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**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -**  
**THURSDAY, 24 JANUARY 2019**

**Present:**

Councillor Hobson (in the Chair)

Councillors

|               |           |        |            |
|---------------|-----------|--------|------------|
| Callow        | Elmes     | Hutton | Mrs Scott  |
| Mrs Callow JP | Humphreys | O'Hara | L Williams |

**In Attendance:**

Dr Arif Rajpura, Director of Public Health, Blackpool Council  
Ms Karen Smith, Director of Adult Services, Blackpool Council  
Mrs Sharon Davis, Scrutiny Manager, Blackpool Council

Councillor Amy Cross, Cabinet Member for Adult Services and Public Health

Mr Andrew Bennett, Healthier Lancashire and South Cumbria Integrated Care System  
Ms Sheralee Birchall-Turner, Healthwatch Blackpool  
Mr Stuart Clayton, Rethink  
Ms Sharon Doherty, STAR  
Mr Damian Gallagher, Director of Workforce and Organisational Development, Lancashire Care Foundation Trust (LCFT)  
Mr Bill Gregory, Acting Chief Executive Officer, LCFT  
Police Inspector Peter Hannon, Lancashire Constabulary  
Mr Paul Hopley, Midlands and Lancashire Commissioning Support Unit  
Ms Jessica Johnson, STAR  
Mr Paul Lumsdon, Director of Nursing and Quality, LCFT  
Mrs Jo Moore, Director of Operations, LCFT  
Mrs Sue Moore, Director of Strategic Developments, LCFT  
Dr Richard Morgan, Deputy Medical Director, LCFT

**Apologies:**

Apologies for absence were received on behalf of Councillor D Coleman who was on official Council business.

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**2 MINUTES OF THE LAST MEETING HELD ON 28 NOVEMBER 2018**

The minutes of the meeting held on 28 November 2018 were agreed as a true and correct record.

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**3 LANCASHIRE CARE FOUNDATION TRUST PROGRESS REPORT**

The Chairman highlighted that the Committee had requested the special meeting with Lancashire Care Foundation Trust (LCFT) following consideration of an item presented by the Trust in October 2018 regarding the May 2018 Care Quality Commission (CQC) Inspection outcome of 'Requires Improvement' when the Trust had been judged as not safe, not effective and not well led. The May 2018 inspection followed previous inspection outcomes of 'Requires Improvement' in November 2015 and 'Good' in January 2017. He reported that the Committee had not been assured that sufficient improvement was being made by LCFT at the previous meeting and had been unhappy with the quality of reporting.

Mr Bill Gregory, Acting Chief Executive Officer, LCFT placed on record an apology for the Trust's poor attendance at the previous meeting and highlighted that the Trust was taking the concerns raised by the Committee very seriously.

Mr Paul Lumsdon, Director of Nursing and Quality, LCFT provided an overview of the focus being placed on quality and how the Trust was going beyond the requirements set out in the action plan developed following the CQC inspection. He also addressed issues including ensuring accessibility of mandatory training and that staff were supported. It was reported that a key concern was the high level of Band 5 Staff Nurse vacancies, reasons for which included a reduction in the number of European nationals taking positions and the low number of nurses on the national register. In order to address the number of vacancies work was ongoing to improve recruitment and retention with a focus being placed on good leadership to ensure workers wanted to remain with the Trust.

Members noted that a number of initiatives had been put into place in order to improve recruitment and retention including increased staff involvement in creating the vision and values of the Trust, meaningful appraisals and nurse degree apprenticeships whereby nurses would be employed from the beginning of their training and receive a contribution to fees. Mr Damian Gallagher, Director of Workforce and Occupational Development, LCFT advised that evidence had demonstrated that those applying for apprenticeships were often from the local area and more likely to remain in the area following completion of their apprenticeship.

It was reported that turnover at the Trust had reduced from 14% to 8% over the previous 12 months which was a significant positive reduction. In the same period sickness remained approximately 9% to 13%. In response to questioning, it was reported that there had been incidents of verbal and physical abuse against staff members and that working in facilities such as The Harbour could be a stressful job. Training of staff had been focussed on in order to assist staff in dealing with incidents and to also reduce the number of incidents through de-escalation.

The Committee discussed staff appraisals in detail, noting that the Trust was achieving its target of 80% completions. Concern was raised that an 80% target was not sufficiently high enough for an annual performance appraisal and it was noted that a large number of targets relating to staff training and supervision had also been set at 80%. Mr Lumsdon advised that the Trust had wished to set realistic targets that could be met and would

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review targets regularly with the intention of incrementally increasing the figure. Despite the response, Members remained concerned that 80% was not a sufficient enough target to drive improvement.

Ms Jo Moore, Director of Operations commented that addressing the pressures on emergency services required a collective approach. She highlighted the services provided by LCFT and noted that The Harbour provided 40% of the Trust's inpatient bed stock across Lancashire. The Trust also provided a crisis service, mental health response team and community mental health team amongst others. Service provision in Blackpool was slightly more complex than other areas as Blackpool Teaching Hospitals NHS Foundation Trust provided a small part of the mental health pathway that was provided elsewhere in Lancashire by LCFT.

It was reported that from April 2018, there had been a significant rise in the number of patients presenting at accident and emergency with mental health needs in Blackpool. The increase in numbers had contributed to the increase in significant waits at accident and emergency and the high numbers of four and 12 hour breaches. Other factors contributing to the delays included a significant rise in the number of s.136 detentions equating to a need for approximately 40 beds. Ms J Moore reported that services were working collaboratively in order to address the number of breaches and had made some key improvements including addressing inpatient flow, work around escalation and communication and the introduction of a new personality disorder pathway. Members expressed serious concerns regarding the substantial number of breaches and whether the work ongoing was sufficient enough to reduce the number of breaches.

Mr Andrew Bennett, Healthier Lancashire and South Cumbria Integrated Care System (ICS) highlighted the recent peer review of services carried out by Northumberland, Tyne and Wear NHS Foundation Trust and that the report was due imminently. The review had been commissioned by the ICS and the outcomes would require whole system, collective implementation. In response to questioning, he reported that the headline findings included improved partnership working across Lancashire, work with the voluntary and community sector and that the recommendations posed a challenge to the whole partnership to provide an appropriate response. He also reported that funding had been acquired for a new mental health decision unit at Blackpool Victoria Hospital which would allow for assessments to be carried out more efficiently.

Following the introductory presentation from LCFT, the Chairman invited updates from partners on their views of progress made since the previous meeting of the Committee. Dr Arif Rajpura, Director of Public Health, Blackpool Council highlighted the prominence of mental health in the new NHS 10 year plan. He reported that there had been little change to the experience of service users and emphasised the continued lack of community support. He added that the whole mental health pathway required review and that Public Health wished to work with NHS colleagues in order to improve the patient experience. He added that the review must be co-designed with service users.

In response, Ms J Moore reported that emphasis was being placed on the urgent care pathway due to the significant pressure on services. She added that work was also ongoing to consider community mental health teams, ensure the right skill mix and optimise clinician time, however, significant work still needed to be undertaken which

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would require resourcing and time. Furthermore, she reported that a review was ongoing to determine the reasons for the significant increase in the number of presentations in order to address the reasons for the increase.

At the invitation of the Chairman, Ms Karen Smith, Director of Adult Services, Blackpool Council commented that conversations with LCFT had improved since the meeting in October 2018, which had been welcomed. However, areas for concern remained including evidence of serious incidents at The Harbour. She advised that Adult Services received daily reports from service users reporting that wards were in chaos and that in some areas patients and family members were concerned for their own safety. Concern was raised that, despite the information presented earlier in the meeting by Trust officials relating to staff training and support that the actual experiences of staff and patients did not reflect what the Committee was being told. She also reiterated concerns raised by Dr Rajpura that the whole system required review to ensure that it was fit for purpose and meeting the needs of the population.

By way of a response, Mr Lumsdon advised that he was aware of the issues raised by Ms Smith and was working with the Police in order to ensure that staff were safe. He highlighted that it was important to increase community resilience and work together to improve the pathway. It was emphasised that patients were looked after and that staff were supported to deal with such incidents.

Police Inspector Peter Hannon, Lancashire Constabulary added that the Police attended The Harbour regularly and solutions were being sought to increase the consequences for patients such as the potential introduction of a system to issue penalty notices and undertaking interviews on site. He also highlighted the successful pilot of the Psynergy vehicle in reducing the number of section 136 referrals.

Despite the testimonies of Mr Lumsdon and Police Inspector Hannon regarding the support for staff, concern remained that little work was being undertaken to determine the causes of the degeneration in behaviour of patients whilst in The Harbour and that the way in which patients were treated in the facility and the length of time patients were kept waiting for treatment must be considered as factors. Councillor Amy Cross, Cabinet Member for Adult Services and Public Health added that although attendance of LCFT representatives at meetings had improved, further improvement was still required in consulting and discussing new ideas and initiatives with partners.

The representatives of the voluntary and community sector were invited to contribute their views on mental health service provision and highlighted the lack of engagement they had had with LCFT. Mr Stuart Clayton, Rethink reported that the sector was passionate about being involved in service improvement and that patients suffering from poor mental health would welcome more emphasis being placed on encouraging good outcomes and communicating how others had achieved good outcomes.

In response, Mrs Sue Moore, Director of Strategic Developments, LCFT advised that the Trust would welcome further engagement from the voluntary and community sector and reported that there had been some powerful success stories that could be shared. Members, however, raised further concerns that the Trust was not being active enough in pursuit of engagement and agreed to recommend that the Trust identify all voluntary and

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community sector groups working within Blackpool and seek to meet with all groups on a quarterly basis.

The Committee went on to consider the concerns raised by the voluntary sector regarding the high vacancy rate of consultant psychiatrists. Dr Richard Morgan, Deputy Medical Director, LCFT advised that nationally, recruitment of consultant psychiatrists was problematic, however, the importance of stability for patients was recognised. He advised that improvements had been made and that The Harbour was now less reliant on agency staff. In order to address recruitment long term, additional training had been introduced and suitable candidates were being identified for development. Although no guarantees could be made, it was noted that the Trust considered it was in a substantially better position than 12 months previously.

In response to further questions raised regarding commissioning, Mr Paul Hopley, NHS Midlands and Lancashire Commissioning Support Unit reported that work was ongoing with all eight Clinical Commissioning Groups in Lancashire to identify funding requirements and actions required in order to ensure sustainable commissioning of mental health services. The Committee highlighted again the importance of engaging with small community and voluntary groups and suggested that Commissioners might consider committing as much funding as possible to supporting smaller groups.

Upon consideration of the CQC Action Plan, Members noted that three actions had been recorded as 'red'. Mr Lumsdon reported that two actions had remained red in order to accommodate additional engagement with staff and ensure that change was embedded. The Committee expressed concerns that all actions identified by the CQC as 'must do' and 'should do' were actions that the Trust should not have failed to be carrying out. In response to further questions, Mr Lumsdon added that the action plan set out the minimum standards required by the CQC and that the Trust was aiming to exceed those standards in areas such as supervision.

The Committee raised further concerns that the Trust appeared to be lacking in urgency in addressing areas requiring improvement. It was recognised that recruitment and embedding new ways of working took time. However, the Trust had been repeatedly told that service provision was in chaos and crisis and that there had been a number of incredibly serious incidents. Despite the seriousness of the incidents reported, Members expressed concern that it did not appear that immediate action was being taken to improve matters for those currently suffering in the existing system.

The Chairman referred to a number of statements contained within the CQC inspection report and sought assurance that the Trust had addressed the concerns raised. In response, Mr Lumsdon advised that the Trust had fully complied with the requirements to improve compliance of essential training and had also addressed the understanding of the role of Ward Manager to ensure Matrons had enough time to carry out their managerial roles.

In response to a question regarding the comments made by Dr Paul Lelliott, the Deputy Chief Inspector of Hospitals at the time of the CQC Inspection that 'the board and senior management team did not have sufficient oversight of staff supervision', Mr Lumsdon stated that he was happy that the Trust had addressed all the points raised in the CQC

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inspection process and Mrs S Moore added that improvement was being fully monitored by the Trust's Board.

The Chairman concluded the item by requesting that the same representatives attend a further meeting with the Committee in approximately six months. He highlighted that the Committee had not received sufficient assurance regarding the Trust's ability to make the required reductions in four and 12 hour waits in Accident and Emergency for mental health patients and requested that further evidence be provided to demonstrate how reductions had been made and would continue to be made. Furthermore he cited the use of the words 'chaos' and 'crisis' throughout the meeting to describe current mental health services and commented that in six months time it was expected that the picture would be much improved, with reports from partners more positive. The representatives from the third sector would also be requested to attend the meeting in order to provide an update on the relationship with LCFT and partners following the implementation of the recommendation of the Committee that LCFT hold quarterly meetings with all mental health support groups in the sector.

The Committee agreed:

1. That LCFT be requested to identify all voluntary and community mental health support groups in Blackpool and arrange to meet with them quarterly to ensure the views of service users were truly reflected and understood.
2. That LCFT consider setting all targets for completion of mandatory training, completion of appraisals etc at 90% with a view to incrementally increasing the target to 100%.
3. That all representatives be requested to attend a further meeting of the Committee in approximately six months to further update on progress made and to:
  - Provide feedback on the implementation of the Committee's recommendations.
  - To provide evidence of the work undertaken to reduce the number of four and 12 hour delays at Accident and Emergency and the impact of that work.
  - To report on the outcomes of the external review and action taken to implement the actions.

### **4 WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW FINAL REPORT**

The Committee considered the Whole System Transfers of Care Scrutiny Review Final Report and agreed to approve the report for submission to the Executive and NHS partners.

### **5 DATE AND TIME OF THE NEXT MEETING**

The Committee noted the date and time of the next meeting as Wednesday, 13 February 2019, commencing at 6.00pm.

**Chairman**

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(The meeting ended at 7.35 pm)

Any queries regarding these minutes, please contact:

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