

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

**Present:**

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Hutton	Mrs Scott
Mrs Callow JP	Humphreys	Owen	L Williams

**In Attendance:**

Councillor Amy Cross Cabinet Member for Adult Social Care, Health and Safeguarding  
Councillor Vikki Singleton

Mr Neil Jack, Chief Executive

Ms Karen Smith, Director of Adult Services

Dr Arif Rajpura, Director of Public Health

Ms Lynn Donkin, Consultant in Public Health

Ms Judith Mills, Consultant in Public Health

Ms Liz Petch, Public Health Specialist

Ms Merle Davies, Director, Centre for Early Development

Ms Val Watson, Delivery Development Officer

Mr Sandip Mahajan, Senior Democratic Governance Adviser

**1 DECLARATIONS OF INTEREST**

Councillor Williams declared a personal interest in Item 5 (Council Plan Performance) and Item 7 (Adult Social Care Overview) as her partner worked as a Commissioning Officer at the Council.

**2 MINUTES OF THE LAST MEETING HELD ON 27 SEPTEMBER 2017**

The Committee agreed that the minutes of the Adult Social Care and Health Scrutiny Committee meeting held on 27 September 2017 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.

**4 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018**

Members were referred to the Adult Social Care and Health Scrutiny Workplan for 2017-2018, a proposed scrutiny review on Breastfeeding peer support for their consideration and progress with the Implementation of Recommendations.

The proposed review on Breastfeeding peer support had been suggested by Councillor Vikki Singleton, using the Scrutiny Selection Checklist form. The proposal outlined the

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

value of breastfeeding to babies and mothers, the perceived benefits of the service and why it was felt peer support was still needed. This had followed the termination of the peer support contract in June 2017 which had been delivered by the Star Buddies organisation.

The Council's Public Health Department, which was responsible for commissioning the contract, had provided information summarising breastfeeding benefits, contract provision and what had been achieved. The information included ongoing and proposed work and partnerships as part of a wider health offer to support people. A chart of infant feeding support routes had been provided.

Mr Neil Jack, Chief Executive was present as the Better Start Partnership Board's Deputy Chair. He explained that current work and plans in development were aimed at a wider holistic community-based approach to infant health (diet and nutrition) rather than focusing solely on breastfeeding. There would still be opportunities for breastfeeding support. He added that previous support had not secured significant long-term improvements in breastfeeding rates and that progress had declined in recent years.

He explained that the long-term Better Start Programme for young children (and also the Head Start Programme supporting the emotional resilience of older children) was aimed at developing and trialling innovative approaches which could be based on international research. He added that better outcomes would be achieved through taking risks, challenging and reviewing impact and using more resources where appropriate.

Mr Jack added that methods needed to be tailored to meet the needs of different wards especially the most deprived. He proposed continuing to build the Better Start Partnership work which would be monitored by its Board. Progress could be reported to the Committee in a few months (middle of 2018).

Ms Merle Davies, Director, Centre for Early Development referred to a paper which was due to be considered by the Better Start Executive. She explained that families had been consulted and they did not want to be directed by professionals but wanted an inclusive approach. Families had also rated breastfeeding peer support as a relatively low priority. She outlined the scope of the Better Start Partnership work referring to health visitors and midwives providing increased early support to families. She added that people acting as 'Community Connectors' would be able to offer local support. She mentioned that NHS England was supportive of the work.

Members queried the timing of when Better Start work would take effect in terms of impact and referred to the apparent current void in breastfeeding peer support. Dr Arif Rajpura, Director of Public Health referred to various alternative options currently available and that the Better Start work would provide more holistic support and better outcomes.

Members referred to needing to work in partnership and making best use of all resources. They requested that Star Buddies' experience was not lost and that they were included in the partnership work.

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

Councillor Amy Cross, Cabinet Member for Adult Social Care and Health and Safeguarding stated that the previous contract had not provided good value for money. She added that the proposed 'Community Connectors' would provide local support.

Councillor Singleton, as the proposer of the review, acknowledged that previous breastfeeding peer support services had not been fully effective but advised that there remained a gap in provision and that peer support was still required. She accepted that the proposed approach of providing peer support through Better Start aimed to fill any gaps and that there was therefore no need for a Scrutiny review at this time.

Members recognised the ongoing Better Start work and wider holistic approach and determined that significant additional value would not be achieved through a scrutiny review.

The Committee agreed:

1. To approve the Scrutiny Workplan subject to adding a progress report on the Public Health / Better Start work, for supporting families and children during pregnancy and early stages of childhood, to the Committee's July 2018 meeting.
2. To note the 'Implementation of Recommendations' table.

## **5 COUNCIL PLAN PERFORMANCE REPORT 2017-2018**

Ms Val Watson, Delivery Development Officer presented progress with Council Plan performance indicators for the period 1 April 2017 to 30 September 2017. She explained that a revised approach had been developed with sixteen comprehensive indicators for Adult Social Care and fourteen for Public Health. Both Directors were present to answer any detailed service questions.

She added that performance reports would be biannually with a full end-year report scheduled for the Committee's July 2018 meeting. She concluded that the performance format was still evolving.

The Chairman requested for the targets for each indicator to be detailed in the main performance pages so that progress could be checked more meaningfully. Targets had only been included in the 'exceptions' commentary pages for performance indicators that were not meeting targets. Val Watson confirmed that robust comparative data would be included.

The Chairman referred to numbers of both opiate and non-opiate drug users successfully completing recovery treatment (and not re-presenting within six months of completion) being well below target. He queried the impact of the new holistic drug and alcohol support service which had been running since April 2017.

Dr Rajpura explained that the initial performance of the new service was similar to comparable areas. Good progress had been made in recent years with drug users supported through to recovery. However, these had been people with less deep-rooted, long-term problems than remaining users who had the most complex and challenging

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

needs. Issues included homelessness, mental health, substance misuse and domestic abuse. Innovative approaches needed to be developed. He added that the Lottery-funded Fulfilling Lives Programme also worked with these individuals.

Ms Judith Mills, Consultant in Public Health added that commissioning of drug and alcohol support services came within a new integrated commissioning approach. The new service tried to encourage people to move straight into detox / rehabilitation stages with an aim to promote robust recovery instead of the six months target.

Councillor Cross referred to the holistic approach of recovery involving skills, employment and housing. She explained that the previous service had included generic support workers covering drugs and alcohol. Specialised staff now provided more dedicated support for each area. The effectiveness of the new staffing approach would be monitored. She added that the data did not include people who might stay on prescribed methadone all their lives but still managed productive jobs. She agreed that more progress was needed.

Ms Mills added that a full first-year progress report for the new service had been scheduled for the Committee's March 2018 meeting with both commissioner and service provider representatives.

The Chairman referred to the recent poor performance for supporting people to stop smoking within four weeks of referral. The commentary had referred to the support service having been decommissioned and would not be recommissioned. The commentary included reference to smoking being one of the worst illnesses.

Dr Rajpura explained that the data usually came from the NHS Digital Service. However, the latest figures were not available. The data was incorrect and had been provided in error from another source. He added that performance had declined but a new smoking support service would be commissioned early in 2018.

Members expressed concerns over value for money (efficiency and effectiveness). There were costs involved in developing support services which needed to be effective for people. Decommissioning and recommissioning could be inefficient. Members suggested that best practice from other councils needed to be considered.

Councillor Cross agreed that there needed to be more effective commissioning of new services and robust contract management. Dr Rajpura acknowledged that health outcomes in Blackpool were poor but all deprived areas faced comparable issues and significant challenges. It was important to work with local people to encourage lifestyle change and develop innovative approaches. He referred to current programmes including Better Start, Head Start and Fulfilling Lives.

Members referred to the 'Making Every Contact Count' (MECC) performance which was well below target and did not appear achievable. They noted that the target concerned training frontline Council staff so ought to be manageable otherwise should be reduced.

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

Dr Rajpura explained that the target was not mandatory. Public Health staff would be seeing management teams across the Council to identify which staff could make the most impact through this target to support people widely across services. He agreed that the target should then be adjusted. Members added that reducing targets should not be an automatic option if a target was not met. It was important to see the methodology behind a target and associated work.

Members referred to the target to increase the number of people with learning difficulties who had paid employment. They queried whether people in the voluntary sector or other unpaid work should be included in the target. Ms Karen Smith, Director of Adult Services explained that this was national indicator but consideration would be given to the suggestion.

The Committee agreed:

1. That performance reports should include targets for all indicators in the main performance pages.
2. That target-setting methodology should be shown in performance reports where targets were not being met or where there may be proposals to reset targets.
3. That, within performance reports and in reference to the target of people with learning difficulties who had paid employment, consideration should be given to including, people working in the voluntary sector or other unpaid work who had learning difficulties.

## **6 PUBLIC HEALTH DIRECTORATE - OVERVIEW REPORT**

Dr Rajpura presented the Public Health overview report which covered topical areas of work and plans.

He referred to life expectancy rates within Blackpool which, at 74.3 years for men and 79.4 for women, was the lowest in the country for both genders. In the most deprived areas in Blackpool, men lived 11.8 years less than the local average and women lived 8.5 years less.

There was a correlation between low life expectancy and poor health which was evident in Blackpool. Nationally, life expectancy had been increasing for men and women. In recent years, the dual increase had been reflected in Blackpool albeit at a slower rate of increase. However, local expectancy had decreased over the last year.

Dr Rajpura explained that Blackpool suffered a higher than average rate of deaths for people aged under 65 years old due to a number of poor health and lifestyle factors. He added that 75% of deaths of people aged 35-74 years old involved people who had moved to Blackpool reflecting the significant transient population.

In response to reference being made to suicide related deaths being recorded by where people were born, it was suggested a similar approach was needed for a better understanding of early deaths. It was explained that current data capture was based on people being resident in Blackpool but a more detailed breakdown could be provided. It

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

was added that poor quality housing, particularly private sector multiple-occupancy, was a significant factor in poor health and needed to be tackled.

Dr Rajpura referred to the five-year programme (2013-2018) of NHS health checks for people aged 40-74 years old. The health checks were for early detection of the most common serious illnesses. The annual rate of health checks had fallen. Public Health commissioned the service which was provided by GPs who were also responsible for sending out invites to registered patients. There remained 4,000 people who had not received an invite and a substantial percentage of those invited had not attended a health check. It was important that everyone had the opportunity and 'hard to reach' people were encouraged. Public Health would be working with GPs to remedy this.

In response to a suggestion that health check venues needed to be accessible, e.g. 'walk-in' centres, it was confirmed that accessibility was good. Health checks were not delivered by GPs but by other staff and were held in familiar community venues. Pharmacies were another option although a consulting room was required.

It was also explained that Public Health had investigated poor take-up of health checks. There were conflicting responses but often people were reluctant to use up NHS time when they were not ill. Public Health would be promoting messages to encourage people to attend to ensure serious illnesses were detected in good time and so also easing hospital pressures.

Dr Rajpura referred to the free school breakfast programme for primary school-children which started in 2013. On a daily basis, 11,000 breakfasts were served. Northumbria University had undertaken a three year research programme evaluating the behavioural, educational and social impact of the free breakfast on children. The scheme did promote healthier eating, e.g. more fruit. Due to the timing of school and home mealtimes, some children had two breakfasts but calorie intake was still within recommended levels.

The Chairman referred to work on promoting sexual health. Pre-exposure Prophylaxis (PrEP), which was a daily pill used to reduce the risk of HIV for vulnerable people, had been rolled out nationally. He enquired when this would be implemented locally and was advised that Blackpool would be getting its resource allocation in early 2018.

The Chairman enquired whether Public Health was aware of the well regarded sexual health clinic at 56 Dean Street, London which had developed a best practice 'Plan Zero' approach for tackling HIV. Public Health confirmed that one of the Dean Street specialists was sharing work with professionals at the Blackpool sexual health clinic.

Members referred to the rates and effectiveness of chlamydia testing. They were informed that Blackpool took part in the national screening programme which was working well with good detection of the disease. It was important to maintain this.

**7 ADULT SOCIAL CARE REGULATED CARE SERVICES - OVERVIEW REPORT**

Ms Smith presented the Adult Social Care overview report which covered topical areas of work and plans.

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

She explained that the shortage of dementia beds for elderly people was a particular issue as numbers of people with dementia were rising fast. A recent 'expressions of interest' invite had been issued to potential care partners as a way of fact-finding and jointly developing solutions. She confirmed that there had been good interest with fourteen responses including some unlikely organisations who might have new ideas / resource. The Commissioning Service was reviewing the responses and this would allow the local care provider market to be developed based on future needs, costs and supply options. She added that one of the main current providers was also looking at developing a new care provision within the next two years.

Ms Smith referred to care support being provided in people's own homes ('care at home'). This was a growing demand issue both locally and nationally with the increasingly population particularly elderly people. There were resource pressures involving the people capacity to deliver care and costs of care. Care at home support was being developed jointly with other partners

She added that the Quality Monitoring Team, part of the Commissioning Service, was proactive in working with, and providing support to, care providers and people being cared for. This also involved quality monitoring and requiring improvements.

Ms Smith concluded that the Care Quality Commission, who were the national regulator of all care providers and services, had given good ratings overall for nursing/care homes and for 'care at home' providers commissioned by the Council.

The Chairman queried what plans were being pursued to implement improvement recommended by the Commission. Ms Smith explained that action plans would need to be produced by those providers for the Commission and the Quality Monitoring Team would also be involved in scrutinising the plans and progress.

She added that sometimes wider improvement was requested beyond what the Commission sought. The Quality Monitoring Team could meet providers to ensure that they understood requirements and had capacity to deliver a viable plan. Community nursing staff might also be involved in providing support. Enhanced monitoring processes would be put in place where necessary and actions could be imposed such as suspending a provider from taking any new clients until improvements had been made and there was good assurance. Sustainable improvement was important.

Members queried the risk of bullying of vulnerable people by staff or other residents and queried what safeguards were in place to prevent this from happening, particularly as vulnerable people were often reluctant to raise issues. Ms Smith acknowledged that this could be challenged but added that all staff and other people had a duty to safeguard vulnerable people. All care providers had policies which they needed to promote and the Care Quality Commission did inspect safeguarding. People were more likely to come forward with concerns if safeguards were in place. She added that Healthwatch, who acted as the service user's voice, had 'enter and view' powers to inspect care/nursing homes. GPs might also identify issues.

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 15 NOVEMBER 2017**

**8 BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016-2017**

Mr David Sanders, former Independent Chair of the Blackpool Safeguarding Adults Board, presented the Board's Annual Report for 2016-2017.

He explained that the Board was a multi-agency partnership working together to safeguard adults at risk of abuse or neglect. The Board had become a statutory body in 2015 following the Care Act 2014. He referred to the development of the partnership as an increasingly effective safeguarding body since 2015. There had been improved communications, learning lessons (from reviews and other formats), increased training and evaluation to ensure improved operational standards.

Mr Sanders referred to the Board's current Business Plan 2016-2018 and main priorities. These were the 'Toxic Trio' (mental health, substance misuse, domestic abuse), self-neglect, risk thresholds and transitions (children moving to adult support services). He added that Blackpool was an area with significant challenges and the Board pursued family-based safeguarding, e.g. for domestic abuse, involving both Safeguarding Boards for Adults and Children.

He explained that significant work was ongoing with an evolving dataset. There was current work on financial abuse and Accident and Emergency (mental health crisis support). He mentioned that the Adults' Board had been developing work on a sub-regional level with other Boards across Lancashire. There was a more joined-up approach between the two Boards with shared meeting days involving separate Board meetings and a joint session looking at common priority issues.

Mr Sanders also referred to the Board's financial sustainability. The Chairman asked about the impact of budget cuts on the ability of the police to safeguard and also what value for money the Board had achieved. Mr Sanders responded that it was not good if resources such as Police Community Safety Officers (PCSOs) were cut and re-iterated the range of the Board's work with reference to value for money.

**9 NEXT MEETING**

The Committee noted the date and time of the next meeting as Wednesday 24 January 2018 commencing at 6pm in Committee Room A, Blackpool Town Hall.

**Chairman**

(The meeting ended at 7.45 pm)

Any queries regarding these minutes, please contact:  
Sandip Mahajan, Senior Democratic Governance Adviser  
Tel: 01253 477211  
E-mail: sandip.mahajan@blackpool.gov.uk