

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 5 JULY 2017**

Present:

Councillor Hobson (in the Chair)

Councillors

Callow

Mrs Callow JP

Humphreys

Hutton

Owen

Mrs Scott

L Williams

In Attendance:

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group

Mr Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care Foundation Trust

Mr Matt Joyce, Associate Director of Quality Assurance and Monitoring, Lancashire Care Foundation Trust

Ms Elaine Walker, Emotional Health and Wellbeing Manager, Blackpool Teaching Hospitals

Ms Zohra Dempsey, Public Health Practitioner, Blackpool Council

Ms Valerie Watson, Delivery Development Officer, Blackpool Council

Mr Sandip Mahajan, Senior Democratic Governance Adviser, Blackpool Council

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 26 APRIL 2017

The Committee agreed that the minutes of the Health Scrutiny Committee meeting held on 26 April 2017 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Chairman welcomed the young people present and representatives from the Blackpool Youth Council, Head Start resilience support programme, UR Potential youth support group, Blackpool Boys and Girls Club. He also welcomed representatives of young / adult carers and mental health charities including Blackpool Carers' Centre, and the Blackpool branches of Rethink and Lancashire MIND.

The Committee noted that there were no formal applications to speak by members of the public on this occasion. However, the Chairman explained that, after each report item had been presented and Committee Members had asked questions, there would be an opportunity for any of the people present to put forward questions and suggestions.

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4 FORWARD PLAN

The Committee referred to the Forward Plan, July 2017 - October 2017, of key decisions. One decision came within the portfolio of the Cabinet Member for Adult Services and Health, Councillor Amy Cross, namely the creation of a specialised supported living service at Mansfield Road. Unfortunately, due to unforeseen circumstances, no senior officer or Cabinet Member was available for comment.

Members were advised that any comments they had could be forwarded for written response. Otherwise the decision, which was due to be made in July 2017, could be discussed at the Committee's next meeting on 27 September 2017.

5 COUNCIL PLAN PERFORMANCE REPORT 2016-2017 (END OF YEAR)

Ms Val Watson, Delivery Development Officer reported on end of year outcomes for key performance indicators relating to health services for 2016-2017. Members were informed that indicators relating to Adult Services had recently been reported to the Resilient Communities and Children's Services Scrutiny Committee. Those indicators would be transferred over to the Adult Social Care and Health Scrutiny Committee on 27 September 2017.

Three of the eight health indicators had worse performance, compared to 2015-2016, covering successful recovery of opiate drug users and people receiving alcohol treatment and the numbers of overweight Year Six children. 'Exceptions' commentary appendices had been included in the report explaining the issues and work/plans to tackle these. Members had discussed the issues in detail at recent meetings.

Members noted that the Council's newly commissioned integrated alcohol and drug recovery support service delivered by Horizon had been running since April 2017. It would be useful for progress including initial impact to be reported to Members at their September 2017 meeting either through the performance report or the Public Health overview report. Cabinet Members and service officers would be present to answer any detailed questions.

Ms Watson referred Members to proposals to review and improve the reporting of performance data to make it more 'fit for purpose'. Performance reporting would be aligned to Scrutiny meeting cycles with detailed end-year reporting. She explained that any changes to performance indicators for 2017-2018 had still to be proposed. A comment had been received that use of bar-charts was not an ideal presentational format. Members were invited to put forward any other suggestions.

6 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE REPORT (APRIL 2016 TO MARCH 2017)

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group presented the Clinical Commissioning Group's end-year performance for 2016-2017 (April 2016 - March 2017).

The Chairman noted that the target of 92% had been missed for treating patients within

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eighteen weeks. Those patients had been referred for treatment as they had on been on 'incomplete' pathways of care. Mr Bonson explained that the target had just been missed. Local Trust performance had been on track but the overall results had been affected by issues at the Lancashire Teaching Hospitals NHS Foundation Trust's Preston site. Those issues had been escalated to specialist commissioners and an action plan developed. He gave assurance that Blackpool residents had not been adversely affected.

Members noted that eight out of nine cancer treatment targets had been met. However, performance had been 82.1% for first definitive cancer treatment within two months of GP referral. The target was 85%. Mr Bonson gave assurance that Blackpool Teaching Hospitals was on track but other factors meant the target was missed. The factors included delays due to patient choice and complex conditions.

The Chairman referred to the 'Category A' (third tier of response time) missed target for ambulances being at an incident within 19 minutes of a call. Performance had been 90.5% against the 95% target. Mr Bonson had previously explained that Blackpool Clinical Commissioning Group acted as the regional commissioner for the North West Ambulance Service. He confirmed that the figures in the report represented performance within Blackpool.

Mr Bonson noted that ambulance response targets were usually achieved as Blackpool was a relatively small urban area in contrast to more rural areas, such as Fylde and Wyre. He explained that service demand pressures had been much higher than predicted and added that all urgent services had been under pressure during the winter period. Usually post-winter pressures eased but this year had been proving more challenging. Related pressures included the patient handover at hospitals with delays resulting in fewer ambulances actively on the road. Modernisation initiatives were being pursued with the Ambulance Service, e.g. more carefully identifying during calls whether other options were more appropriate than an ambulance and where possible treating people at the scene. Improvements were being made and performance had been gradually heading in the right direction.

Members noted that often people were inappropriately attending Accident and Emergency. This had resulted in 87.9% of people receiving appropriate treatment or response within four hours of arrival against a target of 95%. Mr Bonson explained that the Department for Health recognised current extreme pressures so an interim target of 90% by September 2017 had been set although the 95% longer-term target remained.

Members enquired how attendance was being tackled and people prioritised. They added that alternatives such as the Whitegate Health Centre existed. Mr Bonson explained that more focus had been given to managing 'front door' services, e.g. for minor ailments directing people towards primary care where GPs and nurses were increasingly treating minor ailments. Minor treatment which could be managed at GP practices amounted to 25% of Accident and Emergency incidents. He added that hospitals were not the ideal environments to aid people's health and wellbeing but people genuinely needing hospital treatment would be supported. People generally still prescribed to Accident and Emergency always being available so awareness-raising campaigns such as 'Think Accident and Emergency' had been promoted, including ringing the NHS 111 non-emergency advice line first rather than going straight to Accident and

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Emergency.

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group, re-iterated that many people genuinely needed to access Accident and Emergency. Issues included 'delayed discharges of care' (from health services to social care) due to shortage of beds unable to meet demand. However, the Council's Social Care managers met regularly with Blackpool Teaching Hospital's Discharge Team to manage patient flow and local Accident and Emergency performance was above the national average. He added that evolving initiatives included new neighbour hubs which, from September 2017, would bring GPs, other health staff and social workers together. The hubs would also aim to offer people another option to Accident and Emergency.

Members referred to the number of people in Accident and Emergency who had spent over twelve hours on a trolley whilst waiting for a bed. The target was zero incidences of such long trolley durations but thirty-three incidences had occurred. Members noted that patients should be admitted in good time with access to beds. They were aware that delays often occurred for non-treatment reasons such as completion of paperwork or waiting for prescriptions. This meant that patients who were fit to go home had to wait, delaying the availability of beds for other patients.

Mr Bonson explained that the incidents had occurred over small periods of time, i.e. over a few days of exceptional winter demand pressures. He gave assurance that all incidents were recorded and investigated leading to improvement actions taken and lessons learnt. He added that the trolleys were modern, with a range of features including being adjustable but agreed that the situation was not ideal. He explained that there needed to be timely hospital discharges so that the system flowed smoothly. Experts with experience in developing effective discharge systems had been appointed to help create more effective systems. Mr Bonson confirmed that there were clear recorded timelines for each stage of the process, e.g. ambulance arrival through to discharge. He added that there were no additional beds so that managing patient flows better was imperative.

7 TRANSFORMATIONAL PLANNING PROGRAMME

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group and Blackpool Council presented the report on Transformation Planning for Children and Young People's Emotional Health and Wellbeing across Lancashire. Ms Elaine Walker, Emotional Health and Wellbeing Manager, Blackpool Teaching Hospitals was also present.

Transformation Planning Impact

Member queried the impact of Transformation Planning, including the Head Start Programme, noting that the report referred to Transformation Planning being timely ensuring various programmes would be developed together. Ms Lammond-Smith explained that Head Start (supporting the emotional resilience of 10-14 year olds) and other programmes involved long-term work with Transformation Planning, helping to ensure the programmes were co-ordinated. However, there were currently no direct performance outcome measures.

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Ms Walker clarified that Head Start monitoring meetings did take place. Examples of achievements included developing 'out-of-hours' services, Youththerapy (80 people supported to date), resilience coaches, and 'bake and talk' and 'walk and talk' counsellors at schools. Head Start work within Blackpool had been recognised as being effective.

'Out-of-area' services

The Chairman referred to publicised concerns that the nearest in-patient mental health facility for local young people (13-18 years old) was 'out of area', some 40 miles away in Heysham, which was a one hour drive. He also referred to potential inequalities for people with limited financial means. Members enquired whether numbers of service users had been considered based on their geographic residence. They were concerned that there would be too few beds for Blackpool residents. Young people attending the meeting referred to the number of people they knew who needed support far exceeded the spaces available at the Heysham site. They gave examples of young people with severe depression being taken into a clinical environment but without in-patient beds and added that vulnerable young people were at increased risk by being placed in wards with adults. There were also pressures of older teenagers being in the same ward as someone of primary age.

Mr Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care Foundation Trust explained that previously there had been two sites within Lancashire, but this was a specialised facility which was better provided on a dedicated site housing a range of medical staff. A full options appraisal and demand modelling had been undertaken, which had included consultation with young people. The level of provision had been based on complex case demand.

He continued that the 'Cove' in Heysham was an old NHS building which had the right environment allowing 18 beds for young people across Lancashire, of which two were set aside for Blackpool residents. The facility needed to be value for money. People would be admitted and discharged so the numbers were realistic and currently there was no waiting list. He added that it was important that young people did not have to share facilities on adult wards and smaller dedicated wards were not appropriate for the facilities being offered. Hospital placements were still a last option before more effective community support environments.

Mr Winterson added that a visit to The Cove could be arranged for Members and that any future discussion of the site would be supported by the attendance of clinical leads.

Ms Lammond-Smith added that Child and Adolescent Mental Health Services (CAMHS) within Blackpool were better provided than elsewhere in Lancashire. Furthermore, in-patient beds did not provide the best option for people's care but the facility offered appropriate capacity. Mr Winterson added that assistance based on individual needs would be considered but transport budgets were limited and not ring-fenced. Support was also offered to carers.

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Support for people with crisis issues

Members referred to suicide issues and enquired whether support services were readily available for people at risk. Ms Lammond-Smith explained that the Transformation Planning included a number of innovative ways of working with young people as outlined in the report, e.g. developing the Child and Adolescent Mental Health Services offer to include appointments within neighbourhoods (North and South Shore Medical Centres). Likewise the Child and Adolescent Self-Harm Emergency Response service (CASHER) for people aged under 25 years old would be available as a 'drop-in' centre in the central western part of town (Broughton Street). Neighbourhood 'hub' teams of the main service areas would continue to evolve and include mental health and social care professionals. The 'Core 24' service was being developed to make available comprehensive support at all times by the end of 2018-2019. She added that mental health support was being funded and delivered at the Lancashire and South Cumbria level, reflecting the geographical approach of wider Sustainability and Transformation Planning. The funding would tackle longer-term issues including mental health and substance misuse.

Ms Walker added that the Self-Harm 'drop-in' service was now running and had just held a second meeting with seven young people from the Talbot and Brunswick ward areas. The service had become available out-of-hours too. Emotional health and wellbeing support was provided including mental health.

Working with the voluntary sector

The Chairman made the point that it was important for commissioners of services and service providers to work with the voluntary sector, e.g. UR Potential and Blackpool Boys and Girls Club, which received limited support. Representatives from the Boys and Girls Club issued an open invite to visit and use the premises. They felt that the sector including UR Potential was pursuing sustainable work so needed to be more widely used to further cement sustainability. Ms Lammond-Smith confirmed that meetings had taken place involving the voluntary sector and neighbourhoods covering services for young people and adults. There was also a Voluntary Sector Forum. Working with the sector needed to be further promoted and she suggested that a good venue for neighbourhood team meetings could be the Carers' Centre.

Service users' views and experience

Members noted that a patient experience survey had been undertaken by Healthwatch Blackpool concerning the Child and Adolescent Mental Health Services and requested a copy of the findings. Ms Walker explained that the survey had been undertaken at the Whitegate 'Walk-in' Centre with mainly positive outcomes. Not unsurprisingly, people had concerns about needing to use 'out-of-area' mental health services. In response to Members' recognition of the Centre's effectiveness and need to promote awareness, Ms Walker confirmed that leaflets were issued to GP practices and Children's Services.

Young people attending the meeting gave their views based on their own experiences. One attendee had needed mental health support for the last four years and referred to being passed around throughout the system. She cited long waiting times of several months trying to access Child and Adolescent Mental Health Services and Youththerapy,

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with assessments taking place every few months but the support required much longer. During that period of time, people's needs became greater. She added that lists of people needing support would increase as would the number of people committing self-harm. She further added that young people left the Child and Adolescent Mental Health Services at 16 years old but then faced a significant gap in access to Adult Services.

Ms Lammond-Smith explained that there were plans to re-design services to tackle gaps in services. Adult carer representatives attending the meeting urged that families and carers were invited to be involved in the re-design of services including training needs. They were 'experts by experience'. Ms Walker added that the Council's new Vulnerable Adolescent Hub (VAH) which was a move towards offering a more cohesive 'one-stop' shop for young people. She highlighted the importance of mental health support being the responsibility of all organisations.

Young people made reference to former police officers acting as school counsellors did not work citing young people lacked trust in officers being able to provide neutral confidential support when issues faced by young people may technically have been illegal. Ms Lammond-Smith explained that all staff supporting young people had to be well trained. Ms Walker added that the Youththerapy service offered a regular 'drop-in' service and had already engaged several young people.

The Committee agreed:

1. To receive a written demographic breakdown of service users and available facilities at 'The Cove' from the Lancashire Care Foundation Trust.
2. To receive a copy of Healthwatch Blackpool's patient experience survey findings concerning the Child and Adolescent Mental Health Services.

8 PUBLIC MENTAL HEALTH ACTION PLAN 2016-2019

Ms Zohra Dempsey, Public Health Practitioner, Blackpool Council presented the Public Mental Health Action Plan 2016-2019. The Plan focused on using medical practice to promote awareness of issues and good mental health, prevent poor health and effective care and treatment leading to robust recoveries.

The Chairman noted that most of the proposed actions were not due for completion until during 2018-2019, with just a few for 2017-2018. Ms Dempsey explained that there were no precise measurable outcomes but there would be some evaluation, e.g. for managing depression.

The Chairman asked what measurable outcomes were proposed. He also noted references to adverse childhood experiences and queried the impact of such experiences on Looked after Children, as Blackpool had over 500 children in local authority care. Ms Dempsey explained that the children would have higher than average occurrence of mental health issues.

The Chairman referred to the five 'Ways to Wellbeing' and asked how messages could be promoted effectively in areas with severe deprivation and social problems. It was reported that information would be placed on websites, focus would be on 'at risk' people, social media would be used and frontline staff would promote information.

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Members enquired how equality would be achieved for the wide range of people. Ms Dempsey explained that equality monitoring would need to be made effective to ensure that there was good access to services for all people.

The Chairman enquired how the voluntary sector was being involved with the work. Ms Dempsey explained that there was a Mental Health Partnership Board including representatives from the Lancashire branch of MIND. Mr Smalley, Community Development Worker, MIND added that they were co-ordinating work on 'Journey into Employment' through community centres, job centres and schools. He added that this formed part of the 'Ways to Wellbeing' work including supporting people with substance misuse and that there had been good responses from local people. Mr Paul Bradley also representing MIND added that the 'Ways to Wellbeing' were based on robust research.

9 MENTAL HEALTH COMMISSIONING UPDATE

Ms Lammond-Smith presented the progress report on Mental Health Commissioning. She explained that there was a drive to improve mental health services nationally for young people and adults through the Five Year Forward View for Mental Health, the NHS Operational Plan and associated areas of work.

The work was being pursued locally through the Fylde Coast delivery arm of the Sustainability and Transformation Planning for Lancashire and South Cumbria. There were specific service improvements proposed across Lancashire over 2017 including re-design of the Child and Adolescent Mental Health Services (CAMHS) for 0-19 year olds, various therapy and acute care services, more specialised and integrated staff, increased out-of-hours services and greater awareness-raising amongst the public and professionals of issues and support available including training,

Places of Safety

The Chairman referred to a recent case where a patient with a bipolar condition had spent several hours in a police cell as trained staff and facilities including a bed had not been available at the appropriate medical environment. The patient had been suicidal and there was a concern over the impact of service cuts. It was understood that patients needing referral to a mental health environment were often being retained in police cells or other unsuitable environments.

Ms Lammond-Smith explained that Section 136 of the Mental Health Act 1983 allowed the police to remove a person from a public place to a 'place of safety' which could initially be a police cell and then usually a medical environment for appropriate assessment and support. Mr Steve Winterson added that current information did not suggest that people were being removed regularly.

Young people attending the meeting were concerned that vulnerable people could undergo more harm and face a crisis by being placed in a cell. Mr Stuart Clayton, a carer and representative of Rethink, the national mental health charity which also published guidance on Section 136, considered that there were no suitable 'places of safety' which treated people in crisis, other than being sent to Accident and Emergency. He advocated

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the need for 'places of safety'. He added that he considered that Phoenix House did not fulfil the need for treating people in crisis and that there had been cases of people in Accident and Emergency for several days.

Ms Lammond-Smith explained that 'places of safety' provided for assessments and admitting people into medical environments to support mental health needs but were not appropriate for wider social issues. The Clinical Commissioning Group, Lancashire Care Foundation Trust and Social Care did meet regularly, e.g. to manage delays with beds for patients. She added that the proposed 'Core 24' service would help provide greater support.

10 LANCASHIRE CARE FOUNDATION TRUST: HARBOUR PROGRESS REPORT

Mr Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care Foundation Trust presented the progress report on The Harbour. .

The report covered the response to the Care Quality Commission's inspection in late 2016 which was being taken through a wider long-term sustainable improvement plan. Mr Matt Joyce, Associate Director of Quality Assurance and Monitoring, Lancashire Care Foundation Trust was also in attendance.

Members had also requested findings from the Trust's recent staff survey but the Human Resources Director, who led on the staff survey, had been unable to attend.

The Chairman enquired on the modest response rate of 36% for the staff survey and whether there was an engagement lead at The Harbour to promote better engagement. Mr Winterson explained that there was no specific designated officer as such, but that the survey had broadly focused on improvements to make The Harbour a 'good place to work' for staff and that could also be recommended as a 'good place to have treatment'. He added that a major staff event had been held to engage staff with 'Our People Plan'. Attendance had been good and had involved a few thousand staff who also participated in workshops.

Members enquired about staff supervision support and the 'Duty of Candour'. With reference to the duty, Mr Joyce explained that around 400 incidents were reported weekly which was a lot but that it reflected an open approach and promoted learning. Regular monitoring reports were also produced and staff were encouraged to write to the Trust's Chair as an independent person.

In terms of staff supervision support, Mr Joyce advised that improvement was needed so that staff felt that their 'work was valued', communication between staff and managers was improved and also so that staff felt more involved in decision-making. It was recognised that staff needed to complete mandatory training. He added that it was important for staff to have a good skills mix and a key programme was 'Staffing for Equality and Safety'. All this also aimed to recognise growing challenges such as shortage of nurses. Work was being undertaken with a local university to make working at the Trust more attractive.

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Mr Joyce added that one particular challenge was the test whether staff would recommend the Trust to families and friends.

Members noted that the findings had listed six areas where The Harbour, as the Blackpool locality, had performed worse than the Trust's average. Members added that for some areas where The Harbour had performed better than average, the actual results could still be lower than satisfactory. Mr Winterson explained that the findings had been generated by the survey company who had also produced the analysis commentary. A more detailed discussion could take place at a further meeting if required.

Members referred to the wider improvement plan and enquired what was being done about the shortage of beds. Mr Joyce explained that the Trust did not provide all the in-patient mental health beds in Lancashire but did in Blackpool. He explained that initiatives were being developed to streamline processes to help release beds, e.g. clinical risks and mental health assessments of young people would take place through one tool. The levels of risks would be refined to allow greater focus on higher risk cases.

11 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018

Members were advised that overview training of Adult Services had been scheduled for 24 July 2017. An overview report of Adult Services would also be presented at the September 2017 meeting.

Public Health had suggested that updates could be provided at that meeting for free school breakfasts and life expectancy. The Committee would be focusing on Council Priorities which would mainly come within the Public Health remit and relevant other areas as appropriate.

The Committee agreed:

1. To approve the Scrutiny Workplan 2017-2018, subject to the addition of updates on free school breakfasts and life expectancy within the Public Health overview report for September 2017.
2. To note the 'Implementation of Recommendations' table.

12 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 27 September 2017 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended at 8.15 pm)

Any queries regarding these minutes, please contact:
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