MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 11 JULY 2018

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Critchley	Humphreys	Mrs Scott
Mrs Callow JP	Elmes	O'Hara	L Williams

In Attendance:

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Councillor Amy Cross, Cabinet Member for Adult Social Care and Health
Mr Paolo Pertica, Head of Community Safety Strategy, Blackpool Council
Ms Liz Petch, Consultant in Public Health, Blackpool Council
Ms Rachel Swindells, Public Health Practitioner, Blackpool Council
Mr Sandip Mahajan, Senior Democratic Governance Adviser, Blackpool Council

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group
Ms Kate Newton, Performance and Quality Manager, Midlands and Lancashire Commissioning Support Unit

Apologies:

Apologies for absence were received on behalf of Councillors who was on official Council business.

1 DECLARATIONS OF INTEREST

Councillor O'Hara declared a personal interest concerning Blackpool Teaching Hospitals NHS Foundation Trust, which was referred to in Item 4 'Blackpool Clinical Commissioning Group End of Year Performance Report', as his daughter was a Governor of the Trust.

2 MINUTES OF THE LAST MEETING HELD ON 9 MAY 2018

The Committee agreed that the minutes of the Adult Social Care and Health Scrutiny Committee meeting held on 9 May 2018 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

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4 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE REPORT (APRIL 2017 TO MARCH 2018)

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group presented the Clinical Commissioning Group's end-year performance for 2017-2018 (April 2017 - March 2018). Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group and Ms Kate Newton, Performance and Quality Manager, Midlands and Lancashire Commissioning Support Unit were also in attendance.

The Chairman referred to 266 incidents of patients having to wait over four hours on a trolley (target now retitled to 'decision to admit') whilst in Accident and Emergency. The high number was much worse than the previous year. This was particularly concerning given that the target was actually zero and Members had raised the issue on previous occasions and been given assurance that matters would improve.

Mr Bonson explained that the issue was mirrored nationally and was not specifically due to Accident and Emergency patient numbers but wider system pressures concerning patient flows throughout the hospital. In particular, availability of beds was an issue. Optimum bed occupancy would be between 85-90% allowing some spare capacity for ad-hoc demand. However, winter pressures had resulted in full bed occupancy and it had become an all-year challenge to reduce the bed pressures.

He clarified that the 'decision to admit' [to Accident and Emergency] target had been breached numerous times on a few days leading to the high number, i.e. a slightly skewed figure. Analysis had been undertaken to better understand the issues. A key element was the lack of available beds meaning that patients were being queued up with the knock-on effect impacting upon other areas, e.g. the 18 week target for GP referral to treatment. He added that the beds issue was not solely due to the Hospital, e.g. patients had been seen in Accident and Emergency and were awaiting mental health assessments but at times the Lancashire Care Foundation Trust had no available beds at its Harbour facility.

Mr Bonson re-iterated that the issues were due to 'whole system' pressures and that these had been escalated for consideration. NHS Improvement was involved with looking at what support was needed to tackle the beds issue.

Members queried whether effective use had been made of recent Council loans to the Hospitals Trust to help tackle pressures such as bed shortages. Mr Bonson advised that the loans had been made directly to the Trust who would be best placed to explain how the monies had been spent.

Members queried why waiting times for first cancer treatment following urgent GP referral and NHS health screening were so high. They expressed concern that some patients were cancelling cancer treatment appointments so they could maintain planned holidays.

Ms Newton explained that there were various reasons for delays including patient choice. The aim was to confirm a prompt appointment with patients as soon as possible but flexibility was required. Cases could involve various treatment options and complex pathways of care. However, delays due to patient choice were also referred back to their

GPs for further influence highlighting the health issues and potential implications of unnecessary delay. She added that the NHS Health Screening Service was a 'one-stop shop' for checking various health indicators but there was a capacity issue with follow-up actions and various options were being considered to reduce delays.

Members expressed concerns that some people did not need to be in Accident and Emergency impacting upon demand and that those people needed to be filtered out early. Mr Bonson explained that there were plans to tackle delays such as trying to increase health screening and other primary care screening taking place in good time to deflect people to more appropriate care options than Accident and Emergency.

He cited that approximately 30% of patients had been deflected from the hospital 'front door' to routes such as minor treatment. Primary care screening took place at limited times so could be increased and better use made of good local provision such as round-the-clock pharmacists. Some alternative treatment centres to Accident and Emergency were well known such as the 'walk-in' Whitegate Drive Health Centre but awareness campaigns and messages including 'self-care' could be re-iterated to people. He added that sometimes people would just turn up at Accident and Emergency and be reluctant to then be sent elsewhere.

Members referred to the 96 cancelled operations (target of zero) due to the winter period and sought assurance that cancellations wouldn't be repeated and the back-log would be cleared before the next winter season.

Ms Newton explained that the cancelled operations were elective treatment not emergencies but where it had not been possible to agree another appointment within 28 days of the cancellation. Winter pressures such as bed shortages had had an impact and cancellations led to knock-on effects elsewhere such as cancer referrals to treatment, i.e. whole system all-year pressures with efforts to 'catch-up'. Improving patient flow throughout the hospital was essential.

Mr Bonson added that some 'outsourcing' of elective care was required to help manage appointments, e.g. to the private Spire Hospital, and free up space to ensure that accidents and emergencies were covered.

The Chairman referred to the new national performance framework for ambulance service response times. The average time targets for Category A (immediate response required) and Category B (urgent / rapid response) had not been met by the North West Ambulance Service. Mr Bonson advised that nationally all ambulance trusts were struggling with the new performance targets, although national investment funding of £36million was being offered to invest in new vehicles.

Mr Bonson reported that the North West Ambulance Service had developed a performance improvement plan focusing on what was within its own control. He re-iterated that winter pressures were a factor but also that the new targets for each category required logistical changes in different types of vehicles and appropriate staffing on vehicles, e.g. rapid response vehicles might need two paramedics on board rather than just one. In response to

a query, he clarified that ambulances always had two trained staff on board but there might only be one if the vehicle was transferring between shifts.

Some Members reported good personal experiences of the Ambulance Service with no handover delays at hospital and praised the professionalism of the paramedic staff.

In response to a suggestion that an existing dormant building on the Blackpool Victoria Hospital site could be converted into additional bed space, Members were informed that the relevant building was owned by the Lancashire Foundation Care Trust but in its current state was not 'fit for purpose'. However, the principle of developing a building appropriately to create additional bed space was sound.

The Chairman advised that, in view of constant struggling performance and the reported system wide pressures, the Committee was keen to undertake short focused reviews on 1) delayed transfers of care and bed shortages, and 2) Accident and Emergency waiting times and ambulance handovers.

Members were advised that it was envisaged that these reviews would be single meetings with health partners and Adult Social Care invited aiming to identify and recommend some key improvements and actions.

The proposed reviews would be discussed with lead officers to establish current issues and actions and any planned work to ensure that reviews were focused on adding real value. In principle, the lead officers welcomed the proposed reviews.

The Committee agreed, subject to discussions with lead officers, to undertake short reviews (single meetings) on 1) delayed transfers of care and bed shortages, and 2) Accident and Emergency waiting times and ambulance handovers.

5 ANNUAL COUNCIL PLAN PERFORMANCE REPORT 2017-2018

Members were presented with progress on the Council Plan performance indicators for the period 1 April 2017 to 31 March 2018. There were sixteen comprehensive indicators for Adult Social Care and fourteen for Public Health. Senior officers were present to answer any detailed service questions.

Members focused on the 'exceptions' commentary reports where indicators were significantly off target. The Chairman referred to the number of drug users successfully completing treatment for sustained recovery. Opiate drug user performance was significantly off target and substantially so for non-opiate drug users.

Mr Paolo Pertica, Head of Community Safety Strategy explained that there were different methodologies for measuring drug treatment outcomes. The National Drug Treatment Monitoring System (NDTMS) in the North West was monitored by John Moores University which received data from all drug service providers within the region. In addition to that, performance monitoring also took place by those commissioning the service locally.

He clarified that some of the targets referred to in the exceptions commentary such as 'Number of drug users successfully completing treatment - Opiates and Non-opiates' - were set using inaccurate baseline data provided by the previous contracted provider. However, even if the baseline data had been correct, such percentages of successful completions would have been extremely ambitious and rarely seen anywhere in the country. Similarly, such ambitious outcomes were not known in most countries in Europe and elsewhere in the world.

Mr Pertica explained that the previous contracted service had been decommissioned and a new provider appointed to deliver the service, which had a more holistic approach to sustained recovery. In-depth analysis was currently taking place between the commissioners of the service, Public Health and the new provider to ensure that any inaccuracies with data recording were rectified, accurate baselines set and new realistic, achievable targets agreed.

Members noted that the numbers of people successfully completing alcohol treatment was less than half of the target of 500 people and had been based on the inaccurate data. They also noted that successful outcomes through the new service provider had increased but were still no more than national average levels. Members felt that the target needed to be more ambitious and also record numbers of people who sufficiently recovered to lead normal lives.

Mr Pertica agreed that targets needed to be ambitious but also realistic. He clarified that high numbers of people with drug and alcohol problems was often associated with a number of contributory factors such as deprivation, unemployment and poor housing. He added that whilst the effectiveness of drug and alcohol treatment had improved considerably in recent decades, there was still no simple solution to help those with drug and alcohol problems to achieve abstinence, and that was the case not just in the UK but throughout Europe and most countries worldwide.

However, Mr Pertica reported that a number of people did complete treatment successfully each quarter and some of them were able to secure full time employment and pursue constructive and productive drug-free lives. He re-iterated that total abstinence might not be a realistic objective for all those undergoing treatment, and referred to countries such as Portugal and Switzerland where more harm reduction approaches had been adopted and had proven successful in supporting people who, although not completely drug free, were still able to live fulfilling and productive lives.

In response to a query, Mr Pertica explained that it was difficult, using tracking surveys, to follow up levels of sustained recovery of people undergoing drug treatment months or years after they had left treatment. He re-iterated that it was more important people were able to lead normal lives rather than achieve total abstinence. Members agreed with this sentiment.

Although not part of the Council Plan performance indicators, the Chairman expressed concern on the high numbers of emergency admissions due to alcohol misuse. He cited Scotland where minimum alcohol pricing had been introduced to help tackle the problem

and also that Newcastle had introduced a form of alcohol 'tax'. Mr Pertica stated that the Director of Public Health, Dr Arif Rajpura, had been very supportive of introducing a Minimum Unit Price (MUP) for a number of years. However, this was not supported across the country and was a national decision for central government to take. Councillor Cross added that pricing was a complicated concept needing a wider area approach, e.g. across the north-west region / Lancashire sub-region otherwise people could just go across local borders for cheaper alcohol. The economic impact on local businesses also needed to be considered. The Government had been lobbied but so far had shown no inclination for pricing controls.

Members queried the low take-up of NHS health checks and emphasised the importance of preventative work. Ms Liz Petch, Consultant in Public Health explained that insight work with local residents had taken place, led by the Blackpool Clinical Commissioning Group, to establish why people were not taking up health checks which were for early detection of health issues. Findings showed two main misconceptions associated with attending the NHS Health Check – If people felt well, they queried the need for attending a health check; and they had concerns about putting unnecessary time pressure on busy GPs. People needed to understand the purpose of the early detection programme as many health harms could have hidden symptoms, e.g. high blood pressure or atrial fibrillation.

Ms Petch reported that a new campaign was being developed emphasising that people were not wasting NHS time by taking up health checks and that they should attend when called for an appointment and could be saving valuable NHS resources over time.

The Chairman referred to data errors for chlamydia (sexual health) screening. Ms Petch explained that these had been due to issues with laboratory test submissions which had been resolved and improved results were now expected.

The Chairman also queried what had been the final numbers of people successfully quitting smoking against the target of 686. Councillor Amy Cross, Cabinet Member for Adult Services and Health explained that the previous specialist service had been decommissioned in April 2017. The service had underperformed on some of the key performance indicators during the contract duration and, mainly, as it had not been meeting the requirement of the service specification or the needs of the population, as identified through insight work with residents. Interim support had since been provided by GPs and pharmacists from October 2017. Members noted that there had been limited support available to people between April 2017 and October 2017.

Councillor Cross added that a better support service had been sought led by a comprehensive review of people's needs and identifying the best value for money support options available for the most productive outcomes.

Members expressed concern that commissioned contracts were not always scrutinised effectively and that poor contract provision needed to be addressed. Councillor Cross explained that she held contract leads (Adult Social Care and Public Health) to account for ensuring robust contract monitoring and quality outcomes. She added that commissioning

leads were developing a more effective evidence-based approach to commissioning and managing contracts.

Members queried why there had been no performance target for 'delayed transfers of care' (solely due to Adult Social Care as opposed to the healthcare sector). Ms Karen Smith, Director of Adult Services explained that as a new data item it was hard to establish an appropriate performance level and new national guidance was awaited in this area. She added that having effective actions was paramount and substantial work had been developed. Work was also taking place with the Government's national team which needed to meet national targets to secure funding payments.

She explained that precise numbers of delays solely due to Adult Social Care involved cross-referencing figures with Blackpool Teaching Hospitals to establish where there had been delays solely due to the health sector and also where there was shared responsibility. In response to Members' concerns that the current data didn't provide practical information, Ms Smith re-iterated that this was a national issue but 'direction of travel' work could still take place and as part of the proposed Scrutiny Review on 'delayed transfers of care'.

Members expressed concern that mortality rates from preventable causes were at their highest for a decade. Ms Petch explained that comprehensive consideration needed to be given across systems and sectors so work was ongoing. Ms Petch reported that she had been working closely with the Blackpool Clinical Commissioning Group and Blackpool Teaching Hospitals, to identify risks and what was needed for successful outcomes such as preventing diabetes, Coronary Heart Disease and stroke.

6 ADULT SERVICES OVERVIEW REPORT

Ms Karen Smith, Director of Adult Services presented an update on the current status and developments in the care sector for Blackpool. The update included residential and nursing provision, regulated placements, care at home services and other ongoing work and plans.

The Chairman referred to the current provision table on volume, demand and capacity across the in-house Homecare Service. The table outlined different types of social care provision, numbers of new referrals for each provision type and total hours allocated for new referrals as well as the total number of care hours delivered across the provision types. He queried what quality outcomes had been achieved in terms of performance.

Ms Smith explained that the table aimed to give a current picture of social care demand and levels of investment and provision. She added that social care provision came through a mix of council commissioned services and from the private sector. She suggested that these social care issues could form part of a scrutiny exercise.

Ms Smith gave the example of the 'Homes Best' service which was developed to provide a speedy hands-on response to help people get home from hospital or prevent them going in the first place. The service was available for a short period to anyone, regardless of Care Act eligibility, and free at the point of use. The more holistic approach helped keep people out

of hospital through immediate support prior to consideration of longer-term needs and options, and for some people, the short term support was all that was needed to get them back on track.

In response to questions, Ms Smith explained that the 'Vanguard' pilot approach to develop support in neighbourhoods and new ways of working had finished. The Blackpool Clinical Commissioning Group was now leading on neighbourhood 'hubs' and 'new models of care', using the learning from the pilot.

The Chairman referred to ratings given by the Care Quality Commission, the national regulator responsible for inspecting health and social service providers including care homes and care at home. The Commission had rated Blackpool well against regional and national peers for residential and nursing provision and care at home provision up to May 2018. He noted that most provision had been rated well but queried what was being done to secure the improvements recommended by the Commission for where provision was less satisfactory.

Ms Smith explained that the in-house quality monitoring team was responsible for holding providers to account and supporting them to ensure quality and safety of care improved. Quality monitoring officers would visit providers, develop improvement plans with them and identify any additional help needed to deliver improvements. Officers looked for evidence of improvement and provided advice and guidance to help providers to improve. Formal action under the contract terms could be taken in exceptional cases where the provider was unable to sustain the level of improvement required.

7 PUBLIC HEALTH UPDATE ON STOP SMOKING PROVISION

Members were presented with an update on the stop smoking support provision and proposed new service model. The target implementation date was 1 October 2018.

The Chairman noted that there was a wide range of support options listed with detailed analysis of costs, benefits and effectiveness. He queried why there was no mention or analysis of the electronic (e) cigarettes given that Public Health England advocated their use and cited evidence of three million people quitting successfully.

He added that leading cancer researchers from the University of Stirling had cited low levels of young people reducing cigarette smoking and also that e-cigarettes were not being taken up significantly by young people. The Chairman referred to the significant smoking issue within Blackpool which, in his opinion, was worse than people using e-cigarettes and that all avenues needed to be explored.

Ms Petch, Consultant in Public Health explained that there was still uncertainty over the merits and risks of e-cigarettes and debates were ongoing. The regional network of Public Health directors had noted the Public Health England viewpoint that e-cigarettes represented a low level of risk and could be an effective tool to help people quit smoking. It had been agreed regionally that where e-cigarettes were being used as a 'quit' aid then that would be ok as that was better than the harm from cigarettes.

However, she added that Public Health had concerns where people had from a zero base starting using e-cigarettes including young people. Therefore e-cigarettes had not been mentioned explicitly. Reputable brands of e-cigarettes needed to be used but there were concerns over quality control which council officers were attempting to tackle. Nicotine replacement therapy (NRT) such as patches represented viable and effective alternatives.

Mrs Rachel Swindells, Public Health Practitioner explained that Blackpool had a high proportion of young people using e-cigarettes and that there were issues with them exhaling 'clouds' of vapour through e-cigarettes and that some evidence suggested levels of harm from the secondhand vapour produced. She added that young people were using e-cigarettes because they were seen as being fashionable whereas adults used them as a quit aid. Councillor Cross added that currently e-cigarettes could not be recommended given that they were not currently available through prescription.

Some Members referred to the costs of smoking (ordinary cigarettes and e-cigarettes) especially for people on low incomes and that people often went without more important basic goods. Members had concerns that some young people would never be persuaded to quit so it was important to promote anti-smoking messages and risks, e.g. to pregnant women and babies.

Councillor Cross explained that the proposed stop smoking support service worked on the premise that people needed to want to quit in the first place. They would then be offered support options. These ranged from 'self-support' (simple sign-posting to options available), targeted support through GPs and pharmacists and dedicated support for specific groups such as pregnant women.

Ms Petch explained that smoking was an addiction and needed to be treated as such through offering people support. There was no single solution but a range of support options. Ms Swindells added that the evidence demonstrated that 70% of smokers wanted to quit and needed to be offered support options at the right time.

Members queried whether there was sufficient information being provided to school children to promote early intervention. Ms Swindells explained that this formed part of the school physical, health and social education (PHSE) curriculum. Alongside this, educating families was promoted. Ms Petch added that a wider approach was pursed by the Council in promoting Blackpool to be a smoke-free environment.

8 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2018-2019

The Committee considered its Workplan for 2018-2019.

The Committee agreed:

1. To approve the Scrutiny Workplan, subject to discussions with lead officers to undertake short reviews (single meetings) on 1) delayed transfers of care and bed shortages, and 2) Accident and Emergency waiting times and ambulance handovers.

2. To note the 'Implementation of Recommendations' table.

9 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 10 October 2018 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended at 7.30 pm)

Any queries regarding these minutes, please contact:
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