

Lancashire County Council

Children's Services Scrutiny Committee

Wednesday, 27th February, 2019 at 2.00 pm in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No. Item

1. **Apologies**

2. **Disclosure of Pecuniary and Non-Pecuniary Interests**

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

3. **Minutes from the meeting held on 16 January 2019** (Pages 1 - 4)

4. **Supporting Pupils at Special Schools with Medical Conditions - Responses to the Recommendations of the Scrutiny Task and Finish Group** (Pages 5 - 18)

5. **Suicide Prevention (Young People)** (Pages 19 - 36)

6. **Children's Services Scrutiny Committee Work Programme 2018/19** (Pages 37 - 46)

7. **Urgent Business**

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

8. **Date of the Next Meeting**

Wednesday 10 April, Cabinet Room C, County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Children's Services Scrutiny Committee

**Minutes of the Meeting held on Wednesday, 16th January, 2019 at 2.00 pm
in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

Present:

County Councillor Andrea Kay (Chair)

County Councillors

N Hennessy	J Mein
I Brown	E Nash
A Cheetham	D T Smith
A Gardiner	P Steen
Ms S Malik	M Tomlinson

Co-opted members

Councillor Stella Brunskill, Children's Partnership
Board - Hyndburn, Ribble Valley, Rossendale

County Councillors Edward Nash psc and Peter Steen replaced County Councillors Joe Cooney and Jayne Rear respectively.

1. Apologies

Apologies were received from County Councillor Paul V Greenall.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes from the meeting held on 5 December 2018

It was noted that County Councillor Matthew Salter replacing County Councillor Anne Cheetham had not been included in the minutes as well as apologies from Councillor Zara Khan.

Resolved: That the minutes from the meeting held on the 5 December 2018 be confirmed as an accurate record and signed by the Chair.

4. Children's Services Social Work Academy

The Chair welcomed Sally Allen, Acting Director of Children's Social Care; Adil Valli, Social Worker; Steph Vickers, Social Worker; Lisa Gee, Advanced Practitioner; Rachel Rump, Business Manager; Lisa Sowden, Team Manager; and Nathan Kay, Practice Manager, to the meeting.

The report presented provided an overview of the Children's Services Social Work Academy, including the background to the Academy, content, evaluation and future plans.

The committee was informed that the Social Work Academy was established in 2017 with the purpose of equipping social workers with the knowledge and skills they need. The primary aim was to improve the quality of social work practice across Children's Services. The Academy provided a comprehensive induction and support programme for all new social workers in Children's Services and was part of the wider recruitment and retention strategy.

It was reported that the Academy included key induction training and mandatory courses as well as the supply of the tools and technology necessary for the role. There was a training package structured around the 'Journey of the Child' supporting positive engagement with children and their families. For newly qualified social workers there was support for development through their first year in practice.

Members were informed that the newly qualified social workers felt prepared and confident when going into practice and there was a peer support network from other newly qualified social workers. They also stated that they had time to complete their portfolio. The Academy gave an insight into multi-agency roles and responsibilities and ensured a consistent approach across Lancashire. Advanced Practitioners listened and responded to feedback regarding the Academy and had implemented some changes as a result.

It was highlighted that the Social Work Academy was highly valued by those who attended and there had been very positive feedback. Managers saw the difference in worker performance and confidence and social workers had the opportunity to have their voices heard by their managers.

The committee was delighted that the Social Work Academy had been established and the work undertaken around recruitment and retention to establish a more stable workforce. However it was identified that from the employee survey there had been good, positive feedback from Children's Services but there were still areas for improvement.

Members were informed that the Academy assisted with the learning of court work and court cases. Although court skills was not part of the two week induction, it was part of the wider workforce development offer that was for all staff within Children's Services. In addition, there was reported to be training being launched in February around legal procedures, specifically involving pre-proceedings.

Regarding vacancies, members were advised that the current vacancy rate was 3.7% and there were currently 41 full time equivalent agency social workers in place. It was highlighted that this was not just because of vacancies but due to sickness and maternity leave.

Resolved: That;

- i. The report presented be noted.
- ii. A quarterly briefing note on the vacancy rate be provided.

5. Children's Services Leadership Academy Report

The report presented provided an overview of the Children's Services Leadership Academy, including the background to the Academy, content, evaluation and future plans.

The Children's Services Leadership Academy was launched in April 2018 following the success of Social Work Academy and it hosted arrange of accredited and non-accredited development programmes. The purpose of the Academy was to ensure and embed effective consistent leadership at all levels of Children's Services. The focus was to develop managerial and leadership skills, knowledge and confidence that improved both personal and organisational performance and improved outcomes for children.

Members were advised that the Academy focused on developing practitioner resilience. It supported recruitment and retention, staff morale, and the health and wellbeing of the workforce.

It was reported that there had been excellent feedback for all courses hosted within the Leadership Academy. Knowledge, skills and confidence had increased significantly. Retention of practice managers and team managers had improved.

The committee was informed that there would be a full evaluation of the Leadership Academy taking place in April 2019. The evaluation would help shape the content of the Leadership Academy going forward and the Children's Services Workforce Strategy Board would discuss and agree the priorities for April 2019 onwards.

In addition, all staff in Children's Services were being prepared for the National Assessment and Accreditation Scheme and Learning and Development's role was to ensure practitioners and supervisors were ready and prepared for the assessment.

It was highlighted that councillor support for the Leadership Academy and the Social Work Academy was fully welcomed. Partnership working was imperative for meeting the needs of children and families and discussions on this were ongoing.

Resolved: That:

- i. The report presented be noted.
- ii. A briefing note to update members on the progress of the Children's Services Leadership Academy and the retention figures for 2018/19 be provided.

6. Children's Services Scrutiny Committee Work Programme 2018/19

The work plan for the Children's Services Scrutiny Committee for the 2018/19 municipal year was presented. The topics included were identified at the work planning workshop held on 10 July 2018.

Members were informed that the item on Teenage Suicide would be included on the agenda for the meeting on 27 February.

Regarding the proposed Bite Size Briefing on Child and Adult Mental Health Services, a request was made to include the progress of services as part of the briefing and for a date to be confirmed.

Members also highlighted the need to view the breakdown of Lancashire children looked (CLA) after placed outside of the county.

Resolved:

- i. That the report presented and comments be noted.
- ii. A date for the CAMHS briefing be set.
- iii. The briefing note on Lancashire CLA be circulated to members.

7. Urgent Business

There were no items of Urgent Business.

8. Date of the Next Meeting

The next meeting of the Children's Services Scrutiny Committee will take place on Wednesday 27 February 2019 at 2:00pm in Cabinet Room 'C' (The Duke of Lancaster Room) at the County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 27 February 2019

Electoral Division affected:
(All Divisions);

Supporting Pupils at Special Schools with Medical Conditions - Responses to the Recommendations of the Scrutiny Task and Finish Group

(Appendices A, B and C refer)

Contact for further information:

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

Executive Summary

In December 2018, the Children's Services Scrutiny Committee published a task and finish group report on supporting pupils at special schools with medical conditions.

In accordance with agreed protocols, the Cabinet Members for 'Children, Young People and Schools' and 'Health and Wellbeing' along with the relevant NHS bodies have been asked to provide a response to the task and finish group's report. Responses have now been received and are set out at Appendices A, B and C.

Recommendation

The Children's Services Scrutiny Committee is asked to receive and comment on the responses by the Cabinet Members for 'Children, Young People and Schools' and 'Health and Wellbeing' and the relevant NHS bodies.

Background and Advice

In September 2017, the Internal Scrutiny Committee agreed to the Children's Services Scrutiny Committee's request to establish a task and finish group to consider the provision of support to pupils at schools with medical conditions. Following the first meeting of the task and finish group in November 2017, it was determined that the scope of the review should focus on school nursing and clinical provision within special school settings across Lancashire.

The task and finish group's report was approved by the Children's Services Scrutiny Committee at its meeting held on 5 December 2018.

In accordance with statutory requirements, responses have been provided by the Cabinet Members for 'Children, Young People and Schools' and 'Health and Wellbeing' and the relevant NHS bodies. These are set out at Appendices:

- A. Combined Clinical Commissioning Group response;
- B. Healthier Lancashire and South Cumbria Integrated Care System responses;
and
- C. Cabinet Member responses.

The Children's Services Scrutiny Committee is asked to receive and comment on the response.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications. The task and finish group's report reflected the views and recommendations of Overview and Scrutiny. It did not necessarily reflect the views of the county council. In many cases, suggestions were made for further consideration to be given to issues, and this may need to include an appropriate assessment of the legal and financial risks and implications. The response from the Cabinet Members and the relevant NHS bodies do not necessarily equate to an assessment of the legal and financial risks and implications at this stage, merely that a commitment will or won't be pursued by them in relation to each recommendation.

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

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

21st December 2018



Morecambe Bay
Clinical Commissioning Group

SENT BY EMAIL TO:
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Dear Gary

Supporting Pupils at Special Schools with Medical Conditions

Thank you for the report produced by the Overview and Scrutiny Committee. As you are aware a number of commissioners from across Lancashire were involved in the process to develop the report and we welcome the impetus this has given to working with Special Schools to address the needs of Children and Young People as part of the SEND agenda.

We are pleased to say that the work and collaboration that started as part of the review process has continued and the task and finish group which was set up to look at some aspects of what has been raised is continuing. This will enable a full picture of the differences in provision and enable work towards how these might be addressed within the resources we all have available. We are pleased to say that this work will help us to move forward in addressing a number of the recommendations made.

We would stress that the work needs to continue on a collaborative basis and would welcome the Committee's continued encouragement to all parties on this point.

We have also worked with our officer colleagues in LCC to ensure that the responses we have given are consistent with work they are doing and hope that when the responses are received from the Council this will be reflected.

I have attached the response to each recommendation. You may also be aware that we have included the need to address these recommendations in the SEND Improvement Plan so that progress can be overseen by the SEND Partnership Board.

Yours sincerely

Hilary Fordham
Chief Operating Officer
Morecambe Bay Clinical Commissioning Group on Behalf of all CCGs

cc Julia Westaway, Morecambe Bay CCG
Lesley Tiffen, Fylde and Wyre CCG
Steve Flynn, Greater Preston and Chorley and South Ribble CCGs
Kirsty Hamer, East Lancashire CCG
Sarah Derbyshire, West Lancashire CCG

Response from the relevant NHS Body to the recommendations of the Supporting Pupils at Special Schools with Medical Conditions scrutiny task and finish group report

The task and finish group recommended that Clinical Commissioning Groups (CCGs) give consideration to:

Recommendation 1

Collaboration with all special schools in Lancashire to review the current offer with a view to establishing a single proactive and equitable commissioning service specification reflecting the needs of pupils attending all special schools, taking account of their specialisms.

Response:

Following the work of the task and finish group, the Clinical Commissioning Groups have been working jointly with nominated Special School Head Teachers to ascertain the current offer of provision. A working group has been established and surveys for special schools, health providers and commissioners have been developed and distributed to gain a comprehensive view of the:

- current health needs of children within each school
- NHS (CCG and public Health) commissioned health provision delivered in each school
- Support special schools commission and provide themselves to meet the health needs of their populations
- training programmes and support available to the school workforce

Once the current offer and levels of need are understood, the working group will consider, in line with guidance and the evidence base, future joint commissioning arrangements which make best use of the resources to meet the health needs of children and young people within special school settings.

Recommendation 2

Facilitate needs led discussions by ensuring appropriate representation must attend all special school EHC Plan meetings.

Response:

The CCGs will ask our Designated Clinical Officers to work with providers to establish a set of principles with clear expectations for health involvement, which are needs based. It may not be that health professionals can attend every meeting, but we will agree a suitable input that is relevant to the needs of the child.

Recommendation 3

Jointly review existing assessment tools for nursing/clinical needs in school with a view to developing a consistent approach.

Response:

The Designated Clinical Officers have already commenced work on a process to review assessment tools and ensure consistency across the areas.

Recommendation 4

Collaboration with providers to identify where needed and in addition to registered nurses, the option of establishing mixed skilled teams of health professionals (including roles such as assistant practitioners) to deliver integrated clinical services in special schools.

Response:

It is proposed that this recommendation will be considered as part of the working group detailed above in response to recommendation 1. Once the surveys have been collated, we will be able to assess needs, understand current provision and capacity and consider potential future models, which use the total resource in health and education in the most efficient and effective way.

Recommendations 5 and 6

Collaboration with providers to review and establish a single equitable and proactive training offer for special schools.

Collaboration with providers to ensure that all health professionals/clinical support receive appropriate training for the special school setting(s) in which they work and to explore any opportunity for joint training with educational professionals/support. Consideration should also be given to determine how joint training should be funded.

Response:

It is accepted that this is important and we will work jointly with schools and the local authority to develop a standardised training offer for the workforce in special schools; health and education. Work has already commenced to capture the baseline position and it is envisaged that the work undertaken in response to the recommendation for the Local Authority to develop and agree a Lancashire wide interpretation of the national guidance, will influence this.

Recommendation 7

Identify where there are co-situated sites (special schools on the same site as mainstream schools) to ensure and enable all relevant health professionals receive the appropriate training and therefore the relevant competencies to work across both sites and for this to be referenced in those job descriptions.

Response:

Universal school nursing is not a CCG commissioning responsibility, but we do accept that special school nursing should be offering needs led support to all children who require it. This is an area that requires further review and understanding which can be developed into a joint programme of work with schools. Equally pupils within special schools are entitled to the Healthy Child Programme and we are happy to work with public health colleagues to ensure a joined up offer.

Recommendation 8

Give all special schools in Lancashire, the county council, Lancashire Parent Carer Forum and POWAR (the county council's participation council group for children and young people with special educational needs and disabilities - Participate, Opportunity, Win, Achieve and Respect) the opportunity to have their say on any new commissioning service specification before it is signed off.

Response:

Engaging with key stakeholders and service users is a key part of our commissioning process. The Two Way Communication Model, as detailed in the SEND Partnership Strategy, provides us with a mechanism to be able to do this effectively going forward. Commissioning decisions whilst ultimately taken by CCG Governing Bodies can be influenced and fed into via the Lancashire SEND Partnership Board and informed by the three SEND Local Area Partnerships which will comprise of parents, carers, young people, special schools and the county council.

Recommendation 9

Managing expectations of education professionals by informing all special school governing bodies of the provision that is in place, confirming roles and responsibilities (including Designated Clinical Officers), where they can go for information and advice and how they can lodge a complaint. Furthermore, any variation in contract should be reported to all relevant special school governing bodies.

Response:

The Designated Clinical Officers roles and responsibilities have been communicated via the portal and are defined on the Local Offer, along with information regarding our

complaints procedures. The DCOs have also attended a number of head teacher forums to provide information about their roles and how to access information and advice.

It is anticipated that ongoing two way communication will be enabled via the SEND Local Area Partnerships as detailed above.

Response from the Lancashire and South Cumbria Integrated Care System (L&SC ICS) to the recommendations of the Supporting Pupils at Special Schools with Medical Conditions scrutiny task and finish group report.

The task and finish group recommends that Healthier Lancashire and South Cumbria give consideration to:

1. Provide assurance from the children's champion and SEN lead within the Integrated Care System/Sustainability Transformation Partnership governance structure, that should emergency/secondary support be moved from their current locations to ensure the location of all special schools in Lancashire will be taken into account.

Response from the L&SC ICS:

Engagement with stakeholders is a key component of the commissioning process. A commissioning redesign of this scale would not only ensure engagement to inform the design but is likely to require formal consultation. The SEND Partnership governance arrangements provide us with a robust mechanism to engage and consult with all stakeholders and to be informed not only of the needs of children and young people, but the current provision available across the L&SC geography.

The ICS is also working to develop more robust integrated services closer to home, within local neighbourhood/community footprints. As the majority of support is provided by community services, should changes in the acute provision be considered, there should be limited impact to children within special schools.

2. Review and implement improved methods of sharing clinical information (including tertiary care) in a timely manner with special schools and providers and removing NHS jargon.

Response from the L&SC ICS:

The requirement for improved communication and information sharing to provide more person centred and holistic care is recognised by the ICS as important and is a key work programme.

Data Sharing is also governed by strict rules which need to be adhered to and require all organisations to gain the appropriate consent to information sharing, in this case, parents and / or young people depending on age and capacity.

The ICS information workstream is happy to work with the SEND Partnership to ensure that appropriate data sharing is in place and adheres to the necessary regulations.

Cabinet response to the recommendations of the Supporting Pupils at Special Schools with Medical Conditions scrutiny task and finish group report

The task and finish group recommended that where applicable the Cabinet Members for 'Children, Young People and Schools'* and 'Health and Wellbeing'** give consideration to:

1. Writing to the Secretary of State for the Department for Education (DfE) to request that the statutory guidance on "Supporting pupils at school with medical conditions" be reviewed and that the grounds for review be determined collectively with all special schools and CCGs. *

Response:

The Cabinet Member for Children and Young People and Schools will ask Officers to write to the Secretary of State for the Department for Education (DfE) to request that the statutory guidance be reviewed.

2. Collaborating with special schools through Lancashire Special School Headteachers' Association (LSSHTA) to produce supplementary guidance to complement the DfE's statutory guidance and to assist special school settings in producing their medical conditions policies and for this to be published on the Schools' Portal. In addition for the supplementary guidance to clarify who funds specific aspects of care. Furthermore, to ensure that it receives legal clearance.*

Response:

Officers of the County Council will work through an existing task and finish group, involving the CCGs and Special schools, to co-develop supplementary guidance to complement the DfE's statutory guidance and to provide greater clarity of the support and service provision that is available and the associated funding arrangements.

3. Collaborating with the CCGs, providers, all special schools, parents and carers to produce a multi-agency protocol to clarify the roles and responsibilities and accountability of both education and health professionals on what is deemed to be a basic care intervention and a medical/clinical intervention when supporting pupils with medical conditions in special school settings. Taking into account the findings of this review and for the protocol to form a part of the county council's supplementary guidance.*

Response:

This will be taken forward as part of the development of supplementary guidance.

4. Collaborating with the CCGs, providers, all special schools, parents and carers to review the supplementary guidance on an annual basis.*

Response:

A review is proposed one year after publication and then, more proportionately, on a bi-annual basis unless significant issues are raised through the Inclusion Service Partnership governance arrangements or there is a change in the National Guidance.

5. Enabling the sharing of intelligence and a consistent refresh of data (from Inclusion Service and children's social care) to help inform CCGs and providers the needs of children including those who are transitioning across schools, across boundaries, age groups and leaving education, and to also inform training requirements of both health and education professionals.*

Response:

A new online tool provides access to school population data for children with Inclusion Service. The webpage helps display accurate information in an easy to read dashboard.

It is currently hosted by Lancashire County Council and supported by the Joint Strategic Needs Assessment.

[https://www.lancashire.gov.uk/lancashire-insight/education/Inclusion Service-dashboard/](https://www.lancashire.gov.uk/lancashire-insight/education/Inclusion%20Service-dashboard/)

6. Incorporating public health universal services within all special school settings, to meet the holistic health needs of those children and young people.**

Response:

The commissioned Public Health Nursing services are required to ensure the school aged population is offered the Healthy Child Programme, a national framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Access to services is not subject to school setting and will include offering the programme to children who do not attend a mainstream school, including in special school settings, children educated at home, and children missing from education.

7. Addressing the issue of work space to accommodate school nurses and health professionals including therapy staff and their needs in special schools.

Response:

The County Council does not have control over day to day utilisation of space within Special Schools. The County Council will however work with schools and providers to better understand the issues and to ascertain whether there is a role for the

County Council in facilitating access for health professional and therapy staff on school sites.

8. Enabling all health professionals to access a computer with access to relevant systems with sufficient connectivity (firewall/Wi-Fi) to assist them and ensuring that upgrades from the NHS are co-ordinated with the county council.*

Response:

The County Council will provide health professionals with access to County Council systems where appropriate. However, the County Council does not have control over ICT connectivity within the school environment. Connectivity for health professional is dependent on school ICT administrators configuring systems and enabling access where appropriate.

9. Promoting existing equipment stores via the Schools' Portal. *

Response:

The County Council will promote the existing equipment stores via the Lancashire Schools Portal and Lancashire Local Offer.

10. The creation of transport healthcare plans and for these to be based on pupils' individual healthcare plans [and EHC Plans] and to include emergency contacts. In addition to ensure that mechanisms are put in place to share intelligence between the Inclusion Service team and the county council's transport team. Furthermore, enable passenger assistants and drivers to have the relevant training (CPR), skills, knowledge and access to transport healthcare plans for the relevant journeys to and from school.*

Response:

The County Council will ensure that guidance is produced on the creation and use of healthcare plans for CYP who have medical needs and are provided with transport assistance and ensure emergency contact information is included within these plans.

A review of information sharing between the Inclusion Service and transport team will be undertaken to ensure all relevant information is shared and that drivers and passenger assistants have access to them.

A review of training requirements of passenger assistants and drivers will be undertaken.

11. The report of the task and finish group be passed to the Lancashire Health and Wellbeing Board to note and consider those recommendations highlighted for the Cabinet Member for Health and Wellbeing to respond.**

Response:

The proposed actions will be shared with the Health and Wellbeing Board as part of the next Inclusion Service Update to the Board.

12. The possibility of incorporating the task and finish group's recommendations within mainstream school settings once the outcome of the healthy child programme appeal is known.* and **

Response:

A number of the actions proposed or taken, such as the Inclusion Service data tool, are of benefit to mainstream school settings. The development of supplementary guidance is also expected to have benefits to mainstream school settings. Whilst our priority is to address the recommendations made in respect of access to support within special schools, if there is learning that can be communicated and applied to mainstream settings that will be done.

Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 27 February 2019

Electoral Division affected:
(All Divisions);

Suicide Prevention (Young People)

(Appendix 'A' refers)

Contact for further information:

Chris Lee, Public Health Specialist: Behaviour Change,

chris.lee@lancashire.gov.uk

Executive Summary

This report provides an update to members of the Children's Services Scrutiny Committee on the action undertaken by Lancashire County Council (LCC) to address teenage suicide.

The overall approach taken by LCC and wider Integrated Care System (ICS) colleagues to suicide prevention is all age in focus, with certain aspects of work detailed here specifically relating to young people.

Recommendation

The Children's Services Scrutiny Committee is asked to:

- i. Note and comment on the report.
- ii. Discuss and formulate any further recommendations from the information provided.

Background and Advice

The work outlined in this report is intended to contribute towards the wider Lancashire and South Cumbria Integrated Care System aim of a 10% reduction in suicide.

The Data (2008 to 2017 in Lancashire (12 districts)):

- Deaths from suicides and injury of undetermined intent formed 19% of all deaths in teenagers; the second highest cause of teenage deaths after accidents. In the UK, suicide is the leading cause of death in young people, accounting for 14% of deaths in 10-19 year olds and 21% of deaths in 20-34 year olds.
- There were 248 teenage (13-19 year olds) deaths from all causes, 46 of which were from suicide and injury of undetermined intent, with 10 (22%) females and 36 (78%) males.

- Based on aggregated 2008-2017 figures in Lancashire the rate (per 100,000) of deaths by suicide and injury of undetermined intent:
 - In 10-14 year olds (0.3) is similar to the England rate (0.2)
 - In 15-19 year olds (6.1) is higher than the England rate (3.7) (although not a statistically significant difference)
- One child in five has had a serious mental health problem at least once by age 11; with boys twice as likely as girls to experience this.
- 13% of all teenage deaths amongst residents of deprivation quintile 1 (20% most deprived, nationally) are due to suicide and injury of undetermined intent (10 out of total of 75).
- 31% of all teenage deaths amongst residents of deprivation quintile 5 (20% least deprived, nationally) are due to suicide and injury of undetermined intent (10 out of total of 32).

Current Activity:

- LCC has adopted the Integrated Care System (ICS) suicide prevention action plan (Logic Model) as detailed in Appendix 'A'.
- LCC has developed and hosts the Lancashire Suicide Prevention and Self Harm Partnership, a multi-agency group that has come together to help deliver the Lancashire suicide prevention action plan.
- Work is ongoing with the national Time to Change team to train staff of local service providers (LCC commissioned and NHS colleagues) and Lancashire schools.
- LCC has commissioned Lancaster University to provide an Emotional Health and Wellbeing Service. This service provides training and assessment skills to staff working in educational establishments in Lancashire to enable them to better identify and support young people with emerging mental health issues, better navigate and understand relevant services and to support their own wellbeing. The service now covers from year 6 upwards to include the transition periods: primary to secondary, secondary to college and college to university.
- LCC has commissioned Positive Action in the Community (PAC) to provide Youth Mental Health First Aid training.
- LCC has commissioned Young Addaction to provide support and treatment to young people and families around substance misuse issues, which often includes wider vulnerabilities such as Child Sexual Exploitation, as traumas that may give rise to suicidal ideation.
- LCC is currently hosting a Ministry of Housing, Communities & Local Government funded 'Trailblazer' pilot programme '[Breathing Space Lancashire](#)' supporting young people at risk of homelessness across East Lancashire.
- The ICS multi agency Children and Young Peoples Wellbeing work is adopting the THRIVE (see <https://www.thriveapproach.com/the-thrive-approach/>) approach. LCC officers are involved in this and are connecting to our commissioned services to ensure a joined up approach.
- LCC is working with ICS colleagues to develop a Contagion Protocol to support young people in the event of a young person's suicide.

Proposed Activity:

- Finalising and implementing the Contagion Protocol.
- Continuing to strengthen links with Children's Social Care.
- Develop specific website space for suicide prevention.
- Deliver the 'Prevention' work stream of the Lancashire Suicide Prevention and Self Harm Partnership action plan , including:
 - Building understanding and reducing stigma utilising the experience of those affected.
 - Expanding and rolling out projects that have worked in other parts of the county e.g. the Orange badge scheme in Lancaster (a simple training and identification project enabling individuals to approach trained people for support).
 - The re-establishment of the school theatre project where schools are invited to put a short performance together exploring key themes.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Financial

The work that is outlined above is funded from within the existing county council revenue budget.

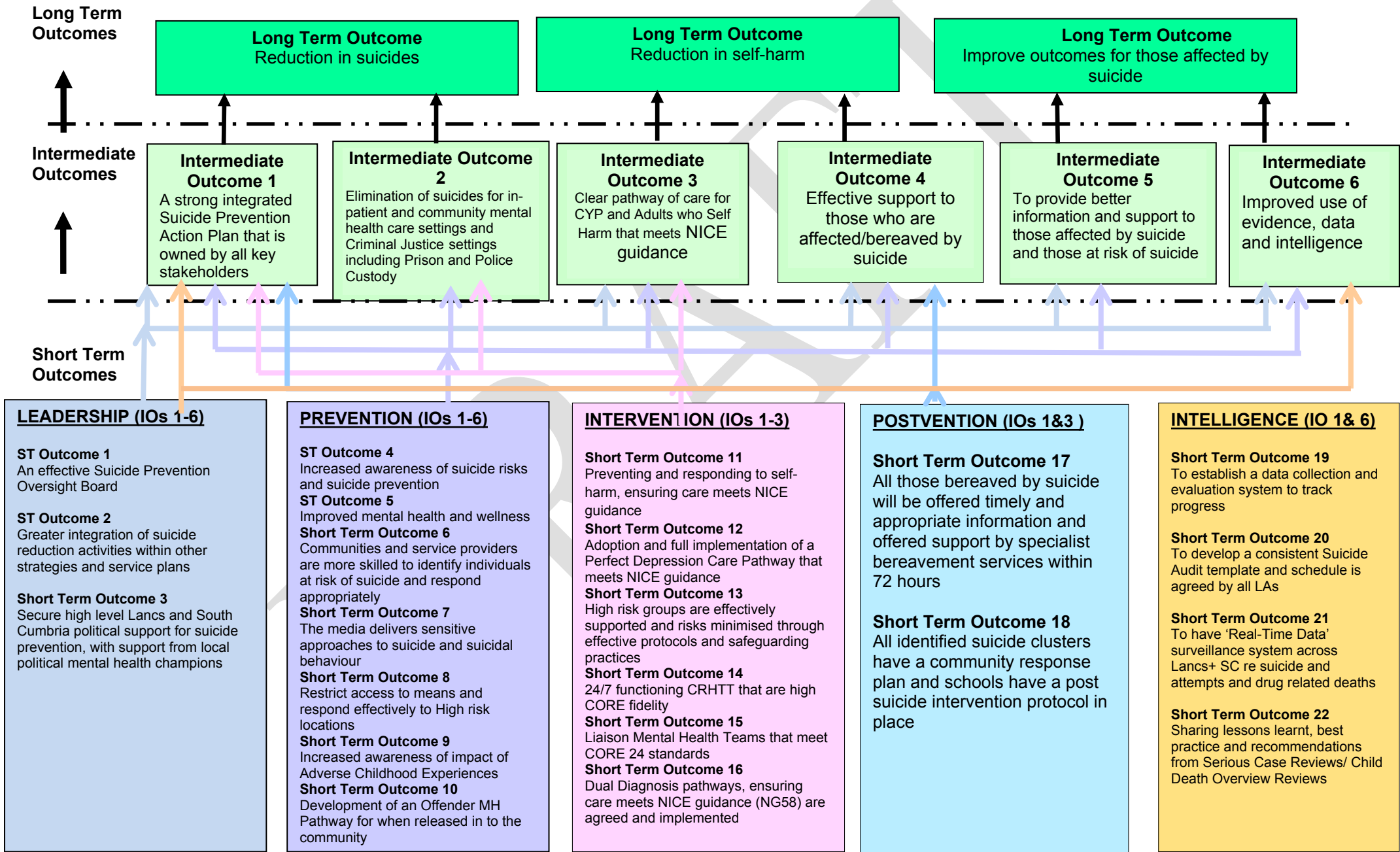
Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
NA		


Reason for inclusion in Part II, if appropriate
NA

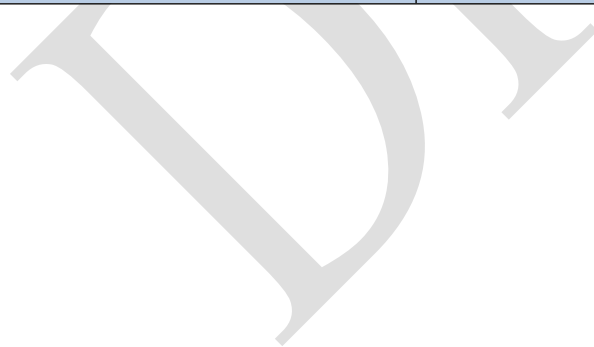
Vision Lancashire and South Cumbria residents are emotionally resilient and have positive mental health



LEADERSHIP

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

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




PREVENTION

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

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



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

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



INTERVENTION

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

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

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


POSTVENTION

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

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

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

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

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



Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 27 February 2019

Electoral Division affected:
(All Divisions);

Children's Services Scrutiny Committee Work Programme 2018/19

(Appendix 'A' refers)

Contact for further information:

Samantha Parker, Tel: 01772538221, Senior Democratic Services Officer,

sam.parker@lancashire.gov.uk

Executive Summary

The work programme for the Children's Services Scrutiny Committee is attached at Appendix 'A'.

The topics included were identified at the work planning workshop held on 10 July 2018.

Recommendation

The Children's Services Scrutiny Committee is asked to:

- i. Note and comment on the report and work programme;
- ii. Discuss and confirm topics for the next meeting and reasons for scrutiny.

Background and Advice

A statement of the work to be undertaken and considered by the Children's Services Scrutiny Committee for the 2018/19 municipal year is set out at Appendix 'A'.

The work programme will be presented to each meeting for consideration. The work programme includes topics to be discussed at committee meetings, events, task groups, rapporteur work, briefing notes and training for members.

Members are requested to note and comment on the report and to discuss and confirm topics for the next meeting and reasons for scrutiny.

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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NA

Reason for inclusion in Part II, if appropriate

NA

Children's Services Scrutiny Committee Work Programme 2018/19

The Children's Services Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Councils Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Children's Services Scrutiny Committee will:

- Scrutinise matters relating to services for Children and Young People delivered by the authority and other relevant partners
- Review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate
- Invite interested parties when reviewing any matter relating to the planning, provision and operation of the health service in the area, to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- Review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate
- Take steps to reach agreement with NHS body, in the case of contested NHS proposals for substantial service changes
- Refer a matter to the relevant Secretary of State in the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS
- Refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation

- Scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999
- Draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders
- Acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
- Require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence
- Invite any officer of any NHS body to attend before the Committee to answer questions or give evidence

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Children's Services Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Topic	Scrutiny Purpose (objectives, initial outcomes)	Scrutiny Method	Lead Officers/ Organisation	Proposed Date(s)	Recommendations	Progress
Meeting						
SEND – Lancashire Parent Carer Forum	Progress on the establishment of the Lancashire Parent Carer Forum	Meeting	Sophie Valinakis Catherine Ratcliffe (Contact)	4 July 2018	<p>A letter be sent from the Chair of the Committee to the Regional Manager at Contact with a copy to the Department for Education highlighting the concerns raised on the progress in Lancashire on the establishment of a Lancashire Parent Carer Forum.</p> <p>An action plan be drafted on delivery and timescales by Contact.</p> <p>A further update on progress from Contact be provided to the Committee later in the autumn.</p> <p>Members attend engagement events in their areas and report back to the Committee.</p>	Response received. Update to be presented at December meeting. Completed.
Ofsted Report	To receive report and to discuss any further items to be included in the work programme	Meeting	Sally Allen	10 October 2018	An invite be extended to the Social Work Academy and Leadership Academy to attend the January meeting of the committee to provide an update to members on the progress made.	Completed

Children's Health	Overview of current challenges across Lancashire	Meeting	Clare Platt Judith Gault Karen Gosling CC Shaun Turner	10 October 2018	A report be presented to the committee in six months on the progress and improvements being made.	Scheduled on work programme
Task Group Report	Receive the Supporting Pupils at School with Medical Conditions task group report	Meeting	CC Ian Brown	5 December 2018	The relevant Cabinet Members and officers from the NHS and the county council be invited to attend the Children's Services Scrutiny Committee meeting scheduled for 27 February 2019, to present their responses to the Task and Finish Group's recommendations.	Scheduled on the work programme for 27 February 2019
Child and Family Wellbeing Service	Service provision update following outcome of consultation on budget saving proposal.	Meeting	Debbie Duffell Cllr Stella Brunskill	5 December 2018	An update from the Children and Family Wellbeing Service be provided to the Children's Services Scrutiny Committee in 6 months.	To be scheduled on work programme
Lancashire Parent Carer Forum	Progress of forum establishment and engagement with parents	Meeting	Contact David Graham Sophie Valinakis	5 December 2018	Information be circulated to school clusters on the work of the LPCF. Information be circulated to all councillors on the work of the LPCF.	

Children's Services Development Plan	Overview of the Development Plan following Ofsted inspection for member feedback	Meeting	Sally Allen	5 December 2018	Suggestions from the committee on the draft plan be fed back. Further update provided on progress	Update scheduled on work programme
Social Work and Leadership Academy	Progress update	Meeting	Sally Allen Rachel Rump	16 January 2019	Social Work Academy – quarterly report to be provided on vacancy rate. Leadership Academy - briefing note to update on the progress of the Leadership Academy and the retention figures for 2018/19 be provided.	
Suicide Prevention (young people)	Detail on work being undertaken in relation to teenage suicide	Meeting	Chris Lee	27 February 2019		
Task Group Report	Supporting Pupils at School with Medical Conditions task group report – response to recommendations	Meeting	David Graham Dave Carr Headteachers CCG reps	27 February 2019		
CAMHS	Timescales and delays in referrals	Meeting	NHS reps	10 April 2019		
Lancashire Getting to Good Plan	Focus on Neglect	Meeting	Sally Allen	10 April 2019		

SEND – Right First Time	Inspection preparation and EHCP timescales	Meeting	TBC	22 May 2019		
IRO Annual Report	TBC	Meeting	TBC	22 May 2019		
Inquiry Day						
SEND (joint Education and Children's Services)	Transition from primary to high school	Inquiry Day	TBC	TBC		
Rapporteur						
Children and Family Wellbeing	Mobile resources to challenge pockets of deprivation and rural isolation	Rapporteur	Cllr Stella Brunskill	TBC		
Bite Size Briefing						
Online Safeguarding	Overview of training provided by LSCB	Bite Size Briefing	LSCB	27 February 2019		
Ofsted report	Overview of report detail	Bite Size Briefing	Amanda Hatton	4 October 2018	NA	Completed
Risk Sensible Model	Overview of training provided by LSCB	Bite Size Briefing	LSCB	11 December 18	NA	Completed

Domestic Abuse Perpetrator Programme	Overview of programme	Bite Size Briefing	Debbie Thompson	13 March 19		
CAMHS	Overview of service provision	Bite Size Briefing	TBC	10 April 19?		
Briefing Note						
Secure units	Update following inspection and recommendation from Cabinet	Briefing Note	TBC	February 2019		
YOT	Budget savings proposal	Briefing Note	Barbara Bath	TBC		
SCAYT+	Budget savings proposal	Briefing Note	TBC	February 2019		
Domestic Abuse	Update following conclusion of the cabinet working group	Briefing Note	TBC	TBC		
National Troubled Families Programme	Update on data system and recruitment	Briefing Note	Debbie Duffell	November 2018		Completed
Children Looked After	Breakdown of Lancashire children looked after placed outside of Lancashire	Briefing Note	Sally Allen	February 2019		
Forced Marriage	Annual briefing note	Briefing Note	TBC	March 2019		

Children's Health Update	Update on programmes/projects discussed at October meeting	Briefing Note	Clare Platt	March 2019		
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Additional potential topics:

- Corporate Parenting Strategy and Local Offer
- Workforce strategy and impact
- Road safety
- Total Neighbourhood programme
- Child and Family Wellbeing Service update (July 2019?)
- YOT Pan Lancs – service challenge
- 0-19 Healthy Child Programme
- Children's Partnership Boards review
- Area Safeguarding Arrangements