

Lancashire County Council

Health Scrutiny Committee

Tuesday, 3rd November, 2020 at 10.30 am in Skype Virtual Meeting

Agenda

Part I (Open to Press and Public)

No.	Item
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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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 15 September 2020	(Pages 1 - 10)
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4.	LCC Adult Social Care Winter Plan	(Pages 11 - 36)
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5.	Update on suicide prevention in Lancashire and South Cumbria	(Pages 37 - 88)
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6.	Report of the Health Scrutiny Committee Steering Group	(Pages 89 - 92)
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7.	Overview and Scrutiny Work Programme 2020/21	(Pages 93 - 98)
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8.	Urgent Business
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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.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held virtually on Tuesday 15 December 2020 at 10.30am.

County Hall
Preston

L Sales
Director of Corporate Services

Agenda Item 3

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 15th September, 2020 at 10.00 am - Skype Virtual Meeting

Present:

County Councillor Stuart C Morris (Chair)

County Councillors

L Beavers	E Pope
J Berry	A Schofield
C Edwards	J Shedwick
N Hennessy	K Snape
A Hosker	D Whipp

Co-opted members

Councillor David Borrow, (Preston City Council)
Councillor Margaret France, (Chorley Council)
Councillor Glen Harrison, (Hyndburn Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor David Howarth, (South Ribble Borough Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillors Alan Schofield and Julia Berry replaced County Councillors Peter Britcliffe and Mohammed Iqbal respectively, for this meeting only.

1. Apologies

Apologies were received from District Councillors Gail Hodson (West Lancashire) and Gina Dowding (Lancaster)

2. Constitution: Chair and Deputy Chair; Membership; Terms of Reference of the Health Scrutiny Committee and its Steering Group

Resolved: That the appointment of Chair and Deputy Chair; the membership of the committee and the terms of reference, as presented, be noted.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

None.

4. Minutes of the Meeting Held on 30 June 2020

Resolved: That the minutes from the meeting held on 30 June 2020, be confirmed as an accurate record.

5. NHS 111 First

The Chair welcomed Dr Amanda Doyle, GP and Integrated Care Strategy lead for Lancashire and South Cumbria and Jackie Bell, Head of Service for 111, North West Ambulance Service NHS Trust. A report outlining the process and implementation of the new NHS 111 First initiative was presented

The following points were highlighted:

- The new appointment system for those who would normally self-present at A&E supported social distancing and aimed to reduce overcrowding, waiting times and subsequently COVID-19 infection rates. The new system would support a better flow of work, made best use of available technology and should improve clinical outcomes, as all attendees will have had a remote assessment prior to their A&E appointment. The clinician carrying out the assessment would book the most appropriate appointment depending on the issue and the service user would not be required to re-dial another service. It was emphasised that the new way of working was not for urgent 999 calls and life threatening situations. A&E self-admissions represented approximately 60% of the A&E intake.
- The new system had been launched in Blackpool and Warrington with Royal Blackburn to follow in October. These initial launches were to assess effectiveness and outcomes, to make any necessary amendments prior to the national campaign launch which would communicate the new process of ringing 111. By the end of November all A&E departments would be live with the system. Feedback so far from patients and staff had been very positive and hospitals were keen to launch the programme to prepare for winter.
- The aim was for 20% of self-referrers to access 111 First, however initial monitoring indicated that the uptake would be higher. Therefore it would be a significant challenge to ensure the recruitment of health advisers and assessment clinicians was sufficient to support demand. Recruitment for health advisers was on schedule.
- The clinical assessments would be at a local level to ensure the most appropriate services for the area were signposted.

In response to questions from members the following information was clarified:

- There had been a significant and sustained pressure on the 111 service, related to calls about access to testing rather than in relation 111 First. The messages on testing websites were being changed to reduce these calls.

Blackpool had been identified for an initial launch as an area that made low numbers of calls to 111 but had high presentations at A&E.

- Staff with experience of 111 First and all patients ringing 111 who were subsequently booked in to a service were being surveyed. Once more sites were live the feedback results would provide a more robust and effective base for sound evaluation.
- As a national programme, the service would be centrally funded. Additional capital funding to house additional staff resource would also be required. It was anticipated that the programme would eventually yield savings once firmly established.
- Staff numbers would be increased for the additional calls and work was underway with the estates team to undertake rapid expansion of office space to accommodate them. However due to numbers of staff working from home some extra office space was immediately available.
- The service would cover the whole of the North West Ambulance Service Trust area, with the initial call being taken at a centralised location. However clinical assessment would be at a local level. There was a mandatory six week training course for health advisers (111 call takers), which resulted in staff following an algorithm designed by clinicians for non-clinical users. Following that, new staff were individually mentored for two weeks. Rigorous standards were followed and staff were provided with regular feedback regarding the quality of their calls. The training was firmly embedded and outcomes were audited.
- If a GP appointment was booked this was done in real time. However some surgeries were asking for a list to enable them to call back the patient to book the appointment, dependent on surgery procedures regarding infection control.
- It was not usual for someone with a need that could be met by social prescribing to present to A&E, however the clinical assessment would determine if social prescribing was the appropriate pathway for the call.

Resolved: That:

- 1) The report regarding the implementation of the national NHS 111 First programme, as presented, be noted.
- 2) The findings and evaluation of the new NHS 111 First programme be presented to the Health Scrutiny Committee in six months' time.

6. Lancashire County Council Adult social care - winter preparations

The Chair welcomed Sue Lott, Head of Service Adult Social Care Health, Sumaiya Sufi, Quality Improvement and Safety Specialist and Abdul Razaq,

Consultant in Public Health to the meeting. The Lancashire County Council staff were invited to present a report detailing the support that had been provided to adult social care providers and the Adult Social Care Winter Plan. Lynsey Davies-Coward from Willowbrook Homecare and Martin Layton from Caritas Care were also in attendance to provide feedback to the committee on their experience of county council support during the initial stages of the pandemic.

The following information was highlighted with regard to support provided to adult social care providers:

- Support had been given to (in the region of) 600 adult social care providers including care homes, home care agencies and supported living providers. The support included welfare calls to check they had the information required, along with sufficient food and medication supplies. Providers were also offered access to a financial assistance scheme for COVID-19 related costs. In addition, a not for profit organisation was commissioned to offer a package of emotional and wellbeing support.
- As the information, advice and guidance from central government was changing rapidly, it had been necessary to provide regular timely communication and this was disseminated via a weekly webinar, attended by the council's infection control team and a newsletter. Bespoke webinars responding to requests from providers were also arranged. All information and webinars were uploaded to a custom-made website, along with education tools to enable providers to train staff. This support continued to help providers manage new outbreaks.
- Challenges faced included courier collection of tests and delays receiving test results and this had been escalated to establish a resolution. Repeat testing was in place – weekly for staff and every 28 days for residents.
- A council managed temporary staffing agency was available for providers encountering staff shortages due to self-isolating and sickness absence.
- The council also sourced personal protective equipment when needed and the service had received feedback stating that this support had helped providers to manage the pandemic and remain confident that provision of services could continue. The team continued to work with the Lancashire Resilience Forum to ensure personal protective equipment needs could be met.
- As lockdown restrictions eased, some care homes had been reluctant to change the constraints in place regarding visiting. Lancashire County Council had worked with care homes to provide guidance and resources regarding how to make visiting safe to support infection control.

The private social care providers in attendance made the following comments:

- Lancashire County Council had been instrumental in allowing providers to sustain vital services during this challenging time. Particularly in the areas of training, personal protective equipment provision, communication and financial support.
- Government guidance had centred on care homes, therefore the Lancashire County Council portal had been an invaluable single point of access for providers of domiciliary care. It was emphasised that multi-disciplinary teams were available to support outbreaks in assisted living settings. In addition, domiciliary care providers didn't qualify for home testing and the council had supported providers in accessing tests.
- Personal welfare calls and mental health support had been beneficial as there had been an increase in the levels of anxiety and depression in the care team.
- Concern was expressed regarding the ongoing staff testing and the lack of clear guidance and continuity of information as providers were preparing for the winter period.

In response to questions from members the following information was clarified:

- The council had been reassured by the Department of Health and Social Care that all care homes, including those for younger people with disabilities, would be prioritised for testing and receipt of results. The Director of Public Health, Local Resilience Forum and the North West Association of Directors for Adult Social Care, promoted local government issues at a national level to improve the challenges around access to testing.
- The council would continue to support providers throughout winter and was exploring how the current processes in place could be incorporated in the longer term. Information gleaned from welfare calls to providers would help the team to focus support in the most effective way. Care providers at the meeting, emphasised that business continuity plans had been prepared with their contract manager at Lancashire County Council to prepare for the impact of the winter period.
- Healthwatch Lancashire would be publishing a further report regarding the experiences related to the management of the pandemic, of care home managers, staff, residents and family members. The survey identified areas for improvement, particularly for family members of those people in supported living and extra care facilities. Focus groups would be established to examine issues raised and how the council can support providers to improve experiences. Providers had also undertaken surveys with service users and had received an overall positive response. They were looking at implementing processes to improve in areas identified, such as managing service user expectations regarding consistency of carers allocated to service users.

A high number of staff and managers had responded to the survey, however this wasn't the case for residents, as had previously been the case when feedback was requested. The numbers of responses to the Healthwatch survey would be shared with members outside of the meeting.

- The team was unaware of any plans from the Department of Health and Social Care to carry out repeat testing for assisted care staff. However if this became an issue it would be raised with the Lancashire Resilience Forum.

The following information was highlighted with regard to COVID-19 testing in Lancashire:

- Testing was carried out in regional testing units (RTU), mobile testing units (MTU) and local testing sites (LTS). As an interim measure, five community testing stations had been set up in the Preston, Hyndburn, Burnley and Pendle areas, which had carried out approximately 20,000 tests since inception at the end of July. There had been a recent surge in local demand, which had resulted in a lack of workforce, long queues and the supply of testing kits being exhausted. It was intended that these stations would be phased out and replaced by 14 fixed local testing sites across all 12 districts in Lancashire (plus one in Blackpool and Blackburn with Darwen) increasing to two in each by December. This was a national initiative and the request was awaiting Department of Health and Social Care clearance.
- The kits used at the community testing site were intended as a temporary measure and test results were reliant on local rather than national systems. Results were returned within 2-3, occasionally 4 days. For comparison, currently 3% of national test results were returned within 24 hours and 24% within 48 hours. Discussions were underway to prioritise testing for high risk areas – currently Preston and Pendle. It was anticipated that the community testing stations would move from a 7 day operation to 5 days, in response to the limited number of kits available and to aid the resilience of staff who were working under intense pressure from members of the public. There had been incidents of inappropriate usage at the community sites, for example, people requesting tests before going on holiday, for employment checks or before attending hospital. This was largely due to the national unavailability of tests. Approximately 5-600 tests were being carried out per week and this had risen to 1500 across all sites on 15 September 2020. It was emphasised that the sites were not designed to support the unavailability of national testing appointments.
- The national trace positive contact system involved contacting those who had tested positive and asking them to provide details of those they had been in close contact with. Local areas were supporting the national system if they were unable to contact positive cases within 24 hours. Pendle was the first district to participate and Hyndburn, Burnley, Blackpool and Preston now also supported this with trained contact tracers. Currently the national contact tracers had been unable to contact 23% of positive cases in Lancashire. Reasons for this included incorrect details being held or a lack of response.

Lancaster and West Lancashire districts were in the process of training contact tracers, which would take two weeks. Once contacted, people who had tested positive were provided with welfare and self-isolation information and asked to provide details of their close contacts. This information was then fed back into the national system. Every positive case required 10 – 12 contacts and there was not enough local resource to accommodate this considerable task. No assurance had been given from central government that they would provide dedicated staff for a fully localised test and trace support system.

Members emphasised that a fully localised test and trace system was crucial for it to be fully effective, as local tracers would have the benefit of local knowledge when contacting people.

- A key component of winter preparation was the flu immunisation programme and this year would include additional vulnerable groups, including those living in long stay facilities, those who were shielding and health and care staff. Additionally, any surplus vaccine would be offered to people aged 50-64. Uptake of the vaccine was being widely promoted to ensure the maximum number of vulnerable people and those that care for them received the vaccine.

In response to questions from members the following information was clarified:

- Each district area had a COVID-19 prevention business continuity plan within their overall management arrangements.
- The walk-in community testing stations were seeing a surge in demand due to the unavailability of tests at the national testing stations which were by appointment only. Supply of testing kits for community testing stations were constrained as this type of testing station was only established as a stop gap until local community stations had been setup. It was confirmed that the testing station at Preston had exhausted their supply.
- Members commented that long queues, unclear messages about who should be attending community testing sites, who should self-isolate/be tested if a pupil within a school bubble tested positive and messages regarding a shortage of kits were discouraging people to come forward for testing. In addition, low numbers of the Black, Asian and Minority Ethnic communities were presenting for tests.

It was clarified that the county council's Head of Service for Communications, regularly sent out public updates. A new communication was imminent that addressed many of the points raised regarding the usage and prioritisation of testing and was awaiting approval from the Director of Public Health. Additionally significant amounts of work had been undertaken to heighten awareness across Black, Asian and Minority Ethnic communities and to encourage vulnerable groups to come forward for testing. Data regarding the ethnicity of those coming forward was tracked weekly and patterns varied widely over time and by area. The Lancashire Resilience Forum continued to

promote a consistent message that all communities should come forward for testing. The national message that those who were asymptomatic should not present for testing did not apply to Lancashire's areas of intervention - Preston and Pendle. However demand was exceeding supply of kits and staff at community testing stations could not compensate for the lack of availability at national testing sites.

- There were no plans to open a community testing centre in Rossendale.
- Clarification was being sought as to whether mobile testing units and local testing sites would prioritise local people. The Department for Health and Social Care had assured the Local Resilience Forum that this would be the case, however this was inconsistent with the public experience.
- A national research programme that was part of a study led by Imperial College London was sampling communities to check the prevalence of the virus to understand how and to what level, the virus was circulating around local communities.

Resolved: That

- 1) The report as presented, be noted.
- 2) The committee endorse the work of the Adult Social Care team in supporting providers during the COVID-19 pandemic and in developing the Winter Plan, to ensure the authority continues to meet its statutory duties under the Care Act (2014).
- 3) The committee support the establishment of devolved local test, trace and contact system to be included in the Winter Plan.

7. Report of the Health Scrutiny Steering Group

The committee considered a report providing an overview of matters considered by the Health Scrutiny Steering Group at its meetings on 22 June and 15 July 2020.

Councillor Margaret France expressed that as a member of the Council of Governors for the Lancashire Teaching Hospitals NHS Foundation Trust and a member of the Our Health Our Care Stakeholder Reference Panel, there may be a conflict of interest if she were to be confirmed as a member of the proposed task and finish group to consider forthcoming proposals from the local NHS on the future of Chorley and South Ribble A&E. It was explained that Chorley Council's nominated substitute member for Councillor France could take up the seat instead or alternatively for the county council to write to Chorley Council to nominate a replacement member.

Resolved That:

- 1) The report of the Steering Group, as presented, be received.
- 2) The establishment of a task and finish group consisting of seven county councillors and the two co-opted members from Chorley Council and South Ribble Council to review the forthcoming proposals from the Our Health Our Care programme on the future of Chorley and South Ribble A&E, be agreed.

8. Overview and Scrutiny Work Programme 2020/21

Josh Mynott, Democratic & Member Services Manager, Legal, Governance & Registrars was welcomed to the meeting. Josh Mynott emphasised the importance of focussed and targeted work planning to improve outcomes and robust scrutiny and how this could be achieved by developing specific and detailed lines of questioning.

Members reviewed the topics listed for consideration by the Health Scrutiny Committee on the single combined work programme for all Lancashire County Council scrutiny committees.

Members requested that the following topics be included on the Health Scrutiny Committee workplan:

- An update on NHS 111 First in March 2021.
- A report from the Our Health Our Care task and finish group prior to May 2021.
- An update on Commissioning Reform in Lancashire and South Cumbria..
- It was confirmed that an update on suicide prevention in Lancashire would be brought to the November meeting. It was requested that this include information on resourcing and the appointment of district mental health and suicide prevention champions.

Resolved: That the items listed for the Health Scrutiny Committee on the single combined work programme be agreed subject to the inclusion of the matters requested and listed in the minutes above.

9. Urgent Business

There were no items of urgent business.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 3 November 2020 at 10.30am by means of a virtual meeting.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 3rd November 2020

Electoral Division affected: All Divisions

Lancashire County Council Adult Social Care Winter Plan

(Appendix 'A' refers)

Contact for further information:

Sue Lott, Head of Service, Community North and County Acute & Prisons (Adult Social Care)

Sue.lott@lancashire.gov.uk

Executive Summary

The report provides details of the Lancashire County Council Adult Social Care Winter Plan for 2020-21, and the additional capacity that will be mobilised to meet the anticipated demand.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the report.
2. Support the ongoing work of Adult Social Care to ensure vulnerable people who need social care support across the winter period and continuing pandemic, receive the right support the right time.
3. Formulate any recommendations for improvements to the Winter Plan for consideration by Cabinet for its scheduled meeting on 5 November 2020.

Background and Advice

Adult Social Care has published an annual winter plan for the last 5 years. The Winter Plan for 2010/21 will be considered by Cabinet when it meets on 5 November 2020 and copy of the plan is set out at appendix A.

This year, the Adult Social Care plan has required the Council to take account not just of typical winter pressures, but also the added challenges that are still evident across the social care sector from the first wave of the COVID-19 pandemic, dealing with the 'second wave' and preparing for any further spikes which may occur in the months ahead.

In addition, local NHS organisations are working hard to restore services that were paused during the earlier phases of pandemic, such as orthopaedic operations, which will bring greater demand to social care.

Ensuring the stability of the care market and the sufficiency of care and support services remains of paramount importance and is a critical part of this winter plan.

The Plan sets out the actions adult social care will take across winter. It also sets out the additional services that are being established to support more people to return directly home from hospital when they no longer need to be there, or for people to remain in their own home and avoid an unnecessary hospital admission.

The Winter Plan also sets out how risks will be managed and the contingencies that will be in place during times of enhanced pressure.

The plan also notes the recent requirement for Local Authorities to identify designated care settings for people discharged from hospital who have a COVID-19 positive status, and the significant challenges this brings for all areas including Lancashire.

The Adult Social Care Winter Plan sits alongside and is interdependent with local NHS winter plans of each of the Integrated Care Partnerships (West Lancashire, Pennine, Fylde Coast, Morecambe Bay, Central Lancashire) and with the Lancashire and South Cumbria Integrated Care System level. It also aligns with the national Adult Social Care Plan and the requirements set out within it.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The Winter Plan will be subject to monitoring through the Lancashire County Council Winter Board to ensure its full delivery and the achievement of key outcomes.

Financial

The need to respond to the Covid-19 pandemic has seen the suspension of the Advancing Integration governance arrangements in Lancashire, where relevant financial discussions would have previously taken place.

To enable decisions to be made on the allocation of the Winter Pressures grant and the additional Covid Grant monies, the Out of Hospital cell of the Lancashire & South Cumbria NHS Command & Control Structure has been used as it contains the required level and breadth of NHS and social care representation.

That body has agreed the plan for the use of the Winter Pressures grant and the Covid grant monies, with a continued emphasis on increasing capacity in core community/intermediate care services and doing all we can to support people to stay or return to their own home.

The planned spend on additional staffing and externally commissioned services is:

- Covid Grant £4.772m until 31st March 2021
- Winter pressures grant £3.0m from 1st April 2021

There is a potential need for a further £4.3m for the continuation of these services until September 2021. This is to be considered further.

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

Paper	Date	Contact/Tel
None		
Reason for inclusion in Part II, if appropriate		
N/A		

Appendix 'A'

Lancashire County Council Adult Social Care Winter Plan 2020/21

Author: Sue Lott, Head of Service

Date

Version: 1



Document Version Control

Version	Issue Date	Changes from Previous Version	Approver's Name	Approver's Title	Sent To	Date Sent
V1	29.9.2020				Louise Taylor, Ian Crabtree, key subject experts	29.9.2020
V2	5.10.2020	Updated with comments /amendments			Directors, Finance, key subject experts	5.10.2020
Final (V2a)	14.10.2020					

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1. Introduction

Winter planning is a necessary and critical part of business planning in order to set out business continuity and managing major areas of risk during what is typically a more pressured part of the year.

This year, planning has required the Authority to take account not just of typical winter pressures, but also the added challenges that are still evident across the social care sector from the first wave of the COVID-19 pandemic, alongside ensuring readiness for a second wave or further spikes. Combined with this the NHS have targets to meet as part of its post COVID restoration work (commonly known as 'phase 3 planning') which will also bring greater demand to social care. Ensuring the stability of the social care market and sufficiency of care remains of paramount importance and is a critical part of this winter plan.

The Lancashire County Council Winter Plan for Adult Social Care formally comes into effect from 1st October 2020 and will run until the 31st March 2021. To shore up the ability of Adult Social Care to respond to the ongoing pandemic, several elements of this winter plan are in place prior to the official commencement date and will also need to continue beyond the end of the winter period. The plan aligns to both local Integrated Care Partnership (ICP) and Integrated Care System (ICS) plans, as well as the national Adult Social Care: Our COVID-19 Winter Plan for 2020-21. The National Social Care Task Force published its report on the 18th September 2020, and where relevant, this winter plan incorporates recommendations from it.

This winter plan sets out the measures that Lancashire County Council are taking as part of collective planning across the ICS to ensure high quality and responsive services that enable people to maximise their independence, leave hospital as soon as they no longer need a hospital bed or avoid an unnecessary admission, and remain living in their own home for as long as possible. It also sets out the measures being taken to support the care market to be as resilient as possible across the winter months and during the pandemic, and the work underway to restore social care services in a safe and COVID secure way, which had been paused during the first wave of COVID-19.

When systems are under pressure it remains important to collaborate to make best use of public funding and to reduce duplication, and Lancashire County Council will continue to plan with partners to ensure that these principles underpin our collective response to winter resilience.

The LCC Adult Social Care Winter Plan version 2, dated 1st October 2020 has been signed off by the Adult Services Senior Leadership Team and shared with relevant managers and staff within the Council. In accordance with the national Adult Social Care: Our COVID-19 Winter Plan 2020/21, Lancashire County Council have written to the Department of Health and Social Care confirming we have put in place a winter plan and have either undertaken actions or are continuing to work with care providers across Lancashire in order to receive the second instalment of the Infection Control Fund.

The range of measures and actions set out in the plan and delivery against it will be monitored on a regular basis by the LCC Adult Social Care Winter Board, which will also agree mitigating actions where required.

A copy of the Lancashire County Council Adult Social Care winter plan will be forwarded to each of the 5 A&E Delivery Boards for inclusion in the system wide winter planning and delivery reporting.

Any significant amendments will be communicated via the issue of a new version

2. National and Local Planning Context

In addition to the usual considerations of winter and the extra demand that the time of year places on social care, there are a number of additional factors, risks and reports that have been taken into consideration and influenced the planning for this year.

These include:

COVID-19 – all the additional pressures that delivering services in the context of COVID-19's continued presence creates for LCC, the NHS and social care providers;

National Social Care Action Plan (15.4.2020) - This plan set out a range of measures for Local Authorities to ensure a response to, and which were aimed at

1. controlling the spread of infection
2. supporting the workforce
3. supporting independence, supporting people at the end of their lives, and responding to individual needs
4. supporting local authorities and the providers of care

National Adult Social Care Winter Plan (DHSC 18.9.2020) – this plan sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. It incorporates many of the recommendations set out in the national Social Care Task Force report as well as building on the learning and the work undertaken by Adult Social Care across the pandemic so far.

The key elements of the plan include:

1. Confirmation of the continuation of the Infection Control Fund, with an additional £546 million being allocated 'to support providers to stop all but essential movement of staff between care homes to prevent the spread of infection' – including payment of staff who need to self-isolate.
2. The provision of free Personal Protective Equipment (PPE) for 'care workers and people receiving social care' until 31st March 2021 for all Care Quality Commission (CQC) registered adult social care providers (via PPE portal and Local Resilience Forums (LRF)) and a commitment to also support the wider PPE needs of the sector (via Local Authorities).
3. The appointment of a new national Chief Nurse for Adult Social Care to provide clinical leadership to the social care nursing workforce, and who will work alongside the national Chief Social Worker.
4. Proposals for a strengthened monitoring by CQC jointly with Local Authorities where there are concerns for safety or quality.
5. Development of a designation scheme with CQC to designate premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result
6. Make available for free and promote the flu vaccine to all health and care staff, personal assistants and unpaid carers
7. Publish the new online Adult Social Care Dashboard which brings together information from a range of existing sources to give visibility of real time data at a national, regional and local level

National Social Care Task Force Report (18.9.2020) – this report summarises the work and recommendations of the Social Care Task Force which was set up to

consider the needs of the social care sector across winter and beyond in the response to COVID-19. It was supported in its work by 8 advisory groups looking into specific areas of care. The final report sets out the critical requirements in increasing resilience in the social care sector at a national, regional and local level and actions that are required to enable people who need social care support to live as safely as possible, whilst maintaining critical contacts and activities that support their health and wellbeing.

NHS Winter Planning – the NHS have this year been required to submit, in collaboration with key partners at ICP/MCP and ICS levels, winter planning templates that set out key risks and actions to be taken in respect of Demand, Capacity, Workforce, Exit Flow and External Events.

NHS Phase 3 Planning & Restoration of Services - the additional mandate that came to the NHS in July 2020 on how to prepare for the rest of the year, including a return to normal in community health services and a catch up on treatments and operations delayed from earlier this year

Hospital Discharge Service: Policy and Operating Model (21.8.2020) – sets out a nationally mandated discharge process and set of discharge pathways that require people to leave hospital within the same day that they no longer have a 'reason to reside' in a hospital bed. This will improve the safety of individuals and the resilience of community services if people spend as little time as possible in hospital, but presents challenges in ensuring people are discharged to the right service for them, at the right time.

Local NHS Hospital Bed Deficits – local bed modelling shows an anticipated significant bed deficit to meet the demands of winter and COVID-19, and winter planning needs to provide mitigation for this.

Workforce – requirement to consider recruitment and retention both for new or expanded services, along with the resilience and wellbeing of staff which could further impact on already fragile services. Issues such as vacancies, absences and high turnover not only lead to a higher risk of infection transmission, but also mean that capacity is at greater risk of being insufficient to respond to need during the height of the winter.

Funding - there is a funding shortfall in what's required to deliver the additional capacity. Proposals have been shared with the ICS regarding system support to this, plus the continuation of essential Improved Better Care Fund (iBCF) funded teams for a further year

Market Stability / Sufficiency / Suitability - responding to uncertainties in how the care market may operate in the months ahead, and the difficulties in reliably estimating demand and capacity in the context of so many other variables

Mental Health – demand for mental health services is already growing in the aftermath of the COVID-19 peak. Winter and the other pressures listed here are likely to add to that demand both for in-patient services, for safe and speedy discharges and for community services.

Working to Reduce Inequalities – we know that the virus has had a disproportionate effect on people from some minority ethnic backgrounds and with certain health conditions and disabilities. People in some care settings have been disproportionately affected in terms of face to face contact with their loved ones and many people have not been able to access their usual support settings and networks. Our aim is to support communities to minimise the risks of transmission of the virus, whilst reducing inequalities in the impact the COVID-19 restrictions has on people who need health and social care support.

Lancashire County Council Social Care priorities – areas where improvements or opportunities have been identified that will make a difference to performance or financial controls. Restoration of paused services such as Day Services, and work to ensure the resilience of social care delivery.

Restoration of Continuing Health Care (CHC) processes – these were suspended from the 19th March 2020 as part of the national response to the pandemic, but they are now being restarted which will have implications for the social work workforce too, as the backlog is tackled and the speed of decision making is expected to quicken. Getting this right has benefits both to individuals, the care market and also to LCC budgets. Getting it wrong could lead to poorer outcomes for people, additional pressures on the market and a potential pressure on the Adult Social Care budget.

Brexit - it is unclear at this stage just how severely the health and social care system may be affected by Brexit. It's most likely direct impact on social care is a loss of some workforce capacity, however we know that Lancashire is likely to be at lower risk than some other parts of the UK. Its impact on the NHS workforce and on essential supplies is potentially greater if contingency and resilience plans are not successful, and this could have a knock on impact onto social care in terms of additional demand.

We have worked in collaboration with key partners to develop our winter plan, including the NHS, the 3rd Sector and providers across the care market. In turn, we have collaborated with the NHS and key partners in the development of the ICP and ICS system plans. Our adult social care plan is not limited to only those people who receive Local Authority funded care, but also ensures that key actions apply to those who fund their own care. We have also detailed the support offered to informal carers.

Across the winter period and beyond we will continue to work closely with partners, in particular the care market to ensure that relevant advice and guidance is promoted through the fortnightly provider webinar and implemented, and where appropriate localised flexibility is applied.

Responding to and managing the impact of COVID-19 remains of critical importance across the winter period and into 2021. The Lancashire Local Outbreak Management Plan is in place to take actions and support the containment of COVID-19. To minimise the risks of transmission of the virus when moving from healthcare to and between social care settings, an Admissions Policy is in place, endorsed by the Lancashire Local Resilience Forum (LRF). The Policy sets out that individuals must be tested prior to hospital discharge and only where a provider indicates they can safely isolate the person should they be discharged into the preferred social care setting. The Admissions Policy is regularly reviewed and updated in response to new guidance and Infection Prevention considerations.

3. Aims and Objectives

The aims and objectives of the Lancashire County Council Adult Social Care Winter Plan are:

- To ensure that the Lancashire Adult Social Care Winter Plan meets the requirements of the national Adult Social Care COVID-19 Winter Plan
- Ensure the provision of social care services, of a sufficient volume and quality, and that have a focus on maximising independence are in place across the winter period
- To maximise adult social care resilience and support wellbeing, both across the care market and in the Lancashire County Council adult social care assessment and support teams
- Identify, mitigate and minimise risks across the social care system, and work collaboratively with partners to reduce risks across the ICS
- Ensure that people are supported in a safe and COVID secure way, with the right services available in a timely way
- Ensure that a 'home first' focus is maintained throughout all decision making at individual and wider commissioning levels
- Maintain a balance between reducing the risks of the virus and responding to the need for people to receive care and support
- Ensure high quality care and support is designed, commissioned and delivered in a way that upholds peoples' dignity and affords choice and control
- Wherever possible, to ensure care will be provided in a way that supports people to remain connected with families and loved ones, supports emotional wellbeing and reduces loneliness
- To put into practice locally, the recommendations of the Social Care Taskforce
- Have due regard and take relevant actions in relation to individuals and communities who may be more susceptible to the transmission of COVID-19
- To continue work to identify and minimise inequalities across the health and care system

The following sections highlight the activity/work taking place across a number of key areas to meet the aims and objectives stated above.

4. Preventing and Controlling the Spread of Infection in Care Settings

Significant work has been undertaken locally and continues to be in place to prevent and underpin the control of the virus across care settings.

Provider Engagement & Guidance

Fortnightly webinars are held with all care providers across Lancashire where amongst other key messages, relevant information is shared in relation to Infection Control and COVID-19 Testing guidance and procedures. This information is delivered by subject matter experts from Public Health, and questions raised by providers are responded to and placed on the provider portal for reference purposes.

Guidance has been issued to Care Homes based on national data and information in relation to enabling COVID safe visiting for residents. A localised visiting policy for professionals has also been developed, and is used to minimise footfall into care

settings and ensure all protection measures including risk assessments and use of PPE are in place.

Our Lancashire Local COVID19 Outbreak Management Plan sets out how we will prevent and manage coronavirus cases and outbreaks in the county, including in high-risk settings such as care homes, as well as workplaces and schools. The plan sets out the definitions of outbreaks, actions that will be taken, and support that will be offered to vulnerable people as part of the outbreak management. The plan has been shared widely, and is publically accessible via the LCC Coronavirus webpage.

Information is shared regularly from the Lancashire Health Protection Board with relevant teams in adult social care who are managing the response to provider resilience, COVID incidents and outbreaks.

Outbreak Support Team

Recognising that the challenges of the pandemic are likely to continue through winter and beyond, the Quality, Contracts and Safeguarding Adults Service has recently organised the Covid Outbreak Support Team to assist providers to manage their COVID-19 incidents/outbreaks as effectively as possible, and provide support throughout their recovery. The team work closely with the county council's Infection, Prevention and Control team and NHS partners.

Aligned to this, the county council commissioned My Home Life to deliver wellbeing support to care homes, many of whom suffered excess loss of life during the early stages of the pandemic; we are continuing to explore how we can progress to offering this support more widely.

In each ICP, Outbreak Control Groups are in operation across health and social care, ensuring a coordinated response to prevention and outbreak control that is bespoke to the needs of each care setting.

Testing

Locally, NHS partners have delivered training to all Care Homes in relation to swabbing staff and residents. Care Homes are able to request additional support or refresher training where required.

Testing is a vital part of ensuring the prevention of transmission of the virus and in managing outbreaks, and all eligible care settings are encouraged to register with the national portal to receive the testing kits and ensure that they follow the testing strategy.

Workforce

The importance of restricting the movement of staff between Care Homes, along with a range of workforce measures to limit the transmission of COVID-19 has been shared with providers. The 1st tranche of the national Infection Control Fund (c £16m) which was passported directly to providers by the Council, set out further requirements to be met in order to receive and use the monies to support the prevention and management of COVID related challenges. The extension of this fund with a second tranche (c£14M) under the national Adult Social Care Winter Plan is welcomed, and will be similarly distributed to care providers in line with the regulations.

All providers have in place business continuity plans that many have enacted at times during the first wave of the pandemic, and will continue to do so during the winter period if needed.

As part of the initial COVID-19 response to the needs of Care Homes, the Lancashire Temporary Staffing Agency (LTSA) was formed in April 2020 by the Council, to support the resilience of the Care Homes where they had sudden staffing gaps due to COVID related absence. In recognition of the continuing fragility of the care sector, Lancashire County Council has taken the decision to continue this additional capacity until at least 31st March 2021 at a current cost of around £50,000 per month. The LTSA at one stage had approximately 140 staff, however as people have started to return to their usual jobs or back to University etc, we are now about to commence a further round of recruitment to shore up capacity for the winter period. So far, we have supported more than 30 Care Homes across Lancashire through the LTSA, and ensured safe services could continue. In compliance with effective infection control, staff require a negative test result before being deployed into any Care Home requiring additional support.

Personal Protective Equipment

The provision of PPE remains of critical importance and Care Home and Homecare providers have been encouraged to register with the national portal to obtain free supplementary supplies. The extension of this scheme until the end of March 2021 is set out in the national Adult Social Care Winter Plan, along with the plans for PPE to be provided via the LRF or Local Authorities to other care providers not eligible for registration on the national portal. Lancashire already has arrangements in place to monitor and distribute PPE to personal assistants operating under Direct Payments.

Designated Settings – Winter Discharges

On the 12th October 2020 the Department of Health & Social Care notified Local Authorities of the requirement for designated care settings for people discharged from hospital who have a COVID positive status. The requirement applies to people being discharged into or back into a registered care home setting across the winter period.

The requirement applies to residential and nursing homes for older people, people with dementia and people with a learning disability, mental health and/or other disabilities. Local Authorities are directed to work with the Care Quality Commission to identify local designated accommodation and work to assure their compliance with the Infection Prevention Control protocols.

The requirement for designated settings for people who have a positive COVID-19 test presents significant challenges for health and care organisations, not just in Lancashire but across all areas. The Local Authority has commenced this work with the Care Home providers, the Care Quality Commission and the NHS locally.

5. Flu

As we move into the winter period, the prevalence of flu increases. The ability to implement a successful national vaccination programme will be more important than ever.

In addition to the national programme, LCC will be undertaking an annual workforce programme to increase staff protection via the offer of a free flu vaccination; the programme will be extended out to all staff(except mainstream schools teaching staff

where different arrangements apply) to ensure essential services are unaffected over the winter period

All staff across Adult Social Care have been encouraged to take up the seasonal flu vaccine to support keeping our teams well over winter.

Local authorities have a responsibility to provide information and advice to relevant bodies within their areas, to protect the health of the population and the Lancashire County Council Flu Team provide this advice and support along with other actions to increase uptake of the vaccine.

This year, the community pharmacy seasonal influenza advanced service framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit to increase uptake rates and reduce footfall. The Council are working closely with the NHS locally to ensure that flu vaccinations reach the widest audience including more difficult to reach communities. A joint communications campaign has been developed and will be shared widely across a range of platforms.

6. Service Capacity and Expansion

Work has been undertaken to identify the range of COVID-19 response actions that need to continue and extend across the winter period and beyond, plus new or expanded service capacity to meet the social care demands of the continuing pandemic and the winter period. (See **Appendix A** for consolidated table and breakdown of costs of additional winter capacity)

These include:

Consolidation / continuation of existing iBCF funded teams

We continue to use the iBCF to fund staffing and services that ensure we can provide essential functions including Mental Health Act assessments on a 24/7 basis, effective hospital discharge and admission avoidance, and intermediate care triage, allocation and case management. Funding arrangements are in place to continue these essential teams and services through to March 2022.

The iBCF funded teams/services agreed for continuation are:

Mental Health – continuation of 24 hour AMHP service and Integrated Discharge Service

Intermediate Care (ICAT and CATCH) and D2A assessment services – continued funding of social work, occupational therapy and care navigation posts

Promoting Independence Team – continuation of this team which undertakes a range of cross cutting work to address pressures and deliver budget savings

Crisis & Reablement Hours

An additional 1,600 crisis hours per week for winter and beyond if required, have been identified that support people to remain in their own home who are at risk of hospital or residential care admission without urgent support. The support is provided for up to 72 hours and can be anything from a one-off hour to continuous support.

An additional 2,700 'Home First' crisis hours per week for winter and beyond if required, have been identified that will support more people to leave hospital and return directly home as soon as they no longer need to be there. The home first hours are used to support discharges with and without therapy input, and support people for up to 5 days where formal support is required to recover, with the assessment for onward support taking place at day 3.

An additional 3,000 crisis hours per week and beyond if required, have been identified to enable Adult Social Care to offer enhanced support to those people who have more complicated urgent social care needs and would otherwise be facing an unnecessary admission to a Care Home. The additional hours will enable people to remain in their own home for longer, plus where appropriate they will also enable more rapid hospital discharge and reduced length of stay.

An additional 57 Reablement places per week for winter and beyond if required have been identified in anticipation of more people being discharged from hospital more quickly as part of NHS phase 3 restoration, plus the continuing effects of COVID-19. As the demand on community services grows, the need to maximise peoples' independence becomes ever more critical, and the enhanced service provision may well be required on a long term basis as per the ICS Intermediate Care Review.

Roving Nights Service

An additional 3 'shift runs' per night for winter and beyond if required, have been identified to provide care visits throughout the night for people who have needs but no need of continuous contact throughout the night time period. The service supports people who have more complicated care needs to return to, or remain in, their own home for longer.

This additional capacity could support between an additional 60 - 126 people per week dependent upon care needs.

Residential Rehab/Community Beds

Across the county there are 115 residential rehab/community beds, providing 24hr bed based rehabilitation for people who need a higher level of care and support to achieve their optimum independence. These beds are sited within existing Care Homes, and are provided via the Lancashire County Council Older Peoples' Service working in partnership with NHS community services who provide the therapy services to facilitate rehabilitation.

Additional care staff capacity has been identified for winter and beyond if required, to enable the service to maximise the use of the beds and safely meet the needs of increased volumes of people with more complicated needs and who require support overnight.

A trial referral management service is also proposed across the next 12 months, which sees a dedicated centralised triage function for the countywide residential rehab services. This will enable faster responses to referrers, focussed accuracy checking of information in relation to needs, and free up the Registered Care Home Managers to focus on other critical tasks.

Care Provider Resilience

Within the plans for winter, additional management capacity is costed to support the Crisis and Reablement providers. This is in relation to the increased volume of hours

to be coordinated and rostered, plus link in with and provide feedback to social care assessment teams on increased volumes of service users.

The proposal will also support the crisis and Reablement providers to be able to shore up their management capacity to operate more robustly across 7 day working. This will support both the requirement to deliver a more rapid discharge process and enable people with urgent social care needs to be supported in their own home rather than an unnecessary admission to hospital or a care home, thus freeing up services for people who need that level of support.

The continuation of the Lancashire Temporary Staffing Agency will continue to support the resilience of care homes, in particular where there are staffing gaps due to staff sickness, or in the management of COVID-19 outbreaks.

The Quality, Contracts and Safeguarding Adults Service continues to support providers across a wide range of pandemic related areas, and additional staff are detailed in the winter plan to bolster this service. The service has also developed a specific covid-19 provider failure plan which can be initiated should services be at risk of not being able to meet people's care and support needs as a result of the pandemic. This bespoke provider failure plan is supplementary to the existing plans in place which supports the county council's responsibilities under the Care Act and has been stress tested by the Military.

Providers also receive a daily call from the council where they are asked a range of questions including their PPE status, the staffing capacity and any new or suspected cases of COVID-19. They are also asked how they are managing and whether any additional support is required. This information is shared with contract management teams within the service to follow up and ensure that providers receive the information, advice and guidance they need, linking in to relevant support pathways where necessary.

The government has made available to care providers a grant (with conditions) to support infection control. The funds will be administered by the council, with the period covered by the grant ending March 2021.

Hospital Aftercare Service (Age UK)

The Hospital Aftercare service is present in each Acute Trust across Lancashire, and works alongside discharge teams and NHS colleagues in the Emergency Department to support timely discharge for those people not requiring specialist transport or social care.

The service which is delivered by Age UK on behalf of Lancashire County Council includes "Take Home & Settle" (Tier 1) which provides support for up to 3 hours, and "Follow-up and Support" (Tier 2) which provides low level support for up to six weeks of up to 15 hours over the period.

The planned expansion for this winter and beyond if required, will support up to an additional 800 people per year.

Integrated Home Response and Falls Lifting Service

These services went live in October 2019 across Lancashire, and offer an alternative response to an Ambulance for people who have fallen within their own home and have no injury but need help in getting back on their feet or for those who receive LCC's or Blackpool Council's telecare service and require a wellbeing check. The

service aims to avoid unnecessary call outs of emergency ambulances to older and vulnerable people. Instead of being attended to by North West Ambulance Service (NWAS) the individual is visited by a response and lifting service, building on existing local authority telecare provision.

Up to the end of June 2020, the service responded to over 11,500 calls. Those are potentially visits which an emergency ambulance would need to respond to, if this service wasn't in place. Average response times for the service are just over 27 minutes, which is much better for the individual as they will wait for less time on the floor.

Workforce

Additional Social Work, Occupational Therapy and related social care assessment workforce have been proposed which will expand the capacity of a range of teams to support amongst other things:

- the rapid discharge of people ready to leave hospital
- assessments and reviews
- triage and facilitate admissions into intermediate care services
- support people to move through intermediate care services
- support providers with outbreak management and recovery, and respond to provider failure
- minimise delays in adult safeguarding work
- sourcing appropriate care in a timely way
- support to people who are homeless and at risk of COVID transmission
- meet the increased demand for 'single handed care' assessments

Mental Health

It is recognised, that as a result of the Covid-19 pandemic, the demand for mental health services is likely to increase further, due to both increased mental health prevalence within the population, as well as from suppressed access to mental health support during the lockdown period and continuing social restrictions. Additionally services both nationally and locally are beginning to see an increased acuity in first time presentations to our services. Adult Social Care teams and the 24/7 AMHP service work together with NHS partners to support to access the right treatment and support for their needs, in a timely way.

7. Collaboration across Health and Care Services

LCC Adult Social Care have worked together with the NHS and other partners on winter planning, risk mitigation and opportunities for mutual aid.

Hospital Discharge

The updated national Hospital Discharge Service Policy and Operating Model was published 21st August 2020. Work is underway to agree a standardised set of principles, pathways and an operating model for Lancashire and South Cumbria aligned to the national guidance that will enable people leaving hospital to experience the same process, receive the same information and have access to the same service opportunities on discharge. This work also includes developing and agreeing locally the financial arrangements that underpin the operating model.

The updated national model aims to keep people as safe as possible by putting in place pathways that enable people to leave hospital as soon as they no longer need an Acute bed. The expansion of the service capacity set out in the LCC Adult Social Care Winter Plan supports this aim by ensuring there is sufficient service capacity to enable this to happen in a timely way, in the majority of cases on the same day. The expanded services focus on enabling people to have period of recovery and maximise their independence. Planning and decision making at both an individual and commissioning level has a clear 'home first' focus.

In line with the updated guidance, people who are discharged with new or extended care are fully funded for up to 6 weeks. LCC and NHS staff work closely together to ensure that peoples' needs are assessed within that time, and longer term care needs are identified and appropriate support put in place

Care Settings

The Lancashire Admissions Policy is in use and followed by the Hospitals which ensure that people must be tested prior to discharge into a care setting. The Policy further sets out the requirement to communicate the results to the providers and confirm that they can receive the person and provide the appropriate isolation measures. As a health and care system we will be working together to support people to return to the home they were in prior to a hospital admission wherever possible, and avoid unnecessary disruption to their lives.

Adult Social Care are working locally with NHS partners and Care Providers to look at alternative safe options for people who need to leave hospital, cannot return home even with a high level of support and cannot be discharged to their chosen Care Home as the provision of appropriate isolation is not possible. We will also be working closely with the CQC in their role under the national Adult Social Care Winter Plan to designate premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result

Provision under the Enhanced Health in Care Homes framework is in place across Lancashire, with all Care Homes having been designated a clinical lead. Various arrangements are in place across the County under the framework including the sharing of health advice and information with Care Homes through local digital platforms, the provision of enhanced support through health Care Home support teams, the ability to provide GP consults via video technology and the clustering of Care Homes into designated Primary Care Networks.

Continuing Health Care (CHC)

National guidance on the restoration of NHS Continuing Health Care processes was issued on the 21st August 2020. The guidance outlines that from the 1st September 2020, the CHC process should resume with people who are eligible being assessed in the usual way.

The guidance also sets out the requirement to assess and review everyone who is currently receiving fully funded support through the national hospital discharge arrangements in place from 19th March – 31st August 2020, by the 31st March 2021. Additional funding has been made available nationally, and Adult Social Care are working closely with the NHS locally to agree additional workforce capacity, communications and joint processes to ensure everybody who needs an assessment has one by the deadline. We have approximately 2000 'deferred assessments' to undertake by March 2021.

Collaborative and innovative ways of undertaking the volume of assessments are being developed, including the use of Trusted Assessments and video consults to minimise any unnecessary visits to care settings.

Escalation and Resilience

Adult Social Care have worked with the NHS locally to agree daily reporting into the Escalation Management System Plus (EMS Plus) escalation system in place across the ICS. Hospital Discharge, and Intermediate Care Allocation Teams (ICAT)/Central Allocation To Care and Health (CATCH) teams will add their weighted team status into the dashboard each day giving visibility of capacity and pinch points. Work is underway to look at how service capacity for community intermediate care services such as crisis support and Reablement can be auto-uplifted into the dashboard each day from our existing systems, avoiding the need for additional manual input.

Sitting behind the escalation system is a set of action cards detailing the response of each organisation when any ICP reaches set standardised escalation trigger levels (OPEL 1-4).

LCC Adult Social Care have resilience and business continuity plans in place and have operated these across the pandemic so far. Care providers equally have these plans in place and many have enacted them in recent months. The Quality, Contracts and Safeguarding service work closely with care providers in ensuring plans are in place and appropriate business continuity actions are mobilised as required.

During the pandemic, LCC developed a Care Capacity Tracker and a daily contact process to further support the resilience of the care market. The information supplied by providers enables full visibility of pinch points and where urgent support is required, for example with PPE or new COVID infections. The tracker auto-uploads into the national tracker on behalf of care providers if they want us to do that, and the process has regularly ensured that the Lancashire data into the national tracker is the most complete nationally. Locally, the tracker enables a wider health and care system view of the care market, and high level data extraction is used as part of the ICS system resilience reporting.

8. Supporting people who receive social care, the workforce, and carers

Keeping people as safe as possible, whilst ensuring they get the social care and support needed is integral to this winter plan. Ensuring resilience across the workforce is critical to being able to assess for and deliver social care support.

Workforce

Across winter and the continuing pandemic, Adult Social Care continue to ensure that people receive timely social work and Occupational Therapy assessments, to get the right support at the right time. Additional staffing capacity has been identified to support the response to the anticipated increases in demand from hospital discharge and avoidance, safeguarding work, care sourcing and provider failure & outbreak management. This will minimise the need to pull on community teams who are working at full capacity. Business continuity and resilience plans are in place across all LCC Adult Social Care services.

7 day working is in place across Acute, ICAT, CATCH, Care Navigation and Approved Mental Health Professional (AMHP) teams, with the AMHP team operating a 24/7 service. Outside of core working hours, the Emergency Duty Team (EDT) responds to urgent situations.

As with previous years, annual leave is restricted across December and January to ensure 80% of the workforce is in work, with a minimum of 60% in work in-between Christmas and the New Year. The Acute, ICAT, CATCH and Care Navigation staff rostered to work across the Christmas and New Year period to support the hospitals are shared within each ICP. The response to hospital discharge continues to be a 7 day service, except for Christmas Day which is covered by the Emergency Duty Team.

LCC have put in place a range of measures to support the health and wellbeing of the Adult Social Care workforce. Information, help and advice is available on the intranet dedicated Coronavirus pages, and regularly updated. This includes information for example on COVID-19 testing, symptoms, answers to commonly asked questions, HR and Health & Safety guidance, risk assessments, working from home and mental health & wellbeing advice and resources. Staff are supported by their team managers and 1:1s have a focus on wellbeing. Fortnightly staff webinars are in place to ensure staff have access to important updates, and have the opportunity to ask questions.

The wellbeing and resilience of care staff and providers across the wider care market is equally critical. Providers have business continuity plans in place that contain actions to be taken in respect of winter challenges such as inclement weather alongside many other actions take in the continued response to the pandemic. LCC are further supporting potential capacity gaps across winter with the Lancashire Temporary Staffing Agency.

The national weekly testing programme is in place across Care Homes which supports the health and wellbeing of staff, and homecare providers have been encouraged to adopt similar regimes where they become available. The national Infection Control Fund has been used by care providers to support the control of the virus by enabling actions such as maintaining payments to staff who are needing to isolate, and other measures.

The fortnightly provider webinars set up by LCC during the pandemic will continue across winter, and these will continue to provide and interpret important information and updates along with answers to queries raised.

People Who Receive Social Care

A range of measures have been outlined in the plan to ensure sufficient care and assessment capacity is in place to support people across the winter period and beyond, given the continuing challenges caused by the pandemic.

The additional capacity and measures in place focus on people who need care and support being able to get the right care, in the right place at the right time. Care is provided in a safe way that helps prevent the spread of COVID-19, and upholds peoples' dignity.

Due to the continuing pandemic, additional restrictions may occur both nationally and locally on peoples' lives. Adult Social Care will continue to respond to and work

within, the required public health guidance in place at any one time to ensure that peoples' needs are met. Locally, the Director of Public Health will continue to review and issue guidance as required for care providers to be able to protect their services users with a balanced risk approach. This includes Care Home visiting policies and ways to ensure that people can remain meaningfully connected within the restrictions in place.

Adult Social Care are working through the re-opening of day services for adults with disabilities and older people, with both the LCC services and with providers across the wider care market. Services will be re-opened where possible and provide much needed support for people in a COVID-19 secure way. Where people need alternative services these are being sourced.

During the pandemic, Adult Social Care worked closely with Housing Authorities and NHS services to provide a coordinated response to people who are homeless or rough sleepers, ensuring that they had the support they needed to minimise the transmission of the virus and maintain their health and wellbeing. Work is continuing to look at the coordinated response across the winter period to enable people to get access to the care and support they need.

This winter plan sets out the range of actions and measures being put in place not just for those people who need Local Authority funded care including people who manage their care via a Direct Payment, but also people who self-fund their care and support. People who self-fund their care have access to the range of intermediate care services such as crisis support and Reablement, and to the fully funded 'discharge to assess' pathways operating out of the hospitals under the national guidance.

Carers

Unpaid carers make up a vital part of the support networks for people who need care, with many unpaid carers being the sole carer for their loved ones.

Our support for unpaid carers remains robust and resilient. During the pandemic Carers identified by the council receive regular welfare checks, guidance and support using a range of technological channels. We have provided carers with official letters from the county council so they can evidence their vital role and continue their hugely important work to protect and support the most vulnerable.

Support for carers that was previously delivered at drop-in centres or coffee mornings has now moved to online peer-support platforms and many carers have signed up for this type of online peer support, which includes social activities such as quizzes and information, advice and guidance on health and wellbeing.

There is a range of information available to carers both on the LCC website and also through Carers Centres. Where unpaid carers are approaching Adult Social Care for support in their caring role, specific Carers assessments are undertaken by local Carers Centres and where required formal support is provided to the cared for person.

9. Prisons

There are 5 male prisons within Lancashire, with varying degrees of social care demand. Winter resilience planning has taken place with the two social care providers

who are contracted to deliver support across the Prisons, to ensure that they have contingency plans in place to meet unexpected challenges.

Measures are in place to ensure that the men receive essential social care assessments and support even when tighter restrictions are in place as a COVID-19 prevention or outbreak response.

Adult Social Care are working closely with Prison Governors to ensure the delivery of social care to the men in custody mirrors as closely as possible the care and support they would expect to receive in the community.

A new 'Buddy' scheme is now in operation as a shared programme between the Prisons and Adult Social Care locally and the national organisation RECOOP, training a small number of prisoners to deliver some defined low level support, which enables those men receiving it to have greater levels of independence and emotional support.

10. Public Health

Affordable warmth

LCC works with the district councils to secure national Energy Company Obligation and other external funding through the [Cosy Homes in Lancashire](#) (CHiL) scheme for interventions such as first-time central heating, replacement boilers and insulation measures. CHiL can also offer a home visit that looks at the property, heating type and state of repair, energy usage and will provide support with fuel debt, fuel bills, switching energy supplier etc. Cosy Homes in Lancashire projects target those households living in fuel poverty and at greatest risk of their health being affected by having a cold home, particularly those recently leaving hospital, but also provides an offer of support to all households.

Crisis Support

Help with essential furniture items and white goods is available for those on a low income needing help to maintain or set up a home. Applications to the Scheme are made by an approved referral organisation via the [online application form](#). To support residents with fuel payments LCC works with the Energy Debt Team based at Citizens Advice Preston (who cover all Lancashire districts for this service) to provide discretionary awards for fuel tops ups as part of a package of wider advice and support provided by experienced energy debt advisors.

Welfare Rights

Following some changes, as from April 2020 the Welfare Rights Service (WRS) provides comprehensive and independent advice and assistance to Lancashire residents with appeal tribunal representation, comprehensive benefit advice for people over pension age, consultancy and training. Customers can access the service by referral from our referral partners i.e. any LCC service, other community services such as Citizens Advice, local councils, MPs, specialist nurses, mental health services and any other community service and organisations signed up as a referrer.

Further information on benefits and how to access the service can be found at <https://www.lancashire.gov.uk/health-and-social-care/benefits-and-financial-help>.

Contact is made within 10 working days or 2 working days for very urgent queries. During the current pandemic, arrangements are in place to undertake hearings and give advice remotely. The Welfare Rights Service is also developing an online training

program which can be accessed by LCC staff, other professionals and residents. A guide on how to complete a Personal Independence Payment form is currently available by registering on the LCC website and more courses and guides will be available shortly. The Welfare Rights Service uses social media (Facebook and Twitter) to keep people up to date with any relevant changes and information.

11. Winter and COVID-19 – Communications Arrangements

Winter

LCC has a dedicated 'Winter' page on the website delivering advice to residents such as how to keep warm and well plus information regarding travel, gritting and weather forecasts. Links are provided to partner sites including advice from the NHS and Lancashire Fire and Rescue. Between the 1st November 2019 - 31st March 2020 the site received 14,584 unique hits showing the importance and value of the provision of information to the citizens of Lancashire.

Helpful advice is provided on the site regarding how to prepare for inclement weather and advice around 'choosing well' with regard to accessing health services and not increasing unnecessary pressure on GP surgeries and Hospitals. Residents are encouraged to take up the flu jab, particularly if they are entitled to a free vaccination, and to encourage older or vulnerable friends, family and neighbours to do the same.

The LCC Winter site will continue to be updated with relevant information and advice throughout the winter period. During bad weather social media and press releases are used to remind people to take care and encourage neighbours to visit those who may be vulnerable living nearby. Key stakeholders are updated about the situation and any effects on service delivery.

Intermediate Care Capacity

Capacity and usage information regarding intermediate care services is circulated daily to key staff across partner agencies via the Lancashire County Council care navigation service. This gives critical information to help good decision making in supporting people to access the right services for their needs.

COVID-19

LCC has dedicated COVID-19 advice and information on the website, including the latest figures, health and wellbeing advice and where to access support, and also a myth-busting section to promote accurate information and help people make informed decisions.

The site includes information on prevention, self-isolation and the Test and Trace service, along with key information about Council services and how they are operating during the pandemic.

Information regarding the Community Hubs that were set up by the District Councils to provide support to vulnerable people during the pandemic, is detailed including direct links to their websites.

Appendix A – Table of Additional Service Capacity and Costs

Service	Approximate Number of People Who Could be Supported (per annum)	Half year cost to end March 2021) £	12 month cost £
Crisis (Home First, Crisis, Alternative to Residential)	Home First & Crisis Hours: up to 7000 people Alternative to Residential: up to 1250 people	3,226,600	6,453,200
Reablement	Up to 2,964 people	987,012	1,974,024
Roving Nights	Up to 3,000 people	116,967	233,934
Additional Social Workers (ICAT/CATCH/Reablement/Safeguarding/MH)	Required to meet demand	618,950	1,237,901
OT's	Required to meet demand	328,957	657,915
Increased Provider Leadership	Required to ensure timely response across 7 days	34,500	69,000
Additional Provider on-call	Required to ensure timely response across 7 days	22,500	45,000
SCSOs, Res Rehab referral management & Care Co-Ordination (G6	Required to meet demand	204,821	409,643
Additional Care Staff - res rehab	Required to meet demand	282,000	564,000
BSO	Required to meet demand	107,744	215,488
Additional Age UK Provision	Up to 800 people	105,000	210,000
Restoration of CHC systems and backlog	Required to meet demand	125,000	250,000
Total		6,160,052	12,320,105

Health Scrutiny Committee

Meeting to be held on Tuesday, 3 November 2020

Electoral Division affected:
(All Divisions);

Update on suicide prevention in Lancashire and South Cumbria

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

An update on suicide prevention activity across Lancashire and South Cumbria.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the update report.

Background and Advice

Included at appendix A is an update on suicide prevention activity across Lancashire and South Cumbria since this matter was last considered by the committee in December 2017 and its Steering Group in November 2019.

Chris Lee, Public Health Specialist, Lancashire County Council and Paul Hopley, Deputy Director ICS Mental Health, Lancashire and South Cumbria Integrated Care System (ICS) will attend the meeting and present on the key themes of the information contained within the slides at appendix A.

The Health Scrutiny Committee is asked to note and comment on the update 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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None

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee: Suicide Prevention 3 November 2020

Chris Lee, Public Health Specialist, LCC
Paul Hopley, Deputy Director - ICS Mental Health
Healthier Lancashire and South Cumbria

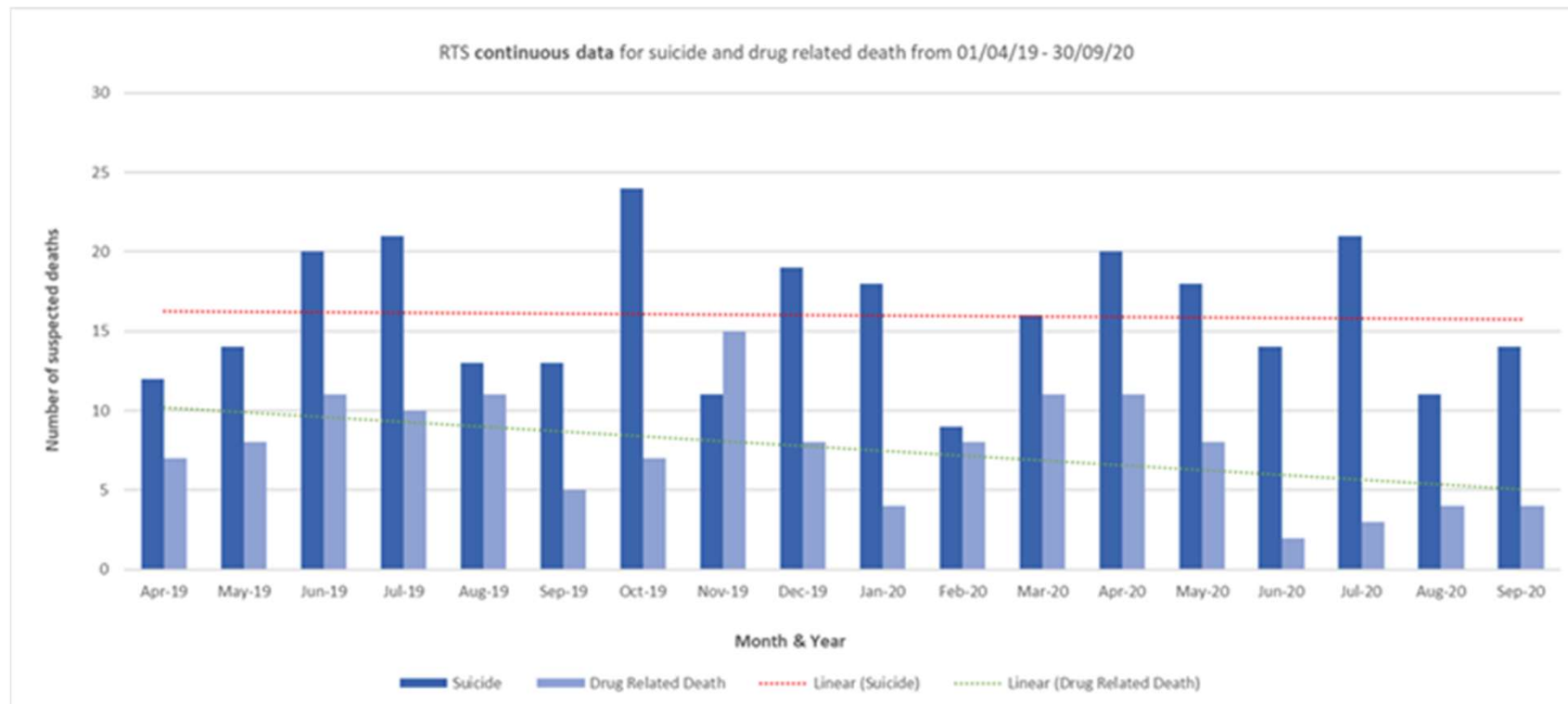
Contents

- 10 things everyone should know
- Trends and challenges
- Health Scrutiny recommendations
- LCC update on Suicide Prevention activity
- Lancashire and South Cumbria Integrated Care System update
- COVID19 pandemic response

10 things that everyone needs to know about suicide prevention

1	Suicides take a high toll	There were 5,021 deaths from suicide registered in England in 2018 ¹ and for every person who dies there are likely to be 135 people who will have known them and therefore may be affected in some way
2	There are specific groups of people at higher risk of suicide	Three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. ¹ People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.
3	There are specific factors that increase the risk of suicide	The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contribute to many suicides. Suicide prevention strategies must consider and link to programmes of early identification and effective management of self-harm, mental ill-health and substance misuse
4	Preventing suicide is achievable	The delivery of a comprehensive strategy is effective in reducing deaths by suicide through combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide. Directors of public health and health and wellbeing boards have a central role. Their involvement is crucial in coordinating local suicide prevention efforts and making sure every area has a strategy in place
5	Suicide is everybody's business	A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. Suicide prevention can also be part of work addressing the wider determinants of health and wellbeing.
6	Restricting access to the means for suicide works	This is one of the most evidenced aspects of suicide prevention and can include physical restrictions, as well as improving opportunities for intervention
7	Supporting people bereaved by suicide is an important component of suicide prevention strategies	Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning.
8	Responsible media reporting is critical	Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.
9	The social and economic cost to suicide is substantial and adds to the case for suicide prevention work	The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering
10	Local suicide prevention strategies must be informed by evidence	Local government should consider the national evidence alongside local data and information to ensure local needs are addressed.

Current trend data: 'suspected data' and requires validation*



Key challenges

- Suicide and mental health is still a taboo in society
- Monitoring COVID impact in Lancashire and appropriate responses
- Developing local responses to suicide prevention.
- PH capacity given COVID – maintaining the whole system approach
- Funding ICS work – a current request for support from local authorities.
- Working with CDOP and SUDC to establish public health input and understand the contagion response and support.

Health Scrutiny recommendations

Recommendation 1

The Leader nominate a member Champion for Mental Health and Suicide Prevention

- Cllr Pope has recently taken on the role of Elected Member Champion for Mental Health and Suicide Prevention; previously Cllr Turner and Cllr Rear agreed to take on this roll temporarily and have attended a regional training event specifically for Elected Members, organised by PHE/LGA.
- Cllr Turner fully supports the idea of creating a Mental Health champion for Lancashire County Council. This would certainly help raise awareness of the issue and would additionally help in terms of providing financial support/ seed funding for local projects which support those facing any mental health problems. This will be brought to full council accordingly when we can appoint somebody to the position.
- Cllr Turner attends the Elected Members Mental Health Champion Network and Cllr Pope has been invited.
- Officers will support Cllr Pope in this role and will update re the broader LCC and ICS developments.

Health Scrutiny recommendations

Recommendation 2

The Leader and Cabinet Member for Health and Wellbeing write to all district councils in Lancashire to consider identifying an elected member for the role of Mental Health and Suicide Prevention Champion

- Given the COVID impact on local communities I would recommend that we revisit this and write to all districts as a reminder, recommending that they select a Mental Health and Suicide Prevention Champion in areas that have not yet done so. In light of the emerging evidence of impact from the lockdown and COVID itself, this would be timely.

Recommendation 3

Options for Elected Member Champion involvement in the newly formed Lancashire Suicide Prevention and Self Harm Partnership be considered

- Cllr Turner and others have attended the Partnership, providing semi regular Elected Member input.
- Cllr Pope has been invited to the November 2020 meeting.

Health Scrutiny recommendations

Recommendation 4

A training session on Mental Health awareness be arranged for all the appointed Mental Health and Suicide Prevention Champions and any County Councillors who wish to attend

- Cllr Turner and Cllr Rear attended a regional training session for Elected Members. Further training was planned and offered to other Elected Members, however this had to be cancelled due to low demand. Further training is to be developed through the Elected Members Mental Health Champion Network.

Health Scrutiny recommendations

Recommendation 5

A progress report be presented to the Health Scrutiny Steering Group in six months' time with attendance from the Mental Health and Suicide Prevention Champions

Recommendation 6

Progress be monitored by the Committee on an annual basis with an update report to be presented to the Health Scrutiny Committee in December 2018.

LCC officers have presented updates to the Health Scrutiny Committee and Health Scrutiny Steering Group (Dr Sakthi Karunanithi, Director Public Health and Wellbeing and Chris Lee, Public Health Specialist, Behaviour Change) including the system wide suicide prevention work going on across the Integrated Care System footprint, as well as LCC specific developments:

- Progress of the Lancashire suicide and self-harm group,
- Integrated Care System (ICS) suicide prevention oversight group,
- Real Time Surveillance developments,
- Training developments.

Principle Objective and Areas for Action

- To reduce the suicide rate in the general population
- Provide better support for those bereaved or affected by suicide.

There are 7 areas of action;

1. reduce the risk of suicide in key high-risk groups
2. tailor approaches to improve mental health in specific groups
3. reduce access to the means of suicide
4. provide better information and support to those bereaved or affected by suicide
5. support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. support research, data collection and monitoring
7. reduce rates of self harm as a key indicator of suicide risk

LCC update on Suicide Prevention activity

- LGA Sector Lead Improvement (SLI) workshop
- Lancashire Suicide Prevention and Self Harm Prevention Partnership
- Pan Lancashire and Cumbria Suicide Prevention Leads regular meetings
- Supporting districts; prevention and intervention, policies and guidance
- Supporting COVID19 hubs; signposting and advising
- Supporting World Suicide Prevention day
- Safeguarding; Sudden Unexpected Death of a Child (SUDC)/Child Death Overview Panel (CDOP)
- Mental health support in educational establishments and communities
- YMHFA Training and Suicide Awareness
- Work place health

District Suicide Prevention Planning

Rossendale Suicide and DRD Logic Model Action Plan

- **Increased Awareness of suicide risks and prevention**
- Time to change campaign - sign up
- Reduce stigma - Samaritans/Papyrus promotion
- Promoting the Orange Button through training
- Help is at hand leaflet
- Plan for events such as World Suicide Prevention Day/World Mental health day; communities
- Work with local providers such as Inspire and Young Addaction (LCC Commissioned services)
- Maintain task and finish group - RTS updates
- Kooth – digital for young people



- **Improved MH and wellness**
- Promote activities to improve engagement/reduce social isolation/target specific groups at risk; middle aged men (ICS) campaign - utilise Men in Sheds/Physical activity groups/Substance Misuse providers
- Standard item on the agenda: HWBP/PCN

- **Media – sensitive approaches (ST07)**
- ICS have organized for Samaritans to deliver training
- **Restrict access to means (ST08).**
- Restrict access to means and respond effectively to high risk locations - use Samaritans signs where appropriate - reflect on current guidance

- **Communities and providers are more skilled to identify individuals at risk of suicide and respond**
- Utilise the Lancashire Mind and PAC Offer of training locally
- Review District Council Policy - develop Mental health Champions
- Zero Suicide Alliance Training as standard

LGA Sector Led Improvement and district working

- Due to the success of the implementation of the Rossendale District Suicide planning there was an opportunity to apply for LGA support to engage with districts. As a result the LGA supported LCC Public Health team to organise an event at County Hall where district staff and members were invited, with the intention to share good practice and develop local responses to the suicide prevention agenda. Key elements of the workshop included:
 - Set out the aims of Sector Led Improvement approaches
 - Attendees with lived experience who attend the Lancs Suicide and Self Harm meetings attended to provide their personal experience
 - We also invited Rossendale staff to discuss their experience of working on an area of a 'taboo' subject and how the support from colleagues helped them engage with staff and communities and improve their offer of support and training. Outcomes are covered in the above 'So what have we done to date'.



Suicide Prevention

Barbara Brady, LGA Contractor
Kay Burkett, Programme Manager, Care & Health
Improvement, LGA

So what have we done to date?

- All staff undertaken Zero Suicide Alliance Training
- Lancashire Minds SafeTALK training in March- 2 sessions
- Working with PPU to introduce training for taxi drivers
- Signed up to 'Time to Change'
- Raising awareness at Community Partnership meetings
- Stronger links with LCC Public Health
- Awareness raising through digital and social media means
- BEGINNING THE CONVERSATION

Lancashire Suicide Prevention and Self Harm Prevention Partnership

Lancashire Suicide Prevention and Self Harm Prevention Partnership

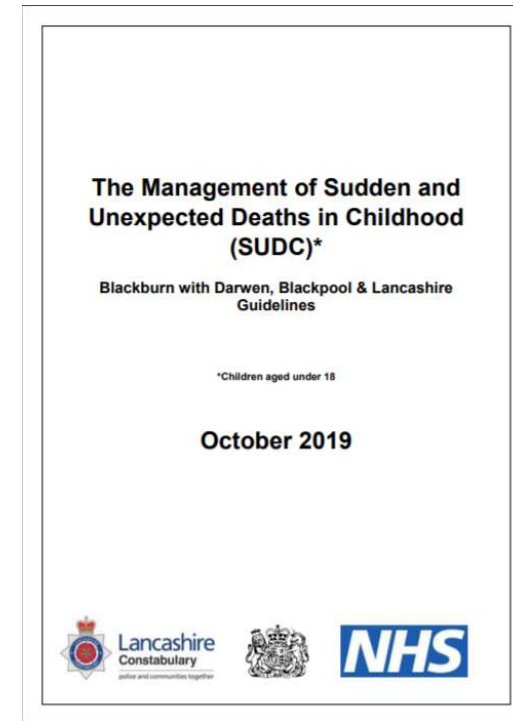
- Inviting guest speakers e.g. Highways England, Samaritans, Papyrus, local VCFS organisations, Councillors, Providers, Safeguarding, Schools and those with lived experience)
- Sharing good practice
- Whole system approach – Suicide is everyone's business

World Suicide Prevention Day - Sept 2020

- Launch of Orange Button
- Social media pack
- Steering group
- Wider engagement of partners and providers
- Working with schools

SUDC/CDOP

- Developing clear protocols and pathways with the Sudden Unexpected Death of a Child (SUDC) /Child Death Overview Panel (CDOP)
- Understanding the importance of Public Health roles and expectations of intervention
- Clear protocol for contagion interventions/ flowchart to show processes
- Familiarity with SUDC/ Contagion protocol
- Ensuring that individuals are operating within legal (e.g. coronial) processes



Mental Health support in educational establishments for staff and wider communities

Year	Variety of CORE courses delivered by LEHSC	Number of Attendees
18/19	Anxiety, Resilience, ACE's, Attachment, MH Awareness	1,337
19/20	Anxiety, Resilience, ACE's, Attachment, MH Awareness	3,020
20/21	Moved to online training with a focus on Trauma Informed Practice and also Adverse Childhood Experiences (ACE's)	412
	Attended online training sessions	269 individuals who have accessed over 1,000 sessions
Total		5,038

	Course	Number of Attendees
18/19	YMHFA 1 day	60
	YMHFA 2 day	195
	ASIST (Suicide Awareness) – 2 day	154
	Safetalk – ½ day	119
		528 in Total
19/20	YMHFA 1 day	53
	YMHFA 2 day	198
	ASIST (Suicide Awareness) – 2 day	157
	Safetalk – ½ day	95
	503 in Total	
20/21	YMHFA Online	22*
		1,031



LANCASHIRE EMOTIONAL HEALTH IN SCHOOLS SERVICE

Training sessions for school staff on **CYP mental health**

Training on staff **wellbeing and self-care**

'Train the Trainer' resources and support for whole school approaches

Funded by:

Practical, **knowledge and skills-focused training** including:

- ACEs and understanding **mental health and resilience**
- Supporting young people with **anxiety**
- Using **attachment theory** in interventions
- **Communicating** with pupils who are distressed

Cluster, locality based or INSET sessions for **staff teams**

Full day training sessions at Lancaster university, and community venues across the county

Supporting **collaboration** via virtual networks of school staff and **reflective practice**

Partnerships with: **Online Action in the Community** and **Thomas Whitham Sixth Form**

Support and training to establish **peer mentoring schemes**

Information and training around **exam stress and Year 6-7 transition**

Evidence-based **online learning and resources** for school staff

Training on **engaging with and informing parents of emotional health strategies**

Training is offered free of charge to all primary and secondary schools and colleges in Lancashire	Our training is designed to be relevant and useable in school settings
Delivered by a team of clinical psychologists working at Lancaster University with experience of working in CAMHS settings	Training programmes are published each term. Cluster-based training and in-school sessions can be arranged via lehss@lancaster.ac.uk
We evaluate all our work, and our outcomes and feedback show that our training is valued by schools, and makes a difference	Full day training dates and bookings can be made via the PAC website: http://www.p-a-c.org.uk/training

For more information & how to access the service, contact lehss@lancaster.ac.uk www.lehss.co.uk Follow us: @LancsEHschools
[facebook.com/lancashireemotionalhealth](https://www.facebook.com/lancashireemotionalhealth)

Workplace health: Focus on LCC staff

- A guide for employees and managers to provide information, advice and signposting for suicide prevention has been produced.
- Related guides have also been produced for mental health, managing stress and workplace resilience which aim to reduce the escalation of potential cases. All guides have been widely and regularly promoted across LCC. These guides, in a revised form, have also been made available to County Councillors.
- A suicide escalation procedure has been developed to give guidance of where and how to obtain support for individuals and managers supporting staff in crisis.
- 9 months support from Remploy and Able Futures for staff with a mental health condition which is impacting on their ability to work.
- Available support from the Employee Support Team – working with PH Behaviour Change.
- A guide has been produced to provide support, advice and signposting for staff exposed to trauma with advice on how to improve self-awareness and self-care.
- A **Mental Health and Trauma Support in the workplace briefing paper** has been produced proposing that psychological support is made available in the workplace for staff who experience direct or indirect trauma as part of their role. This support would aim to reduce the impact on mental health and wellbeing and develop peer support that will build resilience in teams that are regularly exposed to emotionally and/or physically challenging and sensitive situations as part of their role.
- Pilot –clinical supervision for trauma informed support. Options are currently being explored to develop a range of psychological interventions for employees who need individual or team support.



Suicide Prevention Programme- Lancashire and South Integrated Care System- 2020

Web healthierlsc.co.uk | **Facebook** @HealthierLSC | **Twitter** @HealthierLSC

Contents

1. Suicide Prevention Oversight Board- Terms of Reference and Purpose
2. Suicide Prevention Oversight Board- Key Roles and Responsibilities
3. Suicide Prevention Logic Model Action Plan
4. Suicide Prevention Logic Model- Leadership Pillar
5. Suicide Prevention COVID 19 Logic Model
6. Real Time Surveillance- Information Sharing Agreement and Principles
7. Real Time Surveillance Product- example
8. Suicide Prevention Policy
9. Outcomes and Values
10. Testimonials

Suicide Prevention Oversight Board- Terms of Reference and Purpose

Chair: Sakthi Karunanithi, Director of Public Health, Lancashire County Council

Deputy Chair: Paul Hopley, Deputy Director, MH ICS Team

The Lancashire and South Cumbria ICS Suicide Prevention Multi Agency Oversight Board was established in 2017 to seek greater co-ordination of responses to and understanding of patterns of suicide and to ensure suicide reduction activity does not get overlooked during the re-shaping of the public sector. The Board has facilitated joint working and is regarded as a national example of good practice. Its membership consists of public, private and 3rd Sector organisations.

■ Purpose of the Oversight Board

- To provide strong leadership and strategic oversight in advancing support and advocacy for suicide prevention across Lancashire and South Cumbria.
- To coordinate the delivery of the ICS Logic Model Plan and the NHS England Suicide target of a 10% reduction.
- To ensure there is a multi-agency approach to suicide prevention across the ICS footprint.

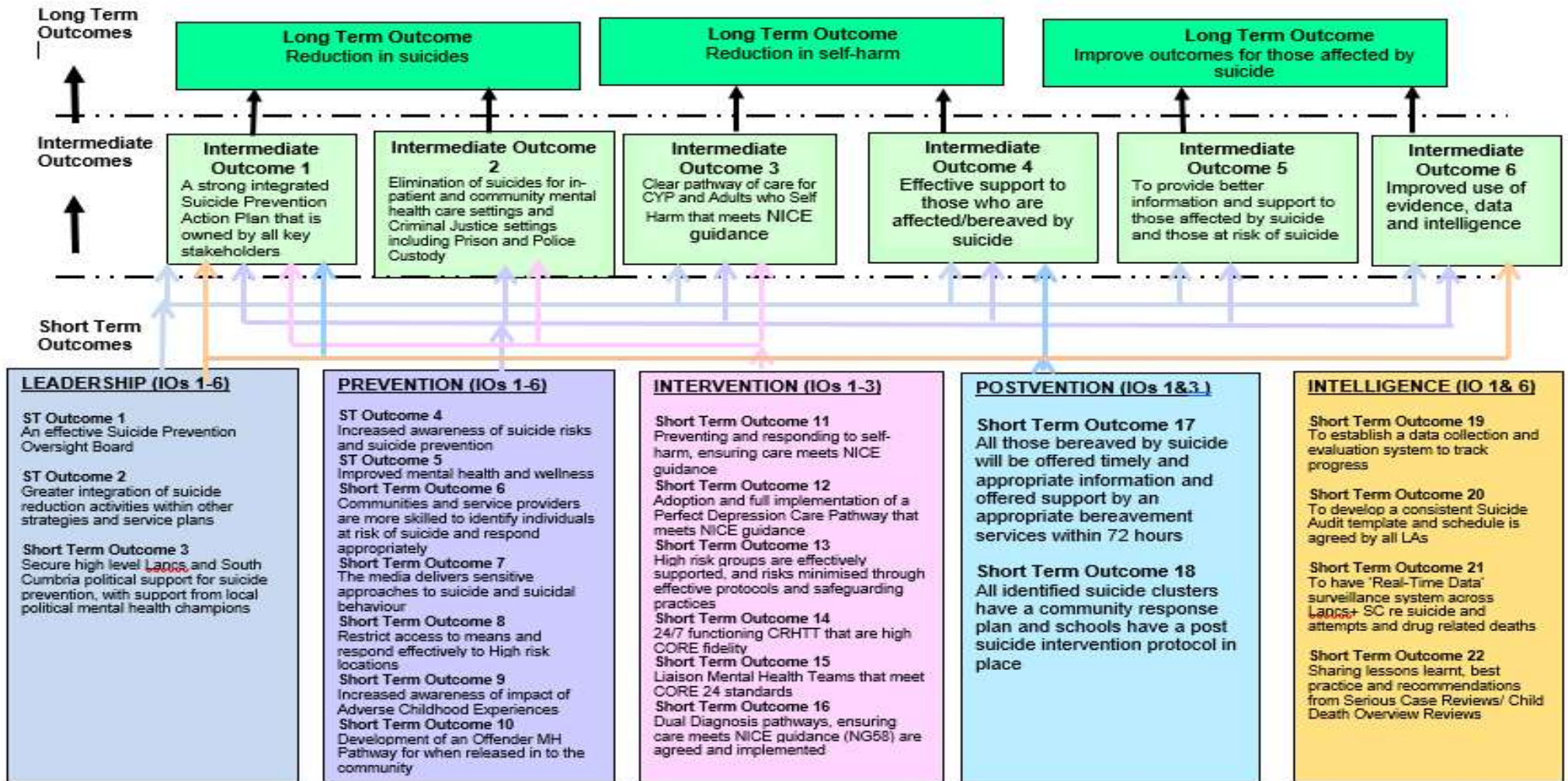
Suicide Prevention Oversight Board- Key Roles and Responsibilities

1. To support the implementation of the sub-regional Suicide Prevention Logic Model action plan
2. To receive briefings/ updates and review the actions from the Logic Model workstreams
3. To lend support to the implementation of recommendations from the Operational Task Groups
4. As key partners to provide insight, expertise, and guidance to the Suicide Prevention Oversight Board and Operational Task Groups to better prevent, understand and respond to suicides, self-harm and attempt suicides
5. Provide support and assurance to the Lancashire and South Cumbria ICS Board, local Health and Wellbeing Boards and Safeguarding Boards that suicide prevention actions are being conducted in line with appropriate guidelines and governance
6. To support the implementation and provide guidance/ expertise across the system during COVID 19 pandemic and to support the delivery of the COVID Suicide Prevention Logic Model, which aligns to the overarching SP Logic model action plan

L& SC ICS Suicide Prevention Logic Model Action Plan

- A multi agency Suicide Prevention Logic Model has been adopted by the ICS Suicide Prevention Oversight Board and partners to drive forward the delivery of the Suicide Prevention Programme.
- It has been developed into 5 pillars:
 - Leadership
 - Prevention
 - Intervention
 - Postvention
 - Intelligence
- A copy of the Logic Model can be found on the next slide but the full plan is available here: <https://www.lancashire.gov.uk/media/907935/lancs-sc-sp-logic-model1.pdf>


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 <u>stakeholders</u> 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 <u>Lancs</u> 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, NWAS, CYP service, Commissioners and 3rd Sector services, Local Communities		Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3 rd 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 <u>prevent Suicides</u>		Suicide Prevention is seen as the responsibility for all in <u>Lancs+ SC</u>		Elected Member Mental Health and Suicide Prevention champions in each of the LAs	

Suicide Prevention Leadership Activity

<p>Activity</p> 	<p>Bi Monthly SP Oversight Board meeting</p> <p>To attend at each Health and Wellbeing Board <u>to seek</u> support for the <u>Lancs</u> 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 <u>Lancs</u> and SC to consider <u>to sign</u> up to the No More Zero Suicide Alliance</p>	<p>To develop a <u>Suicide</u> 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 <u>stakeholders</u> 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>
<p>Inputs</p>	<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>

Suicide Prevention Leadership Activity continued

Real Time Surveillance- Information Sharing Agreement

- A Multi Agency Information Sharing Protocol has been developed, signed and agreed to support the Suicide Prevention Programme. This has enabled L&SC ICS to receive Real Time suspected suicide reports from Cumbria and Lancashire Constabulary, normally within 24 hours of death.

Information Sharing Statement under the County-wide Crime and Disorder Reduction Partnership Information Sharing Agreement

State the specific purpose of this information sharing

- a) To enable analytical profiling of the 'alert' to identify key future prevention opportunities, risk groups, problem areas, method, gender, ethnicity, age, previous medical history factors, criminal justice background factors. It will also enable public health to trigger a contagion response for children, under 16, suspected of suicide and where a potential emerging cluster is identified.

Shared analytical profiles will not contain any personal data. Personal Data is required to interrogate other associated health data systems.

- b) To complete the statutory 'suicide audit' requirement. This is a Local Authority function, which is now completed on a Lancashire South Cumbria footprint.

Which post holders will be responsible for this on a day to day basis? State Post and Organisation

The data will be processed by NHS analysts to support Healthier Lancashire and South Cumbria Multi Agency Strategic Lead for the Sustainable Transformation Partnership Mental Health work stream.

The data will be obtained from the Constabulary using data from the G72 template.

What information will be shared?

The data has been sanitised to remove any personal identifiable information but will allow for analysis to take place to support the project. A copy of the data that is being provided is attached

Of note: The data is already provided by the Coroners Office after an inquest, however this can introduce delays hence the request

How will the information be shared?

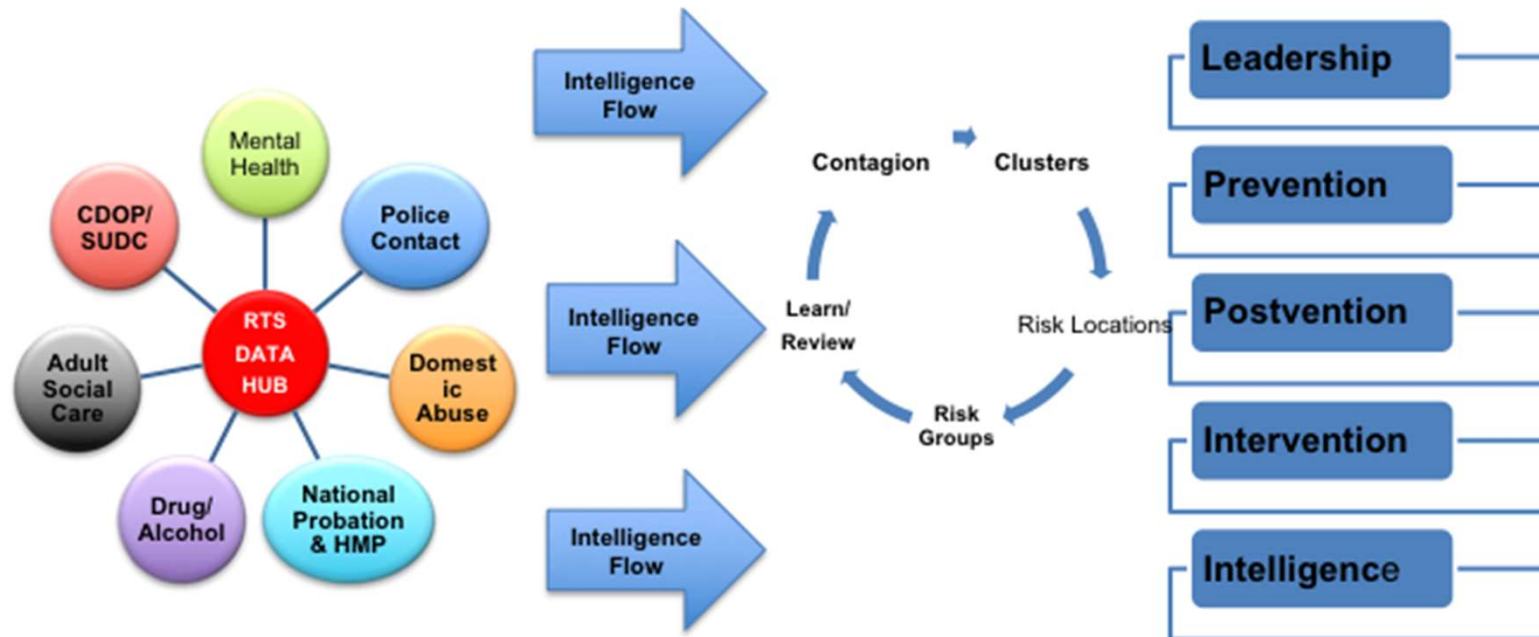
The data will be collected directly by the NHS Analyst from Lancashire Constabulary premises and checked to ensure only information agreed by a Lancashire Constabulary Analysts prior to being taken off site.

Real Time Surveillance Key Guiding Principles

1. Suicide Prevention is everyone's Business.
2. We agree to share information and data across organisations to increase learning and new action opportunities.
3. We will be intelligence led in all our responses to real time information.
4. We will work together and collaboratively to increase our capacity to prevent self harm and suicide.
5. We share the 'prevention' challenge and accept mutual accountability to reduce suicide and self harm.
6. Rapid delivery of local responses to local problems supported by timely research and analysis.

Real Time Surveillance- Data Connectors and Flow Model

Intelligence Led approach

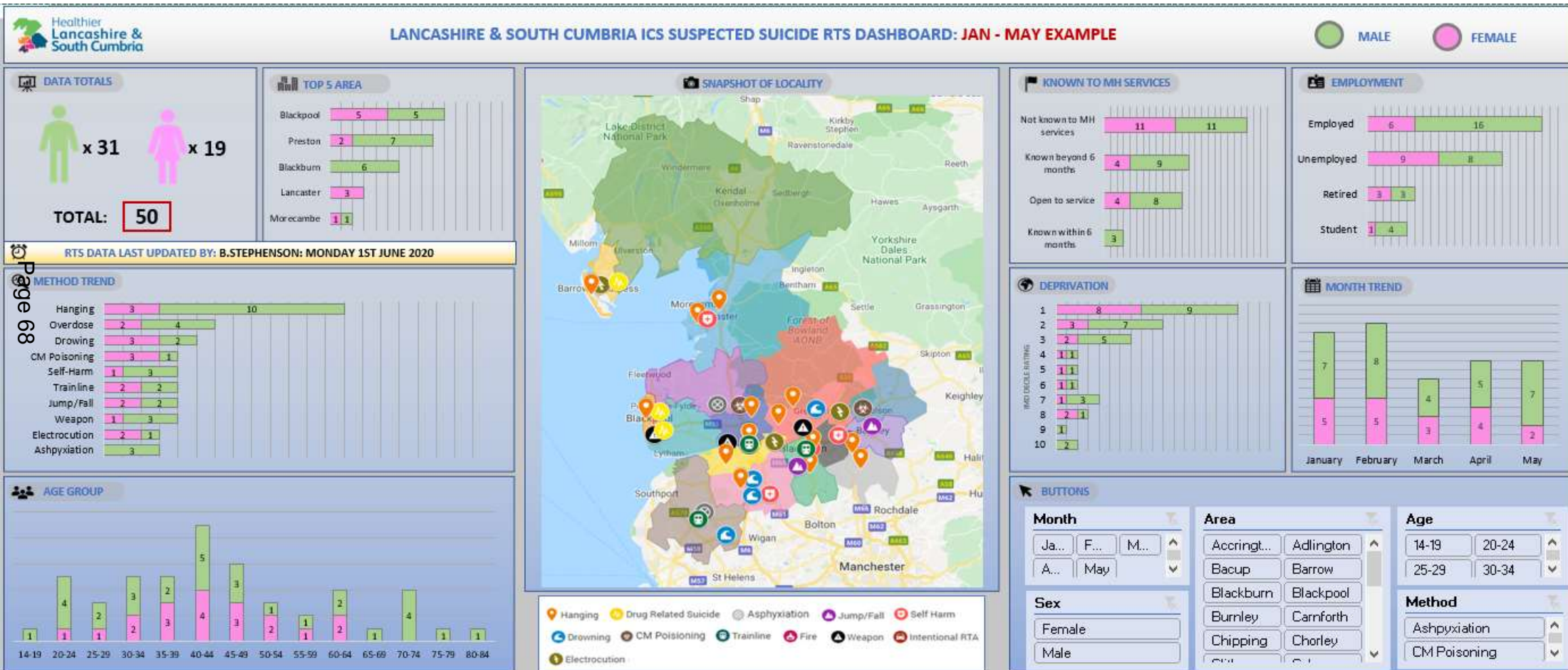


Real Time Surveillance- How the information is used across the ICS...

Intelligence Led approach

- Weekly reports developed for In hospital/ Out of Hospital and MH cell structures within ICS
- Real Time Surveillance Panel established- Multi agency partners to look at what the data is telling us
- Cluster/ Contagion meetings held when identified i.e. CYP deaths, unusual MO etc.
- Identify high risk locations- target hardening e.g. car park in Blackpool
- Trend Analysis
- Targeted social media campaigns into high risk locations
- Hard copies of campaign materials into Pharmacies in high risk locations, identified by the data

Real Time Surveillance Product- example



Suicide Prevention Policy Development

Suicide Prevention Policy for Employers

- The ICS SP team have developed, in partnership with Public Health colleagues, a generic Suicide Prevention Policy for supporting employers across the ICS. The Policy covers:

- Staff who report feeling suicidal
- Staff who find someone that has died by suicide
- Postvention support for staff

- An employers toolkit has also been developed a link to information for employers can be found here:

- <https://www.healthierlsc.co.uk/malesuicide>

- https://www.healthierlsc.co.uk/application/files/3315/8090/8977/20191016_SuicideCampaignToolkit.pdf

Example - Suicide Prevention Policy

1 Introduction and Background

One in five adults experience suicidal feelings at some point in their lives, and as one third of our lives are spent in the workplace, the workplace can be a place where support is offered. This Suicide Prevention Policy is designed to help, support and educate everyone in the organisation around the risks of suicide within the workplace, promoting good practice, and encouraging healthy conversation to remove stigma. This policy sits alongside our existing Health and Wellbeing policies (*link to, and name existing policies*) supporting our commitment under the Health and Safety at Work Act 1974.

2 Our Organisational and Cultural Commitment

GUIDANCE: Sign the Time to Change employer's pledge, and work with Time to Change to identify what immediate actions you can deliver. More information about Time to Change can be found [here](#)

- 2.1 We understand that whilst suicide cannot always be prevented, if we understand more about the factors that may increase the risk, then we may be able to reduce the risk within our workplace. There are a number of factors that may increase an individual's risk of suicide, (and these are identified within 2.2.1) and we recognise that these may apply to our current employees. This policy is designed not only to support employees who are at risk of suicide, but also to help employees to be able to support co-workers, and direct them to appropriate means of support. Early identification and support can significantly reduce the risk of suicide within our workforce.

Our Employee and Family Assistance Programme/Employee Assistance Programme, or other relevant programme (*reference link, and relevant information contained within [EAP](#) provides support and counselling services to employees who may have thoughts of suicide (reference relevant section, or [quicklink](#) to EAP)*)

- 2.2 At the end of this policy external support systems have been referenced. These include Mind, Samaritans and Rethink. Helplines and support systems have also been included within our Mental Health/Mental Wellbeing Policy and within our Employee Assistance Programme (*insert link*)

2.2.1 (optional clause) Factors that can increase an individual's risk of suicide can include:-

- *Prior suicide attempts*
- *Suicide by someone else in close proximity*
- *Problematic substance use*
- *Mental illness such as depression, posttraumatic stress disorder, bipolar disorder, schizophrenia, anxiety disorder, etc.*
- *Access to lethal drugs, potential weapons or means of completing suicide (highlighting any means, specific to your organisation, including equipment, work locations; hazardous materials)*
- *Relationship break down*
- *Debt and financial insecurity*
- *Domestic abuse*

Suicide Prevention

Suicide Prevention COVID Campaign- 2nd Phase

Social Media campaign targeting 4 key groups:

- Young people and older teenagers.
- Parents who are juggling home working and limited childcare.
- Men who have been furloughed, made redundant or who are self-employed.
- Older and vulnerable people getting used to the new normal.



Suicide Prevention

Suicide Prevention COVID Campaign- 2nd Phase

- Updated materials available to order.
- Targeted social media ads running now
- Distribution to Community Pharmacies, Urgent Care Centres, A&Es
- Pubs to be targeted with messages on back of toilet doors
- ROCK FM adverts currently running
 - Instream advertising in high risk locations
 - Including in ROCK FM newsletter being distributed to 25,000 people across Lancashire and South Cumbria




Suicide Prevention

Suicide Prevention Isolation Campaign during COVID- Phase 1 results

Social Media campaign targeting 4 key groups:

- Older Teenagers
- Families and Carers
- Middle Aged Men
- Vulnerable groups that are shielding within our communities

LET'S KEEP TALKING




It's okay to feel anxious and overwhelmed. Take regular breaks from social media and call your friends.

Let's stay in touch!
If you're struggling to cope then text **HELLO** to the Wellbeing & Mental Health Texting Service on 07860 022 846
Or call the Mental Health Helpline on 0800 915 4640
Or call Samaritans on 116 123

Healthier Lancashire & South Cumbria
#StartTheConversation
healthfac.co.uk/MentalHealthSupport

LET'S KEEP TALKING

It's okay to feel anxious and overwhelmed. Take regular breaks from social media and call your friends.



Hi, how are you?
I'm good thanks, lovely to speak with you
...you too, always good to hear from you

Let's stay in touch!
If you're struggling to cope then text **HELLO** to the Wellbeing & Mental Health Texting Service on 07860 022 846
Or call the Mental Health Helpline on 0800 915 4640
Or call Samaritans on 116 123

Healthier Lancashire & South Cumbria
#StartTheConversation
healthfac.co.uk/MentalHealthSupport

LET'S KEEP TALKING



Remote working and home-schooling can be a challenge. Make time to connect with family & friends.

Let's stay in touch!
If you're struggling to cope then text **HELLO** to the Wellbeing & Mental Health Texting Service on 07860 022 846
Or call the Mental Health Helpline on 0800 915 4640
Or call Samaritans on 116 123

Healthier Lancashire & South Cumbria
#StartTheConversation
healthfac.co.uk/MentalHealthSupport

LET'S KEEP TALKING



Isolation can be an anxious time. If you're worried, talk to someone about it.

Let's stay in touch!
If you're struggling to cope then text **HELLO** to the Wellbeing & Mental Health Texting Service on 07860 022 846
Or call the Mental Health Helpline on 0800 915 4640
Or call Samaritans on 116 123

Healthier Lancashire & South Cumbria
#StartTheConversation
healthfac.co.uk/MentalHealthSupport

Suicide Prevention

Suicide Prevention Isolation Campaign

Campaign has been rolled out across the ICS via:

- Facebook
- Twitter
- Instagram

Printed material sent out to:

- Community Pharmacists
- Community Hubs
- GP surgeries
- Urgent Care Centres
- A&Es

Digital versions available for screens in key locations across ICS

Children & Young People Posters & Banners



A3 & A4 Posters



Roller Banners

Suicide Prevention

Suicide Prevention Isolation Campaign- Videos

Videos have been developed and ran via paid adverts on social media. Here is a link to the videos:

<https://www.youtube.com/watch?v=hq2e6fkBCIU&list=PLDsfv3aTkFGicPNRpfRcbM8Re-P33MOv6&index=3>

> Children & Young People
Social Media Video



Facebook & Twitter Video, click play icon to view



Suicide Prevention

Suicide Prevention Isolation Campaign- Phase 1 results

Results already seen:

- Increased traffic to HLSC dedicated Suicide Prevention pages
- 590% increase in new visitors to site pages
- Intelligence led, using RTS data, targeted facebook adverts to key groups in high risk suicide area- reached 60,000 people



Suicide Prevention

Suicide Prevention Isolation Campaign-1st Phase Results

Social Media Campaign ran: April - June Campaign impressions: 612,941
Campaign reach: 81,968

Radio Campaign Results:

ADULTS 15+	REACH	REACH %	IMPACTS
Each week	75,570	5.9	387,481
TOTAL CAMPAIGN	230,750	18.1	2,712,366

Suicide Prevention

Suicide Prevention Isolation Campaign-1st Phase Results

Healthier Lancashire & South Cumbria

Facebook Partner Posts

- Lancashire Police** (20 May at 09:57): If you think a friend is struggling, reach out and check how they're doing. Even though it's not possible to meet in person there are options; a video call, telephone call or even a message can make all the difference to someone feeling alone. #StartTheConversation
- Blackpool FC Community Trust** (5 May at 10:00): Now is not the time to bottle things up. Talk to your mates and stay connected. If you want to talk to someone call Samaritans 116 123. #StartTheConversation #SuicidePrevention Healthier Lancashire and South Cumbria
- East Lancashire Hospitals NHS Trust** (30 April at 20:01): Now is not the time to bottle things up. Talk to your mates and stay connected. If you're having thoughts about suicide call @Samaritans 116 123. #StartTheConversation #SuicidePrevention
- Wyrn Council** (1 May at 11:08): Now is not the time to bottle things up - let's keep talking. Healthier Lancashire and South Cumbria have put together a list of mental health resources for anyone who feels they might need support. Take a look at: <https://www.healthierlanc.co.uk/mental-health-support>
- East Lancashire Hospitals NHS Trust** (25 April at 17:01): Social media isn't always great for our mental health - it can make us feel isolated, not good enough or scared. Make sure you take regular breaks from scrolling and call a friend for a real conversation. #StartTheConversation
- Lancashire County Council** (20 May at 10:13): It's #MentalHealthAwarenessWeek and now more than ever it's important to keep talking to each other. A good conversation with a friend can make a big difference. Take a break from social media and give them a call. #StartTheConversation #GonnessMatters
- University Hospitals of Morecambe Bay NHS Foundation Trust** (28 April at 21:15): It's OK to feel anxious or overwhelmed at the moment. Take a break from social media and call your friends or family. A good conversation can make a big difference. #StartTheConversation
- Burnley Together** (10 June at 18:22): It can feel tough at the moment... nowhere to go, making sure the kids are doing the school work, worried about work... so much to think about. If your struggling there's plenty of people to turn too and get help. Our friends Healthier Lancashire and South Cumbria... See more
- NHS Greater Preston CCG** (1 May at 14:00): Social media isn't always great for our mental health - it can make us feel isolated, not good enough or scared. Make sure you take regular breaks from scrolling and call a friend for a real conversation. #StartTheConversation
- University Hospitals of Morecambe Bay NHS Foundation Trust** (3 May at 11:40): Social media isn't always great for our mental health - it can make us feel isolated, not good enough or scared. Make sure you take regular breaks from scrolling and call a friend for a real conversation. #StartTheConversation
- South Lakeland District Council** (10 June at 07:34): Let's Keep Talking is the message to anyone with worries from Healthier Lancashire and South Cumbria. Healthier Lancashire and South Cumbria's post: 'Worries piling up? Don't bottle it up - call a friend and let them...

Suicide Prevention

Mental Health Support Sheet

- All local and national MH and Risk factor support in one place
- Available digitally and as a downloadable 3 page PDF
- Covers full L&SC ICS
- Helpful in supporting Community Hubs VCFS and the wider community in general
- Hardcopies distributed to all GP surgeries, Community Hubs and Pharmacies
- Shared via Facebook and Instagram



Mental health support resources in Lancashire and South Cumbria

Here is a list of mental health support resources available across Lancashire and South Cumbria. To find out more, follow the links below or make a call.

Dial 999 if you have seriously harmed yourself

	Online self-help materials, resources and guidance.	healthyyoungminds.sc.co.uk/information/children-and-young-people/coronavirus Available: 24 hours a day, daily.
	An online counselling service for over 16s.	bigwhitewall.com Available: 24 hours a day, daily.
	Safe and anonymous online counselling and support for young people.	kooth.com Available: weekdays 12pm-10pm; weekends 6-10pm.
	A safe place for anyone struggling to cope.	samaritans.org 116 123 Available: 24 hours a day, daily.
	Working to prevent male suicide. Support for men struggling or in crisis.	calmzone.net 0800 58 58 58 Available: 5pm-12am, daily.
	Support for people dealing with suicide, depression or emotional distress – particularly teenagers and young adults.	papyrus-uk.org 0800 068 41 41 Text: 07786 209697 Available: weekdays 10am-10pm; weekends 2-10pm; bank hol: 2-5pm. LanguageLine support available.
	Advice for parents / carers concerned about the mental health of a child or young person.	youngminds.org.uk 0808 802 55 44 Available: weekdays 12-10pm, 24/7 Crisis Messenger: text YM to 85258. LanguageLine support available.
	Wellbeing and mental health helpline supporting people's mental health or that of someone they know.	lscft.nhs.uk/Mental-Health-Helpline 0800 915 4640 Available: 24 hours a day, daily.
	Helping you understand and look after your mental health and wellbeing.	lancashiremind.org.uk mindinfurness.org.uk ulverstonmind.org.uk Available: Online only.
	Psychological therapy via telephone / video conference or online support.	lscft.nhs.uk/Mindsmatters/bfw.nhs.uk/our-services/supporting-minds
	Educational resource for adults on children's mental health.	minded.org.uk
	Advice on how to look after your mental health during Coronavirus.	mentalhealth.org.uk/coronavirus
	Resources to equip young people to look after their mental wellbeing.	cwmt.org.uk
	Supporting recovery and continued sobriety of alcoholics.	alcoholics-anonymous.org.uk E: eastlancsaa@gmail.com
	Private and confidential service where children can talk about anything.	childline.org.uk
	A range of mental health support services.	richmondfellowship.org.uk
	Helping people who suffer from panic attacks, and other anxiety disorders.	popanic.org.uk 0330 606 1174 Available: weekdays 3-6pm
	Confident, supporting health for	
	Helping old home and with their v	
	A free con informatio older peop	
	Practical a with stress our mood	
	Supporting addiction a diagnosis.	
	Emotional East Lancashire.	
	Helping those suffer disorders.	
	Preventing child abus children.	
	Under 25's Helpline fi challenges young pec facing.	
	A listening ear for par questions and guidan complex family issues	
	SAFA Cumbria uses t counsellors to provid anyone in Cumbria w isolated or worried ab	
	Support for children a people who are griev advice in relation to C	
	MyTime: Emotional h wellbeing support to c young people living across Cumbria	

How to suggest additional content

This document is reviewed on a regular basis. Email suggestions of mental health support available in Lancashire and South Cumbria to Healthier.LSC@nhs.net. For the latest update, visit healthierlsc.co.uk/MentalHealthSupport
Last reviewed: 4 May 2020.

Suicide Prevention

Samaritans Bedside Telephone Support

- Worked with 4 Acute Trusts, National Samaritans & Hospedia
- 7 Hospital sites
- Speed-dial (*888) or Touch screen direct
- Scrolling banner on Hospedia TV's
- Co-branded Samaritans leaflets and cards for staff to provide
- Calls free to end user and Trust
- It provides;
 - Nursing staff with options to support peoples mental health needs.
 - An option for patients who may need support, unrelated to their hospital stay.
 - Support for those currently having no hospital visits due to Covid-19.
 - Support for nursing staff that may also need to access the service.

The leaflet is a vertical rectangular card with a teal background. At the top right, the word "SAMARITANS" is written in white capital letters on a yellow rectangular background. Below this, on the right side, is a photograph of a man with a shaved head, wearing a blue polo shirt and brown trousers, sitting on a bed and looking thoughtful. To the left of the photo, the text "Talk it through We're here to listen" is written in white. In the top left corner, there is a quote in white: "Being listened to lifted a huge weight off my shoulders." followed by "Samaritans" in smaller white text. Below the quote, the text "Contact Samaritans free – day or night, 365 days a year. Call free on 116 123 Or Press the Samaritans button on your hospital phone" is written in white. The Samaritans logo and website "samaritans.org" are at the bottom left. At the bottom right, there is a logo for "Healthier Lancashire & South Cumbria" with the text "Supported by" above it. At the very bottom right, the text "If you've lots on your mind, we'll help you find your own way through it. samaritans.org" is written in white.

Suicide Bereavement Support

AMPARO Suicide Liaison Service

- Roll out of Suicide Bereavement Service across the whole of the ICS
- Partnership approach for referrals into the service including:
 - Police colleagues
 - Coroners
 - Funeral Directors
- Enables anyone who has been affected by suicide to access support within 72 hours of death



0330 088 9255

amparo.service@listening-ear.co.uk

@AMPARO_LEM

Find out more about Amparo and Listening Ear's other counselling and therapy services by visiting www.listening-ear.co.uk



Suspected Suicide? WHAT support can I provide?

W	<p>WEBSITE: anyone affected by a suspected suicide can be directed to our local website directory. Local and national bereavement support is broken down by area.</p> <p>www.healthierlsc.co.uk/suicide</p>	
H	<p>HELP IS AT HAND: a resource that can be carried with you at all times and given to those affected by a suspected suicide - including people who find the deceased.</p> <p>supportaftersuicide.org.uk/support-guides/help-is-at-hand/</p>	
A	<p>AMPARO is a support service for those bereaved by a (suspected) suicide which is available for anyone affected, across the whole of Lancashire.</p>	<p>listening-ear.co.uk/amparo/ amparo.service@listening-ear.co.uk 0330 088 9255</p>
T	<p>TIME: provide those bereaved or affected by suicide with time to take in the support available. They may not want to look at it or read it while you are there, but please leave it with them.</p>	

Suicide Prevention Training

Lancashire MIND training contract

- Delivering free Suicide Prevention and Self Harm intervention training across the ICS, to any stakeholders including front line staff and local residents. A menu of training has been provided over the last 18 months including ASIST, Mental Health First Aid,
- 67 suicide prevention training programmes and 20 self-harm intervention training programmes were delivered to over 3000 stakeholders.
- During COVID 19 we have provided online Suicide Prevention First Aid Lite training to various stakeholders including Police, NWAS, Coast Guards and frontline staff supporting the Community Hubs.

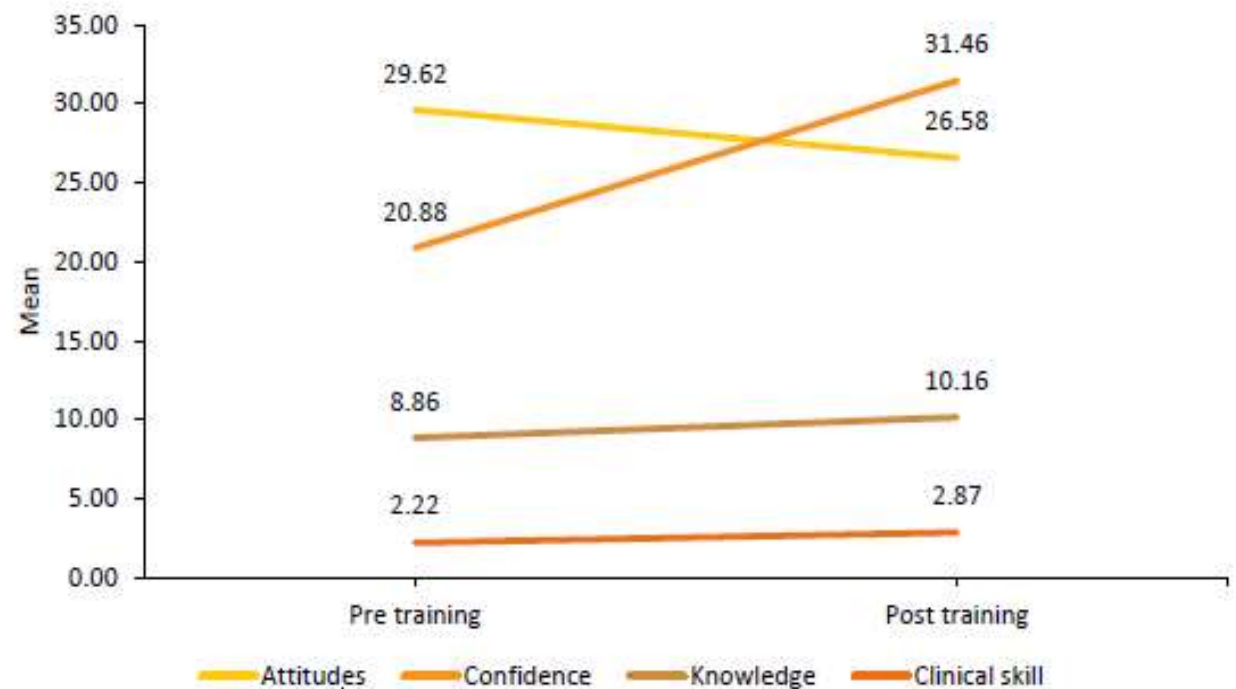
Suicide Prevention Training

Lancashire MIND training contract- Liverpool John Moores University evaluation results

This chart shows the positive statistically relevant changes that have been evaluated from delegates in their attitudes, confidence, knowledge pre and post Suicide Prevention training.

A copy of the full evaluation of the training can be found here: <https://www.ljmu.ac.uk/research/centres-and-institutes/public-health-institute/phi-reports>

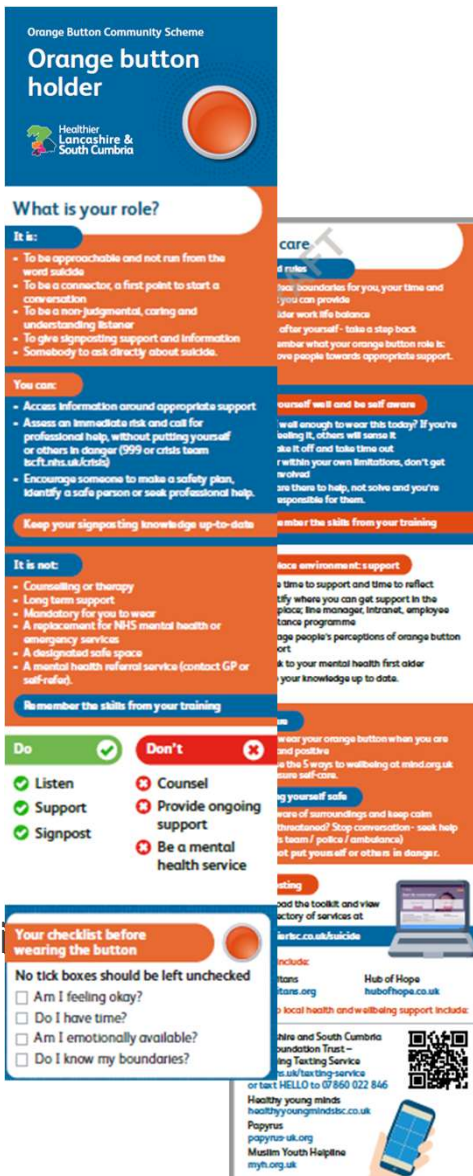
Figure 4: Suicide prevention trainee attitudes, confidence, knowledge and clinical skills, pre and post training



Suicide Prevention Orange Button Scheme

Orange Button – What it is

- A Community Scheme that ensures people who have been trained in prevention/awareness, can be identified.
- Orange Button holders;
 - Are Happy to say/hear the word suicide
 - Can support people with signposting
 - Can listen without judgement
- Used as a very early intervention scheme to support people in community with signposting and information.
- Helps to reduce the stigma of talking about suicide and support.



Orange Button Community Scheme
Orange button holder
Healthier Lancashire & South Cumbria

What is your role?
It is:

- To be approachable and not run from the word suicide
- To be a connector, a first point to start a conversation
- To be a non-judgmental, caring and understanding listener
- To give signposting support and information
- Somebody to ask directly about suicide.

You can:

- Access information around appropriate support
- Assess an immediate risk and call for professional help, without putting yourself or others in danger (999 or crisis team lscft.nhs.uk/crisis)
- Encourage someone to make a safety plan, identify a safe person or seek professional help.

It is not:

- Counselling or therapy
- Long term support
- Mandatory for you to wear
- A replacement for NHS mental health or emergency services
- A designated safe space
- A mental health referral service (contact GP or self-ref)

Do ✓

- ✓ Listen
- ✓ Support
- ✓ Signpost

Don't ✗

- ✗ Counsel
- ✗ Provide ongoing support
- ✗ Be a mental health service

Your checklist before wearing the button

No tick boxes should be left unchecked

- Am I feeling okay?
- Do I have time?
- Am I emotionally available?
- Do I know my boundaries?

ask

Healthier Lancashire & South Cumbria
Foundation Trust –
Mental Health & Wellbeing Support
Texting Service
www.healthier-lsc.co.uk/healthier-service
or text HELLO to 07860 022 846

Healthy young minds
healthyyoungmindsbc.co.uk
Poppyline
poppyline-uk.org
Muslim Youth Helpline
myh.org.uk

Hub of Hope
hubofhope.co.uk

local health and wellbeing support include

Healthier Lancashire & South Cumbria
Foundation Trust –
Mental Health & Wellbeing Support
Texting Service
www.healthier-lsc.co.uk/healthier-service
or text HELLO to 07860 022 846

Healthy young minds
healthyyoungmindsbc.co.uk
Poppyline
poppyline-uk.org
Muslim Youth Helpline
myh.org.uk

Suicide Prevention Orange Button Scheme

Orange Button – How it works

- Linked to quality assured, half day+ Suicide Prevention training (ASIST, SFA, SFALite, SafeTalk and MHFA 2 day Adult) provided by our partners.
- An Orange Button pin badge, window sticker and support card, are provided to those that complete the training.
- The badge is removable and not mandatory, as is the window sticker. It is an identifier that the wearer has received suicide prevention training and can provide signposting to support.
- The button has already been sent to over **300 people** that have been trained and requested a button in the first week! We have trained over 2500 people so we expect the number to grow.
- Evaluations will be completed on a 3 monthly basis.



Welcome to the Orange Button Community Scheme.

We launch on 10 September 2020 – World Suicide Prevention Day, and will be promoting the scheme through social and traditional media.

Please follow @HealthierLSC and use #OrangeButtonCommunity to be involved.

Please read through the information enclosed to ensure you are aware of what is and isn't expected when wearing your Orange Button.

Thank you.

Orange Button Community Scheme
Orange button holder

Healthier Lancashire & South Cumbria



Suicide Prevention Community Feedback Sessions

You Said, We did-

We carried out 5 feedback sessions to local communities across Lancs and SC ICS around the whole Suicide Prevention programme and provided with opportunities for people to become involved in the different workstreams

Some of the feedback from the sessions has been captured from delegates that attended.

Highly informative, this is my first visit to a convention of this nature, and it was good to feel a part of it. All while meeting with like-minded people. It gave me a lot of 'food for thought' re: what our organisation could do to help. We will be in touch.

Didn't realise there was so much info and support that our organisation can refer to

Local Workshop on the patch - localised to this area. Lots of info + opportunities to get involved. Lots going on - thank you!

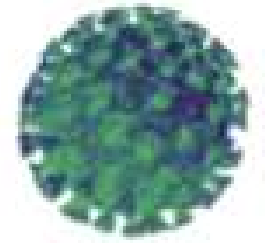
Really great sessions - lots of information in an informal setting. Great info. Feeling Inspired

Really good informative session - great to hear what is happening and what we can be - as a community centre we often don't get information - when we are available out of hours - it's been really useful

Shared Information such as help is at hand booklet; zero suicide alliance training; didn't know figures were so high; Hub of hope (very useful for my service) Thank you

Genuine evidence of engaging with communities + people with lived experience - inspiring + generates hope of more joined approaches

COVID19 pandemic response



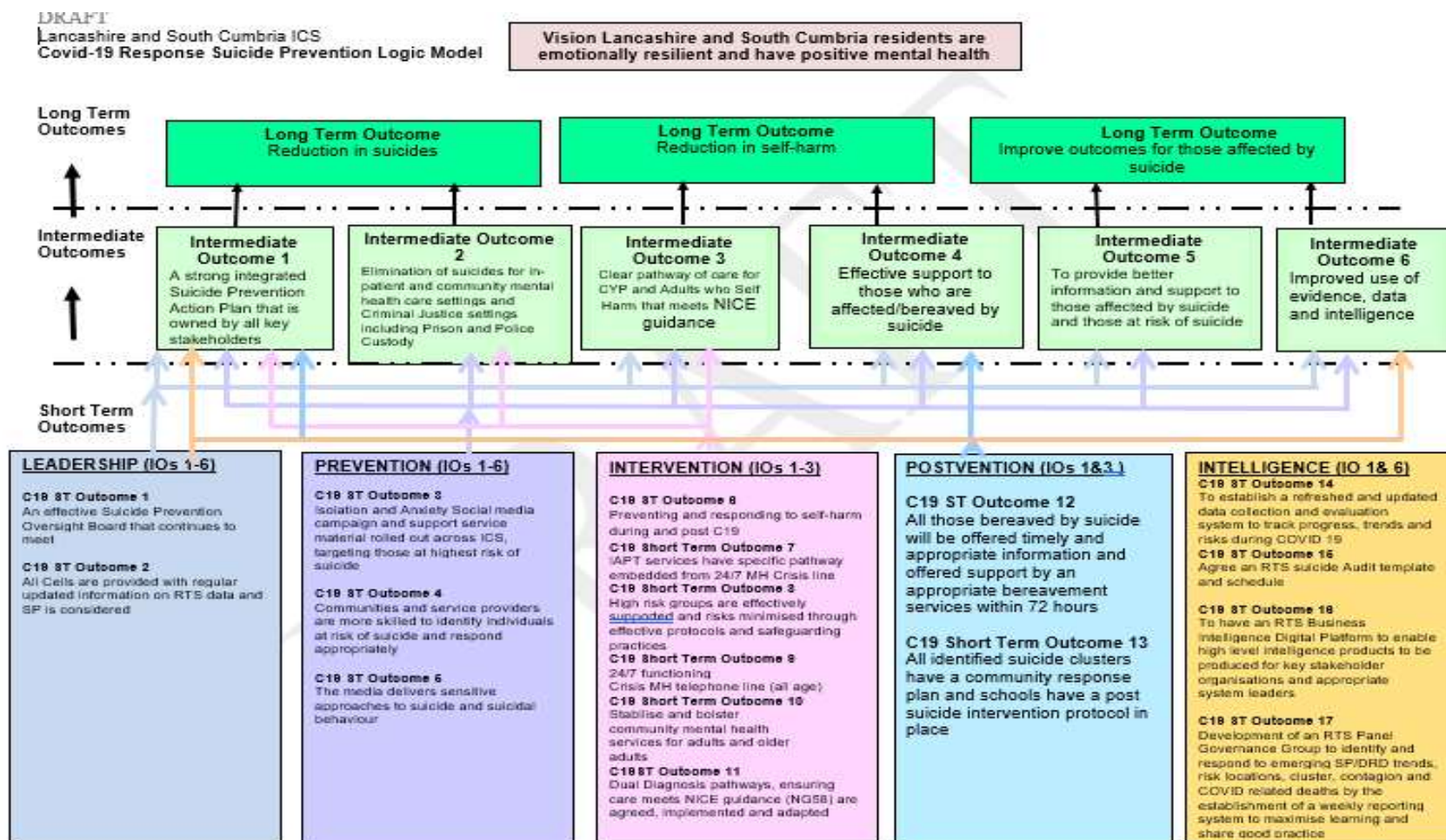
COVID19 has raised concern regarding mental health and risk of suicide across our region.

Working together LCC and ICS colleagues have responded by:

- A COVID19 specific Suicide Prevention Logic Model as below (slide 49)
- Weekly Real Time Surveillance reports monitoring numbers, trends and looking for clusters and contagion for suicide and drug related deaths
- Targeting communications and campaign materials into local communities
- Launch of the Orange Button scheme
- Regular suicide prevention meetings across the system.

Suicide Prevention COVID 19 Response Logic Model

A COVID specific suicide prevention plan has been developed aligning to the overarching SP Logic Model to ensure that during the pandemic our stakeholders are



Any questions:

chris.lee@lancashire.gov.uk

paul.hopley@nhs.net

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Health Scrutiny Committee

Meeting to be held on Tuesday, 3 November 2020

Electoral Division affected:
(All Divisions);

Report of the Health Scrutiny Steering Group

Contact for further information:

Gary Halsall, Tel: 01772 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 14 October 2020.

Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group.

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 Conservative and Labour Groups.

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:

1. 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;
2. To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
3. To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;

4. To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
5. To act as mediator when agreement cannot be reached on NHS service changes by the Committee. The conclusions of any disagreements including referral to Secretary of State will rest with the Committee;
6. 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;
7. To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly.

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.

- **Meeting held on 14 October 2020**

Update on the Our Health Our Care programme

Jason Pawluk and Kelly Bishop provided an update on the Our Health Our Care programme and the plans to partially restore services at Chorley and South Ribble Hospital's Emergency Department to the group.

It was reported that the programme team was awaiting stage 2 clearance from NHS England/Improvement (North West) and that a formal meeting would take place on 5 November to discuss the pre-consultation business case. It was anticipated that arising from that meeting a decision would be made as to whether support would be given to the Clinical Commissioning Groups to develop the statutory public consultation. Notification of the decision was likely to be received by the end of November. Members were informed that the final step to approve commencing a statutory public consultation rested with the Joint Committee of Clinical Commissioning Groups (CCGs) for the Our Health Our Care programme.

The group was informed that the programme team had advanced plans for public consultation ready and that advice had been sought from the Consultation Institute in developing those plans.

On the recent government policy announcement relating to new hospital funding as part of the Health Infrastructure Plan phase 2 (HIP2) and how this would affect the Our Health Our Care programme going forward, it was explained that the earliest possible delivery date for a new hospital would be around 2028. It was the view of the programme that it was not going to be possible to leave services as they are now for another eight years, but to continue to look at what improvements could be made now for the people of central Lancashire. It was highlighted that the new hospital build could not form a part of the options for statutory public consultation on the Our Health Our Care programme.

It was highlighted that NHS England/Improvement (North West) had stated that no consultation would take place whilst the Emergency Department at Chorley and South Ribble Hospital remained closed.

In response to questions the following information was clarified:

- The forthcoming partial restoration of the Emergency Department's opening hours (8-5pm) in November, was considered by NHS England/Improvement (North West) to be sufficient to allow statutory public consultation to proceed.
- The earliest a public consultation on the Our Health Our Care programme could start was possibly just before Christmas 2020. The programme team was mindful that the timeline could overlap with pre-election period in 2021. In the meantime the Health Scrutiny function would be informed of the outcome of the formal meeting with NHS England/Improvement (North West) on 5 November.

Review of the Health Scrutiny Committee work programme for 2020/21

The work programme for the Health Scrutiny Committee was presented to the group for review. It was explained that items on suicide prevention, the 2020/21 adult social care winter plan and the housing with care and support strategy 2018-2025 had been scheduled for the next two meetings in November and December. An update on NHS 111 First and the findings of the Our Health Our Care task group would be scheduled in the New Year.

Subject to further updates from the Our Health Our Care programme director, members were informed that a report seeking the formal establishment of a task and finish group to review the proposals would be submitted to the Internal Scrutiny Committee when it meets on 13 November 2020.

Enquiries had been made in relation to the request for an update on commissioning reform across Lancashire. It was reported that whilst this matter was paused due to the pandemic, work on the reform had only recently been resumed. It was hoped that an update could be presented to the committee in the New Year. In addition enquiries in relation to the seed funding allocated to Lancashire Teaching Hospitals NHS Foundation Trust and the University Hospitals of Morecambe Bay NHS Foundation Trust to develop their plans for Health Infrastructure Plan phase 2 (2025-2030)¹ had begun.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

¹ <https://www.gov.uk/government/news/new-hospital-building-programme-announced>

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

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II:

N/A

Health Scrutiny Committee

Meeting to be held on 3 November 2020

Electoral Division affected: (All Divisions);
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Overview and Scrutiny Work Programme 2020/21

(Appendix 'A' refers)

Contact for further information:

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Executive Summary

This report provides information on the single combined work programme for all of the Lancashire County Council scrutiny committees. A copy of this work programme is set out at Appendix A.

The topics included were identified at a work planning workshop for members of the Internal Scrutiny Committee held on 29 May 2020.

Recommendation

The Health Scrutiny Committee is asked to:

- i. Review and agree the work programme items for the committee (as at Appendix A).
- ii. Discuss and identify any potential key questions for upcoming items.
- iii. Consider and agree sources of information including key officers/partners to invite for upcoming items.

Background and Advice

The Covid 19 pandemic has required members and officers to work differently and the wider context has also meant that priorities have changed or shifted in emphasis.

The work programme for this year has been combined with the other scrutiny committees given that the primary focus of the scrutiny work programme as a whole is dedicated to the response to the Covid 19 pandemic.

It is important to note that the work programme needs to be flexible in order to accommodate any urgent items that may arise. In addition, the work programme will form a standing item on the committee meeting agenda for regular review and to ensure it is still fit for purpose.

Key discussion areas (questions)

To further enhance the work programme, members are asked to reflect on key discussion areas or questions they would like to consider for each of the topic areas. This will ensure that the senior officers have a clear focus in order to provide the relevant information.

Information sources

In addition to identifying key discussion areas, members are asked to consider information sources and meeting participation for upcoming scrutiny items. This could include seeking views from service users through:

- individual scrutiny members having conversations with individuals and groups in their own local areas,
- use of the rapporteur function,
- compiling a short list of questions for a response by the relevant service,
- or the use of social media.

Further to this, members are asked to consider who they would like to invite to future meetings to help provide a more holistic picture for scrutiny to understand the challenges and produce meaningful but achievable recommendations.

Members are asked to:

- i. Review and agree the work programme items for the committee (as at Appendix A).
- ii. Discuss and identify any potential key questions for upcoming items.
- iii. Consider and agree sources of information including key officers/partners to invite for upcoming items.

Consultations

NA

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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None

Reason for inclusion in Part II, if appropriate - NA

Overview and Scrutiny Work Programme 2020-2021

Scrutiny Committee					
Month		Education and Children's Services	External	Health	Internal
	June			<ul style="list-style-type: none"> Update from the ICS on NHS Cells for Lancashire and digital and engagement with local people. Temporary changes to clinical services across the ICS during the COVID-19 pandemic 	
	July	Response to the COVID 19 pandemic in Lancashire - perceptions of the experiences of children and young people, and headlines from the operation of service during the COVID-19 emergency period.	Strengthening flood risk management and preparedness		<ol style="list-style-type: none"> RIPA annual report The impact of Covid 19 on county council services Highways – challenges faced following pandemic and resuming 'normal' work programmes
	September	<ul style="list-style-type: none"> Education: <ul style="list-style-type: none"> - What powers do we have as a county council/what can we do to support schools and parents. - Position update on the wider reopening of schools Schools Causing Concern Task Group report – response to recommendations SEND Ofsted inspection report Review of work programme 		<ul style="list-style-type: none"> Adult social care – winter preparations (Supporting the social care sector including domiciliary care workers) NHS 111 First 	Covid 19 – what comes next? Including building pan-Lancashire working and Democratic involvement in resilience forums and maintaining democratic leadership during a crisis

Appendix 'A'

	October	Children's Social Care - protecting vulnerable/valuable children – plans in place to manage spikes in referrals. Child poverty increase and the impact on the demand on social care	<ul style="list-style-type: none"> • Universal credit • Decarbonisation pathway – Lancashire, Electricity North West (tbc) 		
Month	November	Education – digital poverty and lesson learned. Digital aspirational views – turning challenge into opportunity.		<ul style="list-style-type: none"> • Suicide prevention in Lancashire • LCC Adult Social Care Winter Plan 	Speeding Traffic and the lack of enforcement
	December	Impact of the pandemic on children and young people's mental health – plans in place to support and an update on CAMHS including managing increase in contacts, anxiety of YP on return to school and availability of more online support		Housing with Care and Support Strategy 2018-2025	
	January	Early Years sector – impact on private providers supporting vulnerable children and families (including update on the EY Strategy and School Improvement Model)	<ul style="list-style-type: none"> • Strengthening flood risk management and preparedness – update on implementing recommendations. • Canal & Rivers Trust (tbc) 		Covid 19 – Further update following the update provided at the September 2020 meeting
	February	Lancashire schools attainment report (standing item) Schools causing concern task group - update on recommendations		<ul style="list-style-type: none"> • NHS 111 First – update (tbc) • OHOC Task and Finish Group report (tbc) 	

Appendix 'A'

	March	**Family Safeguarding Model – update on implementation of model in Oct/Nov 2020			Youth Employment and Skills – impact on youth as one of the hardest hit groups during the pandemic (consideration to be given to which scrutiny committee will be most relevant to consider this topic)
	April	**SEND: Lancashire Breaktime update SEND Accelerated Progress Plan update Progress update on Pupils in special schools with medical conditions task group recommendations	Review of Community Safety Partnerships Governance arrangements	-	Scrutiny of the Council's response to the Government's call for local councils to invest in street safety
Other Topics	Topics from work programmes 2019/20 not scheduled	Participation strategy update Road safety Independent children's homes Getting to Good plan update NEET SEN equipment in schools School transport Maintained nurseries update Parking at schools Childhood immunisation programme 0-19 Healthy Child programme	Lancashire energy strategy Review of Community Safety Partnerships and governance arrangements (2021 tbc) Greater Lancashire plan LCC Carbon Plan/Internal Energy and Water Management Policy LEP – response to the pandemic – economic recovery plan incorporating 'green' principles Impact of pandemic on road safety and lessons learnt	Urgent Mental Health Pathway Transforming Care (Calderstones) Social Prescribing Cessation of the Lancashire Wellbeing Service Tackling period poverty Delayed transfers of care Stroke Programme Vascular, head and neck Review of Primary Care Networks and Neighbourhoods Transforming hospital services and care for people in Southport, Formby & West Lancs Disabled Facilities Grants	Local Government Funding and Income Generation Task Group Update on Reducing Single Use Plastics in Lancashire

