



Review of evidence of actions taken by Lancashire Care NHS Foundation Trust, Lancashire County Council and associated stakeholders following an independent investigation into the care and treatment of Mr W.

22 July 2019 Final report

A review of the evidence provided by Lancashire Care NHS Foundation Trust, Lancashire County Council and 'Change, Grow, Live' that the organisations had implemented the action plan arising from an independent investigation of the care and treatment of Mr W (published July 2018)

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Contributors include those who provided written information and those who agreed to a telephone conversation to clarify and confirm the documentation. We are particularly grateful to the senior staff from the Trust, from Lancashire County Council and Change, Grow, Live who coordinated the provision of information and additional evidence.

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Contents

Acknowledgements.....	3
1 Introduction.....	5
Background	5
Terms of Reference	5
Methods.....	5
2 Recommendations.....	6
3 Implementation of recommendations and action plans	8
4 Conclusions	17
Appendix 1: Documents reviewed.....	19
Appendix 2: Commissioning arrangements for substance misuse services in Lancashire	21
Appendix 3: Abbreviations	22

1 Introduction

Background

- 1.1 NHS England (North) commissioned this assurance review of action taken by Lancashire Care NHS Foundation Trust¹ (the Trust) in conjunction with Lancashire County Council² (LCC) and Change Grow Live³ (CGL), following the independent mental health homicide review of the care and treatment provided to Mr W by the Trust. LCC became responsible for commissioning substance misuse services in 2013 and currently commission these services from CGL as prime provider – details of commissioning arrangements are contained in Appendix 1.
- 1.2 The mental health homicide review was published in June 2018⁴. The review made three recommendations for change to the practices and policies of the Trust and to improve joint working between the agencies commissioning and providing substance misuse services. In response to these recommendations the Trust and LCC produced an action plan: we have reviewed the implementation of these actions to assess the extent to which these actions have been implemented and embedded throughout the Trust, LCC and voluntary organisations providing substance misuse services.

Terms of Reference

- 1.3 The terms of reference for this review were as follows:

“Undertake an assurance follow up review, 6/12 months after the report has been published, to assure that the report’s recommendations have been fully implemented and produce a short report that may be made public.”

Methods

- 1.4 Actions were identified by the Trust and LCC, the latter working in conjunction with CGL. This review is based on the action plans and associated evidence provided by the Trust regarding the implementation of actions arising from

¹ The Trust provides health and wellbeing services for a population of around 1.5 million people and specialises in secure, inpatient and community mental health services. Other services include community nursing, health visiting and a range of therapy services; Wellbeing services include smoking cessation and healthy lifestyle services. The Trust covers the whole of the county and employs around 7,000 members of staff across more than 400 sites. [Lancashire Care NHS Foundation Trust](#)

² Lancashire County Council is an ‘upper tier’ local authority, providing a wide range of services and support to its population. These services include social care for children and adults and public health services, as well as education, transport, and leisure facilities. As part of its public health role, LCC commissions substance misuse services. [Lancashire County Council](#)

³ Change, Grow Live is a registered charity, operating nationally, which provides support to adults, children, young people and families. Their services cover a wide variety of areas including health and wellbeing, substance use, mental health, criminal justice, domestic abuse and homelessness. [Change, Grow, Live](#)

⁴ [Independent investigation into the care and treatment of a mental health service user, Mr W](#)

Recommendations 2 and 3: these included actions jointly implemented with LCC, CGL, Delphi Medical⁵ and Young Addaction⁶; and from LCC/CGL on actions arising from Recommendation 1 and 2. We reviewed the evidence initially provided in detail and identified where we felt that additional evidence, clarification and discussion would enhance our review.

- 1.5 We reviewed a number of documents and data provided:
- ‘The action plan based on the recommendations of our independent review of Mr W’s care and treatment’ (actions led by the Trust, updated April and May 2019; and actions led by LCC/CGL, updated May 2019).
 - A range of documents was provided by the Trust, LCC and CGL as evidence to support their implementation of the recommendations. A full list is contained in Appendix 1.
- 1.6 Additional information and clarification was sought and received by email exchange with the Senior Public Health Practitioner from LCC and the Associate Director of Safety (the Trust); and a telephone conversation was held with the Public Health Specialist – Behaviour Change (LCC) to clarify the commissioning arrangements for substance misuses services in Lancashire (see Appendix 2).
- 1.7 We assessed the implementation of the action plans using the following scheme. This is based on the three levels of compliance used by NHS Resolution (formerly NHS Litigation Authority) with two additional categories.
1. No evidence of implementation
 2. Evidence of partial implementation
 3. Level 1 - Policy: evidence has been described and documented.
 4. Level 2 - Practice: evidence has been described and documented and is in use.
 5. Level 3 - Performance: evidence has been described, documented and is working across the whole organisation(s).

2 Recommendations

- 2.1 Caring Solutions (UK) Ltd made three recommendations, arising from the findings of our review of care and treatment provided to Mr W.

Recommendation 1 (Lancashire County Council, the Local Pharmaceutical Council, NHS England and services involved in the provision of shared care services in the Lancashire area.)

⁵ “Delphi Medical is a leading independent provider of drug and alcohol treatment in the UK.” [Delphi Medical](#) They are part of the Calico Group and contracted to provide a 24 hour medically managed in-patient detoxification services for individuals with complex drug and alcohol problems. This involves the provision of specialist assessment, stabilisation, and assisted withdrawal and detoxification services for individuals who cannot achieve their identified goal in a different environment.

⁶ Addaction is “a charity specialising in support for people with drug, alcohol, and mental health problems” which provides services across England and Scotland. Young Addaction Lancashire is a young people’s substance misuse service for under 25s, with a number of offices in Lancashire. Their work is mainly conducted in one to ones using a variety of psychosocial interventions along with conduct group work for young people and professionals around drugs and alcohol. They work with all drugs and alcohol. [Young Addaction Lancashire](#)

- a) The revised contract for the provision of substance misuse services should identify how patients' records are to be transferred to a new provider.
- b) Lancashire County Council should convene regular Shared Care meetings, with representation from prescribing agencies, primary and secondary health services and community pharmacies. These meetings should provide a forum to:
 - Monitor and evaluate performance of agencies against their Shared Care contracts.
 - Highlight and resolve any commissioning, contractual and agency concerns.
 - Review any serious incidents, near misses and complaints.
 - Oversee joint serious incident investigations.
- c) The Local Pharmaceutical Council, substance misuse services, and NHS England should consider undertaking a review to ascertain the value of making an adjustment to the PharmOutcomes system so that it notifies all the involved shared care services when a supervised consumption patient has missed a single methadone collection. This review should take place within six months.

Recommendation 2 (Lancashire Health and Wellbeing Board, Lancashire County Council (Public Health), Lancashire Clinical Commissioning Groups, Lancashire Care NHS Foundation Trust and provider(s) of substance misuse, housing and judicial services.)

Lancashire Health and Wellbeing Board should assume responsibility for the coordination of a forum to develop and implement a local dual-diagnosis protocol that provides:

- A coordinated and collaborative whole system integrated pathway to support individuals who misuse substances so that they have access to high-quality physical and mental healthcare, housing and employment.
- A senior strategic board that oversees and monitors the implementation of the dual-diagnosis protocol across all of the health and social care sectors.
- Clarity with regard to interagency information sharing and the management of risk, shared care arrangements, including care coordination.
- Biannual meetings with representatives from all involved sectors with the aim of developing robust interagency relationships, to share lessons learned from serious incidents and to proactively identify and manage interagency issues.

Recommendation 3 (Lancashire Care NHS Foundation Trust)

Lancashire Care NHS Foundation Trust should consider developing a new risk assessment tool that includes both risk management and crisis plans, and which involves both the patient and all other involved agencies.

3 Implementation of recommendations and action plans

Recommendation 1 (Lancashire County Council, the Local Pharmaceutical Council, NHS England and services involved in the provision of shared care services in the Lancashire area.)

- a) The revised contract for the provision of substance misuse services should identify how patients' records are to be transferred to a new provider.
- 3.1 LCC service specification (February 2018) Section 18.4 Compliance has a requirement to 'ensure effective business transfer plan', including
 - 18.2.1.1 "Transfer of service user case files/data migration from previous providers to the new Provider prior to service commencement date
 - 18.2.1.2 "Continuation of treatment interventions, including prescribing"
 - 18.2.1.3 Transfer of existing Local Improved Services agreements for pharmacies (needle exchange distribution and supervised prescribing) and primary care (shared care arrangements Level 1 & 2) from Lancashire County Council/Midlands and Lancashire Commissioning Support Unit to the new provider".
- 3.2 This new contract (between LCC and CGL, for Central and North Lancashire) commenced 1 October 2018.
- 3.3 Historical data for closed clients cannot be transferred because of data protection legislation. If such a client presents to CGL, they can, with the consent of the client, request these from the previous provider.
- 3.4 CGL/Inspire provided evidence that they had requested and achieved an increase from 6 months to 3 years in the length of historical data transferred from the previous provider, 'as direct learning from this case'. The CGL Data Transfer Requirements form was provided for North and Central Lancashire.
- 3.5 Also, since this case, CGL/Inspire have demonstrated that they worked with the outgoing provider to identify the level of risk (high, medium and low) so that CGL/Inspire could prioritise seeing transferred clients according to risk. We are informed that clients were invited to be seen and a full risk review was undertaken, based on level of need.

Recommendation 1 a): Implemented to Level 1

In order to achieve Level 2, implementation of the contract needs to be audited for compliance; and to achieve Level 3, any changes to practice to improve compliance need to be made.

- b) Lancashire County Council should convene regular Shared Care meetings, with representation from prescribing agencies, primary and secondary health services and community pharmacies. These meetings should provide a forum to:
 - Monitor and evaluate performance of agencies against their Shared Care contracts.
 - Highlight and resolve any commissioning, contractual and agency concerns.
 - Review any serious incidents, near misses and complaints.

- Oversee joint serious incident investigations.
- 3.6 LCC commissions CGL/Inspire to subcontract and manage shared care contracts for GPs and pharmacies. The 2018 service specification (para 9.9) for North and Central Lancashire sets out the responsibilities of CGL/Inspire⁷. LCC arranges quarterly contract review meetings, which monitor performance of the contract against the service specification, all meetings are documented and monitored by LCC. These meetings include noting and resolving any commissioning, contractual and agency concerns/issues. The first contract review meeting (covering October to December 2018) was held on 28 February 2019.
 - 3.7 LCC point out that these contracts are limited to formal shared care contracts with GPs (acting as prescribers) and pharmacies (providing supervised consumption). The 2018 service specification includes the requirement for CGL/Inspire to monitor and evaluate performance of agencies against its shared care contracts. Contract monitoring for GPs and pharmacies is not included in these formal arrangements as this is the responsibility of NHS England or the relevant Clinical Commissioning Group (CCG) and is, therefore, outside the responsibility of LCC and CGL/Inspire.
 - 3.8 CGL/Inspire have implemented a system of quarterly monitoring shared care contracts beginning from Quarter 1 (April – June 2019), as set out in their interim Service Level Agreement (SLA); and from September 2019 CGL will have developed a comprehensive mechanism for quarterly review, with participating pharmacies, utilising PharmOutcomes data and reporting mechanisms, feedback from pharmacies and any requested audit data, in order to provide assurance regarding performance. This will then feed into wider LCC and CGL/Inspire contract monitoring arrangements.
 - 3.9 LCC includes an appendix on ‘Incidents requiring reporting procedure’ in all Public Health contracts. LCC and CGL/Inspire are accountable for effective governance and learning following a ‘Serious Reportable Incident’. The procedure clearly sets out the responsibilities of commissioners and service providers who are party to the contract. LCC are responsible for ensuring that CGL/Inspire report incidents to commissioners and, where appropriate, other agencies such as the police, CCGs, or safeguarding boards. LCC will ensure that Serious Reportable Incidents (SRIs) are managed and investigated appropriately; that recommendations and action plans are in place and that learning is embedded and demonstrated. The procedure is appropriate and consistent with the NHS England approach to serious incidents⁸.
 - 3.10 The LCC service specification (February 2018), includes a requirement for providers to cooperate with serious incident investigations.
 - 3.11 CGL intend that all clinical governance, reported incidents and service user safety standards in regards to this service will be monitored and audited on an annual basis by the Purchaser or the Purchaser’s preferred agent.

⁷ A contract variation for East Lancashire is still to be completed

⁸ NHS England (2015) Serious Incident Framework: supporting learning to prevent recurrence

- 3.12 The draft CGL SLA (supervised consumption), April 2019, states that all serious incidents should be reported to CGL/Inspire, which will be shared with LCC. The SLA sets out the procedure for contractors to report incidents and near misses (Section 11. Incidents and complaints).
- 3.13 In addition to the contract monitoring arrangements, there is a proposal to set up a Treatment Effectiveness Group, which will be a subgroup with other partners of the Preventable Harm Group (commissioners and providers across Lancashire and Cumbria). This will review key treatment incidents and themes and will include issues relating to prescribing and pharmacy. This group will seek representation from the local pharmacy committee, the Trust, substance misuse treatment providers and other key interdependent stakeholders. The remit and structure of this group are still under discussion, with an anticipated commencement at the next Preventable Harm Group in September 2019. The draft Terms of Reference for the Treatment Effectiveness Group are out for consultation at the time of writing.
- 3.14 At the Integrated Care System (ICS)⁹ level the Mental Health Multi-Agency Oversight Group (MAOG) will also play an increased role in overseeing dual diagnosis practice and policy development, which is a significant development for dual diagnosis services. The new Dual Diagnosis Joint Working Agreement will be signed off by the Mental Health Oversight Board (MHOB) which the MAOG reports to.

Recommendation 1 b): Implemented to Level 1

In order to achieve Level 2, implementation of the contracts need to be audited for compliance; and to achieve Level 3, any changes to practice to improve compliance need to be made.

- c) Community Pharmacy Lancashire (formerly the Local Pharmaceutical Council), substance misuse services, NHS England should consider undertaking a review to ascertain the value of making an adjustment to the PharmOutcomes¹⁰ system so that it notifies all the involved shared care services when a supervised consumption patient has missed a single methadone collection. This review should take place within six months.
- 3.16 The LCC service specification for Central and North Lancashire (February 2018) includes provision for the provider to be responsible for managing and

⁹ In an integrated care system, NHS organisations working with local councils and others (such as local charities and community groups), take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Local services can provide better and more joined up care for patients when different organisations work together. ICSs can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there. [Integrated Care Systems](#) The 'Healthier Lancashire and South Cumbria ICS' covers a region made up of five local areas (Central Lancashire, West Lancashire, Pennine Lancashire, Fylde Coast, and Morecambe Bay). [Healthier Lancashire and South Cumbria ICS](#)

¹⁰ PharmOutcomes is a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services. It collates information on pharmacy services, allowing local and national level analysis and reporting on the effectiveness of commissioned services, helping to improve the evidence base for community pharmacy services. More information is available at [PharmOutcomes](#)

contracting supervised consumption, needle exchange and shared care services (para 9.1.1). This includes a requirement that the shared care contract with community pharmacists' PharmOutcomes system introduces a facility to send 'immediate electronic notification' to the Provider of all missed doses (para 9.1.1.4).

3.17 CGL noted that it was possible to introduce such an electronic system using PharmOutcomes but had some reservations about the value of this approach, based on:

- the volume of emails this would involve, possibly limiting the effectiveness of prescribing teams to prioritise clients who had missed three consecutive doses¹¹
- only some pharmacies use PharmOutcomes as a live system
- the pharmacies which see the majority of CGL/Inspire's clients are not covered by the 'supervised consumption' contract.

3.18 However, CGL/Inspire operate a number of other processes which enable pharmacies to inform prescribing teams of missed doses. These are:

- A 'missed dose' form is faxed to the prescribing team by pharmacies as required and lists all clients who have missed one, two or three doses. CGL would consider these notifications in daily meetings.
- Key workers telephone the dispensing pharmacy before each client's 'prescribers review', to check on collection practice and any pattern of missed doses. CGL/Inspire ask all pharmacies to participate in this scheme, but can only require compliance for those who have a 'supervised consumption' contract.
- All printed prescriptions include the wording 'Consult the prescriber if 3 or more consecutive days of a prescription have been missed'. If this instruction was ignored, it would be a reportable incident.
- PharmaOutcomes includes a 'tracker' for supervised consumption, which is intended for financial purposes but can also be used as a monitoring tool.
- In any training events or communications/updates involving pharmacies, CGL/Inspire highlight the importance of informing the prescriber when clients miss any collection.
- CGL also monitor any dispensing or prescribing incidents that are raised via Datix¹².
- CGL report any Controlled Drug (CD) incidents via the CD website to the Accountable Officer Team and these incidents are reviewed in partnership at the NHS Local Intelligence Network (LIN) meetings. CGL provide a representative (the Clinical Service Coordinator) to the LIN.

¹¹ Missing three consecutive doses means that the prescription should be stopped as the client's tolerance to the dose may be reduced, requiring a reduced dose to be prescribed. Current national guidance requires notification after three missed doses.

¹² Datix describes itself as 'a global pioneer in the field of patient safety over the past three decades and today is the leading provider of software for patient safety and risk management for the healthcare sector'. [Datix Software for Patient Safety](#)

3.19 CGL's interim SLA for the Supervised Consumption programme (April to September 2019) sets out when supervising pharmacists should inform the prescriber about missed doses:

- After three missed doses, the dose should be withheld and service users must be referred back to the prescriber to be clinically re-assessed.
- If clients regularly miss a single day's dose, for example 3 doses in a 7-day period, the prescribing doctor must be informed.

3.20 Similar provisions are contained in the draft SLA for the supervised consumption programme, currently out for consultation with participating pharmacies.

Recommendation 1 c): Not implemented as written, but a reasonable and acceptable rationale for this is given. Alternative actions are implemented to Level 1

In order to achieve Level 2, implementation of the SLAs need to be audited for compliance; and to achieve Level 3, any changes to practice to improve compliance need to be made.

Recommendation 2 (Lancashire Health and Wellbeing Board, Lancashire County Council (Public Health), Lancashire Clinical Commissioning Groups, Lancashire Care NHS Foundation Trust and provider(s) of substance misuse, housing and judicial services.)

Lancashire Health and Wellbeing Board should assume responsibility for the coordination of a forum to develop and implement a local dual-diagnosis protocol that provides:

- A coordinated and collaborative whole system integrated pathway to support individuals who misuse substances so that they have access to high-quality physical and mental healthcare, housing and employment.
- A senior strategic board that oversees and monitors the implementation of the dual-diagnosis protocol across all of the health and social care sectors.
- Clarity with regard to interagency information sharing and the management of risk, shared care arrangements, including care coordination.
- Biannual meetings with representatives from all involved sectors with the aim of developing robust interagency relationships, to share lessons learned from serious incidents and to proactively identify and manage interagency issues.

3.21 Following discussions with partners, it was decided that the Lancashire Health and Wellbeing Board was not the most appropriate place to take this forward, and stakeholders agreed that this would be better progressed by the ICS Mental Health Group. The rationale for this is that the size of LCC meant limited space at their meetings; and that dealing with this at an ICS level allows them to address cross-border issues with the two neighbouring unitary authorities and the South Cumbria area, which are not covered by the LCC Health and Wellbeing Board. The MHOB (ICS level) is also discussing these issues.

3.22 The Pan Lancashire Dual Diagnosis Working Group was established formally from May 2018 although they were meeting informally prior to this date. The

Terms of Reference set out the aims, objectives and responsibilities of the Group: it will be accountable at an ICS level to the MAOG, which reports to the MHOB which is an executive level board and will provide senior strategic oversight.

- 3.23 The membership includes representatives from LCFT, LCC, the substance misuse providers, unitary authorities and the ICS.
- 3.24 The Group has taken forward the Dual Diagnosis Joint Working Agreement (protocol), which is in the process of being signed off (approved by LCC Director of Public Health and the Trust Director of Nursing at the time of writing). ICS is supportive of these developments – phase one links mental health and substance misuse services across “Lancashire 14”¹³. As noted above the agreement will be signed off by the MHOB.
- 3.25 The second stage will include primary care, hospitals, A&E, housing and social care. This will include employment services and judicial services. There are already informal links with Probation, Police and Prisons and the Department of Work and Pensions but these will be formally signed up. These organisations also have representation on the MAOG.
- 3.26 We have reviewed the Dual Diagnosis Joint Working Agreement document and concluded that it is a valuable and constructive document which addresses the key areas and should improve joint working for people with dual diagnosis going forward. LCC inform us that its implementation will be audited once it is established.
- 3.27 Multi-agency locality meetings about service users who are/have disengaged have not yet been piloted because of the delay in completing the protocol. A ‘task and finish’ group has been established to take this forward – two pilot sites have been identified.
- 3.28 In the January 2019 meeting, NHS England led a discussion on how to take forward recommendations following a summit which had confirmed system difficulties and a ‘disconnect’ between mental health and substance misuse services. It was agreed that membership of the Dual Diagnosis Steering Group be expanded to support this work.
- 3.29 The final component of this recommendation (biannual meetings to develop ‘robust inter-agency relationships, to share lessons learned from serious incidents and to proactively identify and manage interagency issues) is to be incorporated into the Dual Diagnosis Working Group meetings. ‘Inter-agency communications and information sharing’ appears to be a standing item on the agendas provided as evidence. The Trust has developed an Information Sharing Code of Practice/Operational Guidance. We are advised that information sharing agreements have been signed between the Trust and CGL; between the Trust and Young Addaction; and between the Trust and Delphi Medical. We conclude that these information-sharing agreements are appropriate and accurate.
- 3.30 The Trust’s action plan for this recommendation included an ‘overarching quality improvement aim’, to improve the experience and outcomes for people

¹³ ‘Lancashire 14’ is a term that describes the area covered by Lancashire County Council and the two unitary councils, Blackpool and Blackburn with Darwen.

with dual diagnosis. The Trust focussed on the following pilot projects with Calico¹⁴ instead, on the grounds that these would better implement the recommendation.

1. The Trust included a total of 18 substance misuse peer support workers and a number of recovery workers (employed by Calico) into the three Fylde Coast CMHTs. The Trust reports that feedback from their team members is that these workers are highly valued, bringing skills that compliment those of the mental health workers. These Calico workers were embedded in the Fylde and Wyre and Blackpool CMHTs (areas where there is a particularly high rate of substance misuse within the population).
2. Five Substance Misuse Specialists, again employed by Calico, have been employed to work within the A&E Mental Health Liaison Service.
3. The Trust have sub-contracted 4 alcohol detox beds and 12 substance misuse rehabilitation beds, again from Calico, as part of a 4-month pilot to test the impact on mental health presentations when the primary factor is substance/alcohol misuse.

3.31 These are pilot projects and the Trust intend to evaluate their impact. If this approach is to be continued and rolled out beyond the pilot stage, it would become a commissioning decision and would require funding from CCGs.

3.32 The Trust also included 'person-centred care planning' (co-produced with service users and shared across agencies). This has not been progressed, because the locality meetings are not in place. However, care planning in the Trust will be subject to clinical audit later in 2019 – the project plan includes 'personalised care planning' as one of the standards for audit, but this has not taken place at the time of writing.

3.33 Also under this recommendation, the Trust included in their action plan, implementing the principle of the Triangle of Care¹⁵. The Trust achieved membership of ToC in October 2018 and has completed 'self-assessment' of inpatient wards and crisis teams against the ToC standards. Although at present there is no guidance from ToC on implementing this in relation to dual diagnosis, it is a recognised and established approach to systematically involving carers in the delivery of mental health services. The Trust hope that the 'locality groups' will share good practice across providers.

3.34 The action to audit the implementation of the Dual Diagnosis Joint Working Agreement has been deferred until October – December 2019.

¹⁴ The Calico Group of charities and businesses work together to make social rather than financial profit the driving force behind their range of services. They want to help individuals of all ages and backgrounds, and their families, live peacefully, prosperously and healthily, in warm, secure homes and safe, friendly communities. The Calico Group has a track record of providing a complete community service across housing, healthcare, support, employability and construction. [The Calico Group](#)

¹⁵ The Triangle of Care was developed to respond to the clear evidence from carers that they need to be listened to and consulted more closely. The Triangle of Care guide was launched in July 2010 by The Princess Royal Trust for Carers (now Carers Trust) and the National Mental Health Development Unit to highlight the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health, and to provide guidance on how to implement this. [Triangle of Care](#)

3.35 Multi-agency locality meetings are planned as part of the Dual Diagnosis Joint Working Agreement, to re-establish contact with service users who are/have disengaged. The intention is to establish these when the protocol has been approved. In the meantime the Trust and substance misuse services have set up groups in Fylde and Pennine, which include staff members from both agencies.

Recommendation 2: Partially implemented (Level 1 – senior strategic board to oversee and monitor dual diagnosis joint working agreement established – MAOG and MHOB, at ICS level; and the Pan Lancashire Dual Diagnosis Group will address ‘inter-agency communications and information sharing) . To fully implement Recommendation 2 to Level 1, the following needs to be completed:

- The joint working agreement to be extended to include physical healthcare, housing and employment services (as per phase 2)
- Multi-agency locality meetings to be established

In order to achieve Level 2:

- implementation of the joint working agreement (following phase 2 development) to be audited for compliance;
- the locality meetings to be reviewed to ensure they achieve their objective regarding non-engagement;
- functioning of the MAOG and MHOB to be reviewed to ensure the work on dual diagnosis is maintained and sustainable;

To achieve Level 3, changes to policy and practice to improve compliance with the recommendation to be made.

Recommendation 3 (Lancashire Care NHS Foundation Trust)

Lancashire Care NHS Foundation Trust should consider developing a new risk assessment tool that includes risk management and crisis plans which involve both the patient and all other involved agencies.

3.36 The Trust provided a clinical risk assessment audit report (September 2018) which presented the findings of an audit of the implementation of three standards from the Procedure for the Assessment and Management of Clinical Risk in Mental Health Services (ratified May 2015). This report clearly identifies areas for improvement and sets out actions for specified services to achieve the necessary improvements. The audit provided only ‘limited assurance’ that Trust staff practice was compliant with the three audit standards assessed. The audit identified ‘considerable scope for improvement in existing arrangements to reduce the risk of non-compliance with identified standards. A re-audit is required’. The report includes an audit of the linkage between risk assessment, risk formulation and risk management planning and actions to be taken in response to a crisis. The audit includes a standard which states that “risk management should be conducted in a spirit of collaboration and based on a relationship between service users and their carers”.

3.37 The Trust has since developed an updated Procedure for the Assessment and Management of Clinical Risk in Mental Health Services (ratified March 2019),

which we consider to be clinically appropriate, and to be readable and useable by staff. For secondary mental health there is one standard risk assessment tool, which has two versions – Standard Risk Assessment and Enhanced Risk Assessment. This tool was put in place after this incident but work was already underway to revise the tool, which includes reference to substance misuse. Other tools are used for more specialist needs, for example, HCR-20¹⁶ in secure services.

- 3.38 The Trust has provided its risk training tool (2014) which is again both comprehensive and detailed, and includes substance misuse as a risk factor. The tool includes both a ‘tick box’ model and space to describe and explain the implications of the boxes ticked. A narrative risk assessment is considered to be good practice, rather than relying solely on the ‘tick box’ approach¹⁷.
- 3.39 The Trust report that 1,133 staff (an estimated 60-70%) of eligible staff have completed the enhanced clinical risk training¹⁸. Training is provided electronically and face-to-face. eLearning is the primary training mechanism, and face-to-face sessions are available on request to teams. The presentation for the face-to-face learning is both detailed and comprehensive and addresses substance misuse as a risk factor.
- 3.40 The Trust’s Clinical Risk Training Manual has captured the necessary learning points. We feel that a manual such as this needs to be broken down for direct instructional purposes. We particularly like the fact that in describing positive risk the manual highlights the need to consider the predicted outcomes rather than just emphasising the risk. We would suggest including the need for rapid updating of risk assessments when new information is evidenced during professional contact, particularly in areas such as lifestyle modification. We concluded that it is a useful addition to contemporary evidence-based guidance for practitioners.

Recommendation 3: Implemented to Level 1

To achieve Level 2, the Trust needs to audit the implementation of the Clinical Risk Assessment and Management Procedures (March 2019); and to achieve Level 3, any changes to practice to improve compliance need to be made

¹⁶ The Historical Clinical Risk Management-20, Version 3 (Douglas, Hart, Webster, & Belfrage, 2013) is a ‘comprehensive set of professional guidelines for the assessment and management of violence risk’. It embodies and exemplifies the Structured Professional Judgment (SPJ) model of violence risk assessment and is most commonly used in forensic and general psychiatric settings, whether in an institution or the community. It is applicable to adults aged 18 and above who may pose a risk for future violence. [HCR-20](#)

¹⁷ The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: The University of Manchester, 2018.

¹⁸ The Trust report that their current system does not record a percentage figure for this type of course, but that work is underway to rectify this. We support the Trust in this development.

4 Conclusions

- 4.1 We have conducted an independent assurance review of evidence from the Trust, LCC and CGL/Inspire about their implementation of their actions arising from our recommendations. The organisations have provided detailed supporting information.
- 4.2 Where the organisations have deviated from the recommendations or from their initial description of actions, they have provided a rationale that we feel is acceptable.
- 4.3 Overall, some good progress has been made by the Trust, LCC and CGL/Inspire, particularly:
- The Dual Diagnosis Joint Working Agreement, albeit currently involving a limited number of partner agencies
 - The information sharing guidance and agreements
 - The inclusion of Dual Diagnosis into the ICS level joint working arrangements (the Mental Health Multi-Agency Operational Group and the Mental Health Oversight Board)
 - The Trust's work on risk assessment procedures and risk assessment training.
- 4.4 We appreciate that joint working is not always straightforward, particularly during times of wider system change.
- 4.5 We conclude that more needs to be done, as follows:

Action	Lead organisation(s)	Deadline
To implement the locality meetings to review service users who disengage from services and to jointly manage these	LCC The Trust	6 months following publication of this report
To extend the Dual Diagnosis Joint Working Agreement to include the agencies identified	LCC and the Trust working collaboratively through the Pan-Lancashire Dual Diagnosis Working Group	6 months following publication of this report
To audit the operation of the Dual Diagnosis Joint Working Agreement	LCC and the Trust, working collaboratively through the Pan-Lancashire Dual Diagnosis Working Group	March 2020
The Trust to audit implementation of the March 2019 Clinical Risk Assessment and Management Procedure.	The Trust	6 months following publication of this report

4.6 Despite indications that a combined action plan (the Trust, LCC and CGL/Inspire) would be produced for this review, in practice two plans have been provided (the Trust's, and LCC's with CGL/Inspire), with each agency including the recommendations and actions specific to them, and where they had lead responsibility for implementation. We are advised that LCC and LCFT met and spoke regularly to ensure that their responses were mutually understood and aligned; the lack of a joint submission was more about time to merge documents rather than lack of engagement. In future we would suggest that, where care and treatment are provided by two or more organisations, a combined, written action plan update would be more appropriate and would model the message that joint working is best practice in such circumstances.

Appendix 1: Documents reviewed

LCC Joint stakeholder action plan April 2019
LCC Joint stakeholder action plan May 2019
LCFT Mr W Action Plan updated April 2019
LCFT Mr W Action Plan updated May 2019
CGL/Inspire independent Investigation - Evidence
LCC/CGL/Inspire Service specification, February 2018 (Recommendation 1a)
CGL/Central Lancashire Shared Care SLA March 2019 (Recommendation 1a)
CGL/North Lancashire Shared Care SLA April – Sept 2019 (Recommendation 1a)
CGL/First contact guidance for provider (Recommendation 1a)
CGL/ Records transfer emails (Recommendation 1a)
CGL/Pharmacy form for missed pick ups (Recommendation 1b)
CGL/North Central Lancashire transfer requirements (Recommendation 1b)
CGL/pre-clinic appointment form (Recommendation 1b)
LCC/CGL Inspire Central/North Lancashire Contract Management Agenda 28 Feb 2019 (Recommendation 1b)
LCC/CGL Inspire Central/North Lancashire Contract Management Notes 28 Feb 2019 (Recommendation 1b)
MAOG Terms of Reference May 2019 (Recommendation 1b)
LCC Serious Reportable Incidents process (Recommendation 1b)
CGL/North Lancashire supervised consumption SLA April – Sept 2019 (Recommendation 1c)
CGL/Supervised consumption SLA Amended (Recommendation 1c)
CGL/PharmaOutcomes statement summary (Recommendation 1c)
CGL/PharmaOutcomes statement (Recommendation 1c)
CGL Datix web report medication incidents (Recommendation 1c)
Care plan audit project plan (Recommendation 2)
Information sharing agreements emails (Recommendation 2)
Information sharing code of practice/guidance (Recommendation 2)
Information sharing agreement between LCFT and partners (Recommendation 2)
Information sharing agreement LCFT and Young Addaction (Recommendation 2)
Information sharing agreement LCFT and Drugline (Recommendation 2)
Information sharing agreement LCFT and Renaissance (Recommendation 2)
Information sharing agreement LCFT and CGL (Recommendation 2)
Information sharing agreement LCFT and Delphi Medical (Recommendation 2)
Dual Diagnosis Joint Working Agreement (Recommendation 2)

Final Dual Diagnosis Joint Working Agreement (Recommendation 2)

Driver diagram for peer support workers (Recommendation 2)

Driver diagram for recovery workers (Recommendation 2)

LCFT/Calico progress report (Recommendation 2)

LCFT/Delphi Winter pressures pilot (Recommendation 2)

LCFT ToC Year 1 submission (Recommendation 2)

LCFT ToC Year 1 self-assessment results (Recommendation 2)

LCFT/ToC Year 1 self-assessment support (Recommendation 2)

ToC Guide (Recommendation 2)

ToC toolkit mental health providers (Recommendation 2)

ToC toolkit carers (Recommendation 2)

ToC Carers letter (Recommendation 2)

terms of reference (Recommendation 2)

LCFT/ToC Advisory group notes, July 2018 (Recommendation 2)

LCFT/ToC Advisory group notes, Nov 2018 (Recommendation 2)

LCFT/ToC update, Jan 2019 (Recommendation 2)

ToC/n-Compass Carers Awareness Training (Recommendation 2)

ToC/Carer's assessment referral leaflet (Recommendation 2)

Terms of Reference Dual Diagnosis steering group. (Recommendation 2)

Pan-Lancashire Dual Diagnosis meeting agenda 6.3.19 (Recommendation 2)

Pan-Lancashire Dual Diagnosis meeting agenda 28.1.19 (Recommendation 2)

Pan-Lancashire Dual Diagnosis meeting minutes 6.3.19 (Recommendation 2)

Pan-Lancashire Dual Diagnosis meeting minutes 6.12.18 (Recommendation 2)

Pan-Lancashire Dual Diagnosis meeting minutes 28.1.19 (Recommendation 2)

LCFT clinical risk audit, September 2018 (Recommendation 3)

LCFT Procedure for the Assessment and Management of Clinical Risk in Mental Health Services (Recommendation 3)

LCFT information on risk management (Recommendation 3)

LCFT training tracker, clinical risk (Recommendation 3)

LCFT training tracker, eCR risk tool (Recommendation 3)

LCFT email – number of staff completing risk training (Recommendation 3)

LCFT Risk Training Manual (Recommendation 3)

Appendix 2: Commissioning arrangements for substance misuse services in Lancashire

Lancashire County Council (LCC) has commissioned all substance misuse community services (drug and alcohol misuse) in the county since 2013 when the Health and Social Care Act 2012 transferred responsibility for these services to local authorities. Prison substance misuse services are commissioned by NHS England.

All adult community services are currently commissioned from Change, Grow, Live (CGL), which provides services under the brand name 'Inspire'. CGL are the 'prime provider' and subcontract some non-clinical interventions to other providers, all delivered under the Inspire branding. Substance misuse criminal justice interventions (except prisons) are commissioned through the CGL contract (e.g. drug treatment orders). CGL are now also responsible for sub-contracting Local Improved Services formerly Local Enhanced Services with Primary Care and Pharmacy (Shared Care and Supervised Consumption/Pharmacy Needle Exchange) as part of the core LCC contracts.

LCC commissions services for young people separately, from Young Addaction. This service is for people up to the age of 25yrs.

LCC also commission in-patient detoxification and rehabilitation services, through a 'framework' arrangement; these services purchased as required from providers on an approved list if possible – if very specialised needs cannot be met by one of the approved providers LCC can commission off 'framework'.

At the time of the incident, LCC commissioned substance misuse services through three contracts across the county (North Lancashire, Central Lancashire and East Lancashire - CGL provided treatment services in North and East Lancashire at this time. The North and Central Lancashire services have been recommissioned since the incident as one contract which CGL were successful in securing.

Provision in hospitals falls to Clinical Commissioning Groups; most areas have alcohol liaison staff but no specific drug provision, so community services will in reach when requested. In East Lancashire Alcohol Liaison was replaced with a vulnerable peoples' contract targeting the top 100 'frequent flyers', called STEP.

Appendix 3: Abbreviations

Abbreviation	Meaning
CMHT	Community Mental Health Team
CCG	Clinical Commissioning Group
CGL	Change, Grow, Live
ICS	Integrated care system
LCC	Lancashire County Council
MAOG	Mental health multi-agency operational group
MHOB	Mental health operational board
SLA	Service level agreement
SRI	Serious Reportable Incidents
ToC	Triangle of Care