>Offender Health Pathway protocol developed</p> <p>Key Stakeholders agree and sign up to protocol</p>

	approach to debt advice across the STP		covers ACEs/ Self Harm/ MH First Aid/ ASSIST/ Safe Talk				
Input	LA PH Teams LA healthy living services	Officer time LA PH teams and CCG Financial resources Data	Officers Time Financial resource	Samaritans Media organisations Communication departments in stakeholder organisations Officer time to produce the guidance and principles Senior Officers to agree and sign off	Data Officer Time Financial resource	ACE Training video Officer time to train staff	Officer time to undertake mapping pathway work Financial resource Technology

INTERVENTION

Long Term Outcomes	Reduction in suicides		Reduction in self-harm		Improved outcomes for those affected by suicide	
Intermediate Outcomes	Intermediate Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders		Outcome 2 Elimination of suicides for in-patient and community mental health care settings		Intermediate Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	
Short Term Outcomes 	Short Term Outcome 11 Preventing and responding to self-harm, ensuring care meets NICE guidance	Short Term Outcome 12 Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance	Short Term Outcome 13 High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices	Short Term Outcome 14 24/7 functioning CRHTT that are high CORE fidelity	Short Term Outcome 15 Liaison Mental Health Teams that meet CORE 24 standards	Short Term Outcome 16 Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented
	Signs of success Increased awareness among frontline workers regarding suicide risk factors and co-morbidities All A&Es have undertaken an audit 100% of patients presenting with self-harm have a full biopsychosocial assessment No of services that are NICE compliant identified LMH teams in acute hospitals have CYP specialists Self-Harm pathway mapped out for CYP and Adults	All patients receive NICE compliant treatment for depression	Reduced suicide ideation and behaviour Increased use of comprehensive risk and clinical assessments Increased family engagement and involvement in care Increased capacity for working with a person with suicidal thoughts Increased access to support for those not open to MH services	24/7 Crisis Care available for CYP and Adults that are high performing CORE fidelity teams. CRHT teams meet the NHS National Standards set out in the MH FYFV	CORE 24 LMH teams in each of the 4 Acute hospitals across Lancs and SC that also provide specialist CYP support LMH teams meet NHS England National Standards for CORE 24 that are set out in the MH FYFV	Dual Diagnosis pathway fully implemented and embedded into working practice Increased awareness of MH and Drug – Staff aware of the most appropriate pathways into service Service/Pathway meets NICE Guidance All workforce are confident to take on dual diagnosis role (Both MH and

	Self-Harm Service gaps identified					Substance Misuse Staff)
Reach	A&E Departments, NWS, 3 rd Sector organisations, Lancashire Police, CYP services, Commissioners, LAs, Schools	MH Trusts, GPs, CCG Commissioners, IAPT services	A&E Departments, NWS, Primary Care, MH Trusts, families and those with lived experience, Housing, Substance Misuse services	Local Communities LCFT Police NWS	Acute Hospitals, Primary Care, LCFT, Commissioners	Drug and Alcohol Services, Secondary Care, Service Users
Output ↑	<p>Number of A&E's have an audit of % of patients who present with self-harm who have had a full biopsychosocial assessment</p> <p>Number of services that are Self harm treatment compliant</p> <p>Increase in CYP resilience</p>	<p>LCFT/ CFT and respective commissioners have signed up to delivering the perfect depression care pathway</p> <p>No of GP practises that meet NICE compliance</p> <p>Baseline established of the number of people who are currently being treated with anti-depressants</p> <p>Baseline established for the number of PHQ 9 forms that are completed</p>	<p>Accessible services that are available 24 hours/ 7 days a week</p> <p>Increased improvement in Suicide Awareness</p> <p>Increase in the number of people trained</p>	24/7 fully resourced CRHTT that is accessible to CYP and Adults	LMH teams meet CORE 24 standards	<p>Number of staff that are trained in dual diagnosis</p> <p>Increase number of jointly managed cases by drug and MH services</p>
Activity ↑	<p>Establish current level of self-harm rates across Lancs and SC</p> <p>To identify "frequent" self-harmers accessing A&E Departments and NWS</p> <p>To review current self-harm support and interventions for adults and young people in LANCS + SC</p> <p>To undertake an audit in each A&E of implementation of Nice guidance relating to self-harm and psychological</p>	<p>To baseline data relating to services for depression, that is IAPT, antidepressant prescribing and suicide rates by postcode, evidence of application of NICE guidelines across primary and secondary care and days lost in employment in Lancs and SC</p> <p>To design with patients and stakeholders a 'perfect depression care</p>	<p>Review and modify current risk and clinical assessment tools to ensure consistency and comprehensiveness in MH Trusts</p> <p>To pilot a minimum/optimal standard for suicide risk assessment tools in primary care</p> <p>To develop a Lancs+ SC standard for suicide prevention in secondary care</p>	<p>To develop crisis care arrangements to enable access to 24/7 support for all-age groups particularly children</p> <p>To ensure that CRHTT are high CORE fidelity teams</p>	<p>To develop LMH implementation plan for 2018/ 2019</p> <p>Implement a Liaison Mental health team which has CYP specialists in Acute hospitals</p> <p>To recruit staff to meet CORE 24 LMH standards</p>	<p>Establish current baseline</p> <p>Develop dual diagnosis pathway that meets NICE Guidance</p> <p>Pathway signed off and agreed by MH steering group</p> <p>Pathway embedded into working practices</p>

	<p>assessments in A&E</p> <p>To review local self-harm care pathways against NICE guidance (CG133)</p> <p>To deliver suicide prevention and self-harm training for staff</p> <p>To develop an information sharing system between NWS and LA PH teams re number of attempted suicide/self-harm</p> <p>To develop a consistent system of sharing data with GPs from A&E and NWS (</p> <p>To develop a consistent response with primary care to those patients flagged as attempted suicide/self-harm from A&E and NWS</p>	<p>pathway' with key outcomes</p> <p>To secure sign up across all MH Trust providers and commissioners (mental health) for commissioning of this care pathway</p> <p>Establish a baseline for the number of patients that are currently being treated with anti-depressants and that the care meets NICE guidelines</p>	<p>To develop a process to enable learning from suicide attempts</p> <p>Consult and engage with families of those with suicidal ideation</p> <p>To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented</p> <p>To strengthen the management of depression in primary care</p> <p>To review local care pathways against Antenatal and postnatal mental health: clinical management and service guidance NICE guidance (CG192)</p>			
Inputs	Data analysts A&E departments and NWS, NHS England CORE 24 funding	Commissioners, MH Trusts, GPs, IAPT	Staff time to conduct audit of current policies	CCG Commissioner funding, LCFT	CORE 24 Transformation funding (2018/19), Acute Hospitals, A+E Delivery Boards, LCFT, Commissioners	CCG Commissioner funding, LA Public Health Commissioners, Drug and Alcohol Services, Secondary MH services


POSTVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide
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Intermediate Outcomes	Intermediate Outcome 4 Effective support to those who are affected/bereaved by suicide		
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Short Term Outcomes	Short Term Outcome 17 All those bereaved by suicide will be offered timely and appropriate information and offered support by specialist bereavement services within 72 hours	Short Term Outcome 18 All identified suicide clusters have a community response plan and schools have a post suicide intervention protocol in place
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Signs of success	Specialist suicide bereavement service commissioned across Lancs and South Cumbria Increased number of those bereaved by suicide can access mainstream MH services/ Support	Reduction in the number of cluster suicides incidents Post Suicide Intervention adopted in all schools across Lancs and SC
Reach	Those bereaved by suicide, Commissioners of MH services, Commissioners of bereavement services/ Coroners/ Police/ NNAS/ Public Health Leads/ LAs/ Prisons/ LCFT/ CFT	Coroner/ LA PH Leads, Police and specific stakeholders based on the circumstances/ need that are identified
Output	Bereavement Support services mapped out Gaps identified Increase in the no of Help is at Hand books given out by services Specialist Suicide Bereavement Service specification developed Consistent Referral for Suicide Bereavement adopted by Stakeholders	Key Leads identified in each organisation Standardised documents and process agreed for developing Community Response Action Plan


Activity 	<p>To review what services are currently available/ commissioned across Lancs+ SC for people that are bereaved by Suicide</p> <p>Develop an online directory of services and resources for those affected by Suicide including ADFAM, Samaritan, MIND ED etc.</p> <p>Develop a consistent approach taken by all key stakeholders for signposting, advice provided and support offered to those affected by suicide</p> <p>To consult with those bereaved by suicide to develop a Lancs and SC suicide bereavement pathway.</p> <p>To scope the potential for additional commissioning of suicide bereavement support to supplement local arrangements</p> <p>To scope current arrangements across Lancs and SC in relation to post-vention interventions, e.g. schools, communities and outreach to family and friends, in addition to bereavement support</p> <p>To upskill current bereavement support services so they are able to offer/ provide specialist suicide support to those affected by suicide</p>
Input	<p>Help is at Hand</p> <p>Staff Time</p> <p>Funding for Specialist service identified</p>


<p>Review PHE Guidance for developing Community Cluster Action Plans</p> <p>Develop Standardised Suicide Prevention Community Cluster Action Plan procedure</p> <p>Define what is meant by a suicide cluster i.e. 2 or more/ same modus operandi (MO)</p> <p>All key stakeholders sign up, agree and implement procedure</p> <p>Development of post suicide intervention protocol in schools</p>	<p>Staff</p> <p>Financial</p>
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INTELLIGENCE

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide
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Intermediate Outcomes	Intermediate Outcome 6 Improved use of evidence, data and intelligence		
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Short Term Outcomes 	Short Term Outcome 19 To establish a data collection and evaluation system to track progress	Short Term Outcome 20 A consistent Suicide Audit template and schedule is agreed by all LAs	Short Term Outcome 21 To have a 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths	Short Term Outcome 22 Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview and Domestic Homicide Reviews
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Signs of success	Performance Management framework which monitors interventions and impact on Suicides across Lancs and SC	A consistent suicide audit data collection method which is adopted across Lancs and SC Regular Suicide Audits are conducted across Lancs and SC	Real time data Suicide and attempted suicide, drug related death Surveillance system in place Signed and agreed information sharing protocol Key stakeholders have an increased awareness of the suicide picture across Lancs and SC	Agencies have an increased awareness lessons learnt from Serious Case Reviews and Child Death Overview and Domestic Homicide Reviews
Reach	Suicide Prevention Oversight Board, STP Governance, NHS England, PH England	LA Public Health Leads Coroners Police	Police, NWS, LA PH Leads, Coroners, Commissioners, Substance Misuse providers, GPs, LA Safeguarding Leads, LA Suicide Prevention Groups, STP partners, Information Governance Leads	Local Safeguarding Boards (Adults and CYP), Local Authorities/ Primary and Secondary Health services, NWS/ Police/ Prison/ Probation/ CCGs
Output 	Quarterly performance reports	Consistent data collection across Lancs and SC Suicide Audit Timetable agreed Suicide Audit report produced across the STP footprint every 3	Joint information sharing protocol Real time data available for Public Health Leads in each LA Responsive coordination and collection of suicide, attempted	Standardised process for sharing the lessons learnt

		years	<p>suicides and drug related deaths information</p> <p>Regular reports provided to STP Governance Board, LA Safeguarding Boards (Adult and CYP)</p>	
<p>Activity</p> <p>↑</p>	<p>Develop a performance management framework that is able to track progress made against the action plan</p> <p>Produce reporting template that can be used in CCG IAF submissions.</p> <p>Stakeholder agree data sources that will be used for performance monitoring</p>	<p>Review the current suicide audits templates that are currently being used for data collection across Lancs and SC (LA PH Leads, Sept 2017)</p> <p>Develop Suicide Audit template (LA PH Leads, Sept 2017)</p> <p>Develop Suicide audit timetable which is agreed by all LA PH leads (LA PH Leads, Sept 2017)</p>	<p>Feasibility scoping exercise conducted for implementation of a 'Real Time Suicide Surveillance system (Neil Smith- October 2017)</p> <p>Consistent data collection process agreed</p> <p>Develop information sharing protocols</p> <p>Mapping of current data that is collected around suicide, attempted suicides and drug related deaths</p>	<p>To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented</p>
Inputs	<p>Data Analyst,</p> <p>All Key Stakeholders,</p> <p>Staffing,</p> <p>Technology</p>	<p>Staffing capacity</p> <p>Technology</p>	<p>Data Analyst Time</p> <p>Staffing</p> <p>Technology</p> <p>Financial</p>	<p>Staffing</p> <p>Technology</p> <p>Financial</p>

Health Scrutiny Committee

Meeting to be held on Tuesday, 12 December 2017

Electoral Division affected:
(All Divisions);

Health Scrutiny Steering Group Report, Revised Purpose and Work Plan 2017/18

(Appendix 'A' refers)

Contact for further information:

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Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 15 November 2017, including a revised purpose for the Group for the remainder of the 2017/18 municipal year. A revised work plan is also presented.

Recommendation

The Health Scrutiny Committee is asked to:

1. Receive the report of the Steering Group;
2. Agree the revised purpose of the Steering Group for the remainder of the 2017/18 municipal year; and
3. Subject to the Committee's agreement of the revised purpose, note the revised work plan for the Committee for 2017/18.

Background and Advice

The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Labour and Independent Groups.

The current main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
- To liaise, on behalf of the full Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the full Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;

- To develop and maintain its own work programme for the full Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered;

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for information.

Meeting held on 15 November 2017

1. General Service Update on Adult Social Care

Tony Pounder, Director of Adult Services and Sue Lott, Head of Service Adult Social Care Health gave a presentation to the Steering Group which provided an outline of the different services provided by Adult Social Care including; Screening and Initial Assessment Service (SIAS), Community Social Care, Substance Misuse, Acute Hospital Discharge, Sensory Impairment Service, Prisons Social Work and Reablement and Occupational Therapy Service (OT) and a particular focus on Delayed Transfers of Care (DToC).

It was agreed that in preparation for the Health Scrutiny Committee meeting scheduled for 23rd January 2018, briefing notes be requested from both Lancashire Teaching Hospitals Foundation Trust and the County Council setting out the key reasons for delayed days that were attributable to social care in respect of interaction between the County Council and Lancashire Teaching Hospitals Foundation Trust and what needed to happen to reduce the number of delays.

2. Suicide Prevention

Chris Lee, Public Health Specialist (Behaviour Change) presented a report detailing the work being undertaken in Lancashire to support the national target of a 10% reduction in suicides.

It was agreed that the presentation slides Chris Lee referred to at the meeting be presented to the full Health Scrutiny Committee at its meeting scheduled for 12 December 2017 with an additional focus on the following four specific aspects: data; drug related deaths; dual diagnosis and wider determinants (for men such as divorce/debt/redundancy/loneliness).

3. Health Scrutiny Steering Group - revised purpose

A report which set out considerations and advice on a revised purpose for the Steering Group to partly function as a preparatory body on behalf of the Health Scrutiny Committee was considered.

Discussions were had around meeting frequency, the number of topics and the need to retain the functionality for the Committee and the Steering Group to respond to emerging, sensitive and urgent issues. There was a consensus that the formulation of reasons, objectives, outcomes, key lines of enquiry,

evidence required for reports and who to invite to future meetings represented a useful function for the Steering Group.

Members felt that the revised purpose represented a suitable approach and suggested that it be piloted for the remainder of the 2017/18 municipal year. The Steering Group agreed the revised purpose as set out in the report and that it be presented to the next scheduled meeting of the Health Scrutiny Committee on 12th December 2017 for agreement.

A report on the Steering Group's activities from its meeting held on 6th December 2017 will be presented at the next scheduled meeting of the Committee on 23 January 2018.

Revised Purpose

The revised purpose for the Steering Group is as follows:

"The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
 - Reasons/focus, objectives and outcomes for scrutiny review;
 - Develop key lines of enquiry;
 - Request evidence, data and/or information for the report to the Committee;
 - Determine who to invite to the Committee
- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the Committee for consideration and agreement."

The Committee is therefore asked to receive the report of the Steering Group and agree the revised purpose for the Group for the remainder of the 2017/18 municipal year. Subject to the Committee's agreement of the revised purpose, a revised work

plan is set out at appendix 'A' for the Committee to note. The work plan has been amended in respect of topics scheduled for future Steering Group meetings.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny – Work plan 2017/18

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
24 July	STP Workforce – Scrutiny Inquiry Day Report	Workforce*	CC Steve Holgate, former Chair of the Health Scrutiny Committee	To formulate recommendations from the report and to determine who to circulate to.
	Update on the Local Workforce Action Board	Workforce*	Heather Tierney-Moore and Damian Gallagher, LCFT	Update on the work of the Board.
	Chorley Hospital Emergency Department mobilisation	Workforce*/Hospitals** and Urgent Care**	Karen Partington, Mark Pugh, LTHFT	Update on the mobilisation of the Emergency Department and recruitment issues
19 Sept	Next Steps on the NHS Five Year Forward View – Sustainability and Transformation Partnerships; Accountable Care Systems and Local Delivery Plans	-	NHSE North, Healthier Lancashire and South Cumbria, Fylde and Wyre CCG, Morecambe Bay CCG,	Overview of the next steps on the NHS five year forward view and update on the Accountable Care System.
31 Oct	Winter pressures and preparations (A&E)	All	Heather Tierney-Moore (AEDB), Derek Cartwright, NWAS, Paul Simic, LCA, LTHFT? Tony Pounder, LCC	Overview of pressures and preparations (adults/acute trusts/mental health)

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
12 Dec	Improvements to Mental Health Services in Lancashire	Care Professional Board*	Steve Winterson, LCFT	Report on planned changes for both the Central and Pennine Lancashire areas
	Suicide Prevention	Care Professional Board* Mental Health**	Dr Sakthi Karunanithi and Chris Lee, Public Health	To ensure effective implementation of the (local authority) suicide prevention plan
23 Jan 2018	Adult Social Care – and Public Health Budget Proposals	-	Tony Pounder, Dr Sakthi Karunanithi and Neil Kissock	Budget proposals from the following Cabinet Members: <ul style="list-style-type: none"> Graham Gooch – Adult Services Shaun Turner – Health and Wellbeing
	Delayed Transfers of Care	Care Professional Board*	Tony Pounder, Sue Lott, Mike Kirby, LCC (All Trusts? – LTHFT, ELHT etc; & BwD Borough Council, Blackpool Council and Cumbria CC) Paul Simic, LCA	<ul style="list-style-type: none"> i. Overview and update on DTOC and discharge policies - Development of joint approach to DToC with NHS providers across the STP footprint. Health and Wellbeing Board to receive update on 14 November 2017; or ii. Review of Supporting Patients to Avoid Long Hospital Stays Policy and Funding Framework

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
5 March	Public Health - Life expectancy	Care Professional Board* Prevention**	Dr Sakthi Karunanithi	Overview of Life Expectancy, causes, prevention and self-help work, key service issues, challenges and opportunities
	Learning disabilities (Calderstones) Joint Scrutiny...	Care Professional Board* Health and social care**, Mental Health**	Mersey Care NHS Foundation Trust, NHS England Charlotte Hammond, LCC?	Update on Specialist Learning Disability Services
17 April	Skin cancer awareness	Care Professional Board* Prevention**	Sofiane Rimouche, LTHFT, Dr Sakthi Karunanithi CCGs	Raising awareness, prevention

Requested topics to be scheduled:

- STP Refresh (after December 2017)
- Community mental health; early intervention and prevention (Chris Lee, Public Health)

Referrals from Steering Group to the full Committee to be scheduled:

- Immunisations – seasonal influenza (Sakthi Karunanithi, LCC, Jane Cass, NHS England)

Potential topics for the Committee and its Steering Group:

- Data sharing
- Dementia awareness
- Care Home Quality

Health Scrutiny Steering Group – Work plan 2017/18

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
4 July 2017	<ul style="list-style-type: none"> i. Royal Preston Hospital – bid for new primary care front end at Emergency Department and Urgent Care Centre (A&E) ii. WLCCG – Termination of single handed GP contract iii. FWCCG – Improving health services in Kirkham and Wesham 	<ul style="list-style-type: none"> i. Stephen Gough and David Armstrong, NHS England – Lancashire ii. Jackie Moran, WLCCG iii. Kate Hurry and Andrew Harrison, FWCCG 	<ul style="list-style-type: none"> i. Unique bid for capital – need to identify appropriate funding stream to expedite and assist with overall A&E function ii. To receive updates on progress – wider concerns around single handed GPs in Lancashire iii. Overview of the proposals – concerns also raised by local councillor
27 Sept	<ul style="list-style-type: none"> i. Proposal for a Central Lancashire Mental Health Inpatient Unit ii. NHS England – 'Childhood Immunisation Performance Report for Lancashire, and Associated Action Plan 	<ul style="list-style-type: none"> i. Steve Winterson, LCFT ii. Jane Cass, NHS England, Sakthi Karunanithi, Director of Public Health 	<ul style="list-style-type: none"> i. Overview of proposals ii. To receive a report on Childhood Immunisation Performance for Lancashire and associated action plan to identify and address reasons for the downward trend of low uptake for screening, vaccinations and immunisations across Lancashire, how this will be monitored, targets met and timescales.
11 Oct	<ul style="list-style-type: none"> i. Health and Wellbeing Board (HWB) – Update ii. Implementation of the Care Act 2014 within secondary mental health services in Lancashire 	<ul style="list-style-type: none"> i. Sakthi Karunanithi, LCC ii. Charlotte Hammond, LCC 	<ul style="list-style-type: none"> i. Update on HWB Partnerships/Lancashire Health and Wellbeing Strategy ii. To receive referral made to scrutiny and to determine how the Steering Group wishes to proceed.

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
15 Nov	i. General service updates on Adult Social Care ii. Suicide Prevention iii. Report on Steering Group's purpose	i. Tony Pounder, LCC ii. Chris Lee, Public Health, LCC iii. Gary Halsall, LCC	i. To receive general service updates and to prepare for January 2018 Committee meeting on DToC ii. Preparations and key lines of enquiry for Committee meeting scheduled 12 December 2017 iii. Advice and options for a revised purpose of the Committee's Steering Group
6 Dec	i. Implementation of the Care Act 2014 within secondary mental health services in Lancashire ii. VirginCare – Community Health and Urgent Care Services Contract iii. Better Care Together; or iv. Together A Healthier Future	i. Charlotte Hammond, LCC, and LCFT ii. Jackie Moran, Karen Tordoff WLCCG and VC iii. Morecambe Bay CCG iv. Mark Youlton, East Lancashire CCG	i. Awaiting responses to a referral made to scrutiny in relation to a Section 75 Agreement ii. Update on contract awarded to private provider iii. Update on the Bay Health and Care Partners LDP and outcomes of Trust Boards in relation to integrated hospital community and primary care services (Integrated Care Communities ICC). iv. Update on the Pennine Lancashire LDP
10 Jan 2018	i. Our Health, Our Care Local Delivery Plan (LDP) ii. Public Health – Life Expectancy iii. Update on the completion of the new primary care front-end at Royal Preston Hospital	i. Denis Gizzi , Mark Pugh and Sarah James GPCCG + CSRCCG ii. Dr Sakthi Karunanithi	i. Outcome of clinical process mapping work from the Solution Design Events and the LDP programme ii. Develop objectives, key lines of enquiry and outcomes iii. Update – briefing note/attendance at

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
		iii. Stephen Gough and David Armstrong, NHS England – Lancashire	meeting
7 Feb	i. Fylde Coast ACS, Your Care, Our Priority and Multi-speciality Community Partnerships (MCP) ii. Skin Cancer awareness	i. Peter Tinson, Fylde and Wyre CCG ii. Sofiane Rimouche, LTHFT, Dr Sakthi Karunanithi, CCGs	i. Update on the Fylde Coast ACS, Your Care, Our Priority LDP and Multi-speciality Community Providers (MCP) ii. Develop objectives, key lines of enquiry and outcomes
14 Mar	i. Report on Steering Group's purpose for 2018/19? ii. Chorley Hospital Emergency Department mobilisation and Urgent Care Centre Performance (GTD)? iii. Quality Accounts for Trusts and mechanisms with Healthwatch	i. Gary Halsall, LCC ii. Karen Partington, Mark Pugh, LTHFT iii. Sheralee Turner-Birchall, Healthwatch	i. Advice and options for a revised purpose of the Committee's Steering Group for 2018/19 onwards ii. Update on the mobilisation of the Emergency Department and recruitment issues iii. To formulate responses to requests from Trusts on their Quality Accounts; consider potential mechanisms with Healthwatch and Impact Events.
11 Apr	LCC Adult Social Care Winter Plan	Tony Pounder, Sue Lott, LCC	Review the effective/robustness of the 2017 plan
16 May	Work plan workshop – planning for 2018/19 (open	Louise Taylor, Dr Sakthi	Presentations from strategic health and social

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
(all day event?)	invite to full Committee)?	<p>Karunanithi, Tony Pounder, LCC and Cabinet Members for Health and Wellbeing and Adult Social Care; Healthwatch Lancashire; NHS England and Healthier Lancashire and South Cumbria; NHS Improvement?; Lancashire Care Association; Lancashire Care Foundation Trust</p> <p>Briefing notes from CCGs, Acute Trusts, NWAS?</p>	<p>care organisations setting out details of:</p> <ul style="list-style-type: none"> Emerging issues; Priorities and planned activity; Policy development; Timelines and deadlines; and Ongoing work relating to the Five Year Forward View and the STP for Lancashire [and South Cumbria]; <p>For scrutiny to identify topics of their choice for the 2018/19 work plan where they can add value and see potential objectives and outcomes and an opportunity to formulate a focussed and timely work plan.</p>

Topics referred by the Committee for Steering Group's action:

- Chorley Hospital Emergency Department mobilisation and Urgent Care Centre Performance (GTD)

Potential topics for Steering Group:

- NWAS - Update on Government reporting standards – Peter Mulcahy, and NWAS transformation Strategy and NWAS future – Mark Newton
- West Lancashire LDP

- Pharmacies and prescriptions – volume of returned medicines and disposal of same, failure to collect, patient medicine reviews, change to current practice
- Low priority prescribing – consultations across CCGs - update
- Capital investments across Lancashire
- Lancashire Care Association – update on Registered Care Managers Network (RCMN) – Paul Simic, CEO

