MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 27 SEPTEMBER 2017

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Mrs Scott
Mrs Callow JP	Humphreys	L Williams

In Attendance:

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group
Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Ms Jeannie Harrop, Senior Commissioning Manager, Blackpool Clinical Commissioning Group
Ms Sheralee Turner-Birchall, Chief Executive, Healthwatch Blackpool and Healthwatch Lancashire
Ms Katie Taylor, Senior Project Officer, Healthwatch Blackpool
Mr Tim Bennett, Deputy Chief Executive and Finance Director, Blackpool Teaching Hospitals
Ms Karen Smith, Director of Adult Services, 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 5 JULY 2017

The Committee agreed that the minutes of the Adult Social Care and Health Scrutiny Committee meeting held on 5 July 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 EXECUTIVE AND CABINET MEMBER DECISIONS

The Committee noted that the Adult Social Care Contract Rates for 2017-2018 had been approved by the Cabinet Member for Adult Services and Health on 14 July 2017 and that the Learning Disabilities Step Down Service had been approved at the Executive meeting on 17 July 2017.

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5 HEALTHWATCH BLACKPOOL ANNUAL REPORT AND WORK PLAN

Ms Sheralee Turner-Birchall, Chief Executive, Healthwatch Blackpool and Healthwatch Lancashire and Ms Katie Taylor, Senior Project Officer, Healthwatch Blackpool presented Healthwatch Blackpool's Annual Report for 2016-2017 and Work Plan for 2017-2018.

Ms Taylor explained that Healthwatch acted as the independent 'voice of the service user' for people using health and social care services. Healthwatch undertook surveys and other activities including directly speaking to people to obtain the views and experiences of service users, friends and family and staff. Healthwatch made recommendations, including trends identified, to commissioners and providers of services. Healthwatch Blackpool was commissioned by Blackpool Council but was independent.

Ms Taylor reported that the Healthwatch contract for Blackpool had over the last two years been provided by Groundwork (until April 2016) and then Empowerment until the end of 2016. Healthwatch Lancashire took over contract provision for Blackpool from Jan 2017 and formed Healthwatch Blackpool. The two organisations were separate legal entities but retained the ability to combine and share resources as necessary. Healthwatch Blackpool comprised of 1.5 full time equivalent staff (one full time Senior Project Officer and one part time Project Officer). The Chief Executive also committed some direct time. Wider ad-hoc support from Healthwatch Lancashire covered communications, specific projects and other areas of work. The flexible access to pooled resources had been working well.

Ms Taylor added there had been a transitional period from the start of the contract, January 2017, through until the start of April 2017 when the first full year started. Transitional work had included retaining and carrying forward Empowerment work, publishing Empowerment service reviews, setting up organisational systems and refreshing the website amongst other activities.

Ms Taylor referred to Empowerment work which had included five service reviews one of which had concerned the quality of community mental health services for adults. The other reviews had covered care homes, carers' support, outpatient services at Blackpool Teaching Hospitals and services provided at the Harbour (Lancashire Care Foundation Trust's in-patient mental health facility within Blackpool).

Ms Taylor explained that Healthwatch Blackpool developed its Work Plan following feedback from the services users and the public. Work undertaken during 2017 had included reviews of community pharmacies, access to mental health services, access to cervical screening and a winter pressures review of Accident and Emergency services at Blackpool Teaching Hospitals.

Ms Taylor added that several projects were planned for 2017-2018. These included regular 'Enter and View' inspections (nine GP practices had been visited and nearly 350 patients consulted) and reviewing Learning Disability and Autism services (a broad group including carers had been consulted with GP and dental services satisfactory but hospitals particularly for communications were not). Progress with John's Campaign at Blackpool Teaching Hospitals (more flexible visiting hours especially for family and friends of dementia patients) had been considered. Resilience support for young people using

services had also been considered including what support they wanted, e.g. for reducing self-harm and mental health issues. Another key piece of work was helping ensure that the public and voluntary sector were well-informed about the Sustainability and Transformation Plan (long-term transformation and integration of health and social care services) for Lancashire and South Cumbria. A meeting had been held recently at the South Shore Community Centre to discuss transformation with over 35 people present.

Ms Taylor reported that proactive approaches were pursued to seeking 'hard to reach' group's views e.g. people on 'assisted bin' collection although there were some information sharing barriers. Other innovative approaches included 'pop-ups' (stands and stalls at the town centre, schools and other community venues or groups), online and physical 'voice boxes' seeking people's views and 'on the buses' surveys on how transport services affected access to health and social care services. Ms Turner-Birchall added that it was important to target people in the right environments and at the right time, i.e. consulting 'Experts by Experience'.

Ms Taylor concluded that a significant area of work was measuring the impact of Healthwatch Blackpool's work (and that of the previous Healthwatch body, Empowerment) including trends identified, responses from commissioners and service providers to recommendations and improvements made to services. An Impact event would be held towards the end of 2017 and Scrutiny Members would be invited.

Members noted that Healthwatch contracts were for two years and that there had been three Healthwatch providers over the last two years. They queried how smooth the transitional arrangements had been and whether longer-term contracts would allow for more effective planning and better value for money outcomes. Ms Turner-Birchall confirmed that effective transition had taken place within a short timescale including carrying forward the previous provider's work. She agreed that longer contracts of three to five years duration would provide better staff retention referring to the fact that previous staff had left rather than be transferred over and also loss of some volunteers (staff and volunteers had since been recruited). She added that service users and other stakeholders would also find continuity beneficial. Best use of resources was also important focusing on achieving the most value for money impact for improving services. This included influencing various strategic groups and other stakeholders' forums. She added that there were people from Blackpool with local knowledge on Healthwatch Blackpool's Board.

Members noted the modest size of Healthwatch Blackpool's budget and queried the use of consultancy fees. Ms Turner-Birchall explained that corporate services (Human Resources and finance) were brought in but did provide good value for money and that any savings were reinvested in the service.

Members identified that people receiving home care services were isolated and queried how their views were sought. They also noted that service providers might be selective when referring Healthwatch Blackpool to people. Ms Taylor acknowledged that this was a challenge. They did talk to home care providers who were prepared to pass on Healthwatch Blackpool's details and other information to people being supported within their own homes. She added that they were also discussing the issue with the Council who commissioned some home care services. This would also ensure that Healthwatch

Blackpool and the Council were not duplicating effort. The assisted bin information was one method of identifying vulnerable people and going to groups such as at daycare centres was another approach. Ms Jeannie Harrop, Senior Commissioning Manager, Blackpool Clinical Commissioning Group added that she it would be good to work with Healthwatch Blackpool, e.g. linking in with community and district nurses.

Members queried whether performance or other risk alerts were received and/or made. They noted that there were alerts or recommendations to relevant bodies contained within the Annual Report. Ms Taylor confirmed that information was shared to some extent and Healthwatch Blackpool aimed to alert service providers, commissioners and regulators to concerns early on. Ms Turner-Birchall added that the majority of the Annual Report had concerned work of the previous provider, Empowerment and added that Healthwatch Blackpool would raise issues including those directly identified by Healthwatch staff themselves. She explained that Healthwatch Lancashire operated a multi-agency information sharing approach which she hoped to develop within Blackpool. Ms Karen Smith, Director of Adult Services confirmed that the previous provider, Empowerment, had indeed operated along multi-agency lines.

Members recognised that Scrutiny and Healthwatch work complemented each other and that it was useful for Scrutiny to have the service user 'voice' at meetings for additional evidence-based challenge to service commissioners and providers and also for Healthwatch to potentially identify, through their reviews, areas that could benefit from in-depth scrutiny. Ms Turner-Birchall agreed that there was common ground aiming to improve services for people and suggested that social care should be a key growing area of focus. She highlighted the five-year health and social care integration programme (Sustainability and Transformation Plan) and how integrated health and social care could benefit primary and secondary care service, better understanding of care homes and how they impacted upon the health and social care economy and also end of life care was growing in importance.

6 HEALTH AND SOCIAL CARE INTEGRATION

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group, Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group and Ms Jeannie Harrop, Senior Commissioning Manager, Blackpool Clinical Commissioning Group presented an update regarding the development of health and social care integration in Blackpool (as part of the wider Fylde Coast local delivery partnership).

Members had considered integration first in November 2016 in the early stages of development. They had felt that there was not sufficient detail of local work within the Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria nor financial costings. Members had recognised that NHS England had given little time for draft plans so a comprehensive progress report had been requested for summer 2017 included detailed cost savings proposals.

Mr Bonson explained that integration required strategic direction and practical changes to service delivery which were being jointly developed by councils and the health sector. He explained that Sustainability and Transformation Plans had been developed nationally as five-year plans (2016-2017 to 2020-2021) as part of NHS England's Five-Year Plan.

There were 44 'vanguard' pilot geographic areas which were leading on transformation and integration of NHS and Social Care services. Lancashire and South Cumbria was one pilot area.

Mr Bonson referred to the Lancashire and South Cumbria Sustainability and Transformation Plan within which were five local 'footprint' geographic areas responsible for delivering services, one being the Fylde Coast area including Blackpool and eight themed workstream programmes. The local areas were based on populations, locations of services and actual patient flow rather than traditional local authority boundaries.

Mr Bonson explained that the Sustainability and Transformation Plan aimed to develop major transformation to meet patient, population and financial demand. He added that NHS funding had increased but was being outpaced by patient and population demand. There was a drive towards more community and locality based services (including promoting self-help and better health for people avoiding illness) and reducing the need for hospital admissions.

Mr Bonson explained that the Fylde Coast delivery arm was now also one of eight pioneer Accountable Care Systems being developed nationally. These were leading on developing integrated working arrangements between council, health and other partners including the pooling of budgets. They were not legally binding but designed for partners to make the best use of resources and hold each other individually and collectively to account. Ms Harrop added that on a practical level the Accountable Care System would allow joint commissioning to integrate spending and provide more seamless care pathways for patients.

Ms Harrop referred to New Models of Care (NMC) work which had been developing over recent years. These aimed to develop alternative primary care options closer to people in local neighbour hubs with the co-location of professionals (GPs, mental health staff, social workers, nurses and other groups) and promote preventative action to reduce costs and hospital admissions. She gave examples of health and wellbeing workers going to people's homes and helping devising individual care plans. She added that the team were growing and that there would be several hubs across Blackpool.

Ms Harrop gave particular examples of New Models of Care. The Extensive Care System, supported people locally who had several complex long-term conditions. The Enhanced Primary Care Service also supported people locally who had complex conditions. End of life care was being developed with local hospices. To help manage patient turnover, there would be more effective 'step up, step down' approaches as people's health needs changed.

Ms Harrop gave other examples of New Models of Care. Extra funding had been awarded for telemedicine and IT equipment to be developed with care homes to allow better patient monitoring and quick responses to simple needs by contacting the neighbourhood hub teams rather than resorting to unnecessary hospital admissions. Care homes were a big source of patients using the ambulance service and Accident and Emergency when not absolutely necessary. The care homes had been given assurance that primary care would still be available. A self-care strategy for families was being pursued which had involved local consultation. Self-care was supported by initiatives such as a new directory of web-

based information services for the Fylde Coast area. The directory covered health and social care services as well as community activities.

Ms Harrop added that it was aimed to involve the voluntary sector, e.g. Carers' Centre, as part of the staffing for hubs. A New Models of Care Business Planning event was being held on 18 October 2017 with the voluntary sector invited.

Ms Harrop concluded that key performance indicators had been developed and would be monitored through the 'Vanguard'.

Members noted the good progress with building multi-disciplinary teams of professionals (GPs, social workers, community and district nurses, mental health staff and other groups) in local hubs closer to communities and providing tailored levels of care such as extensive, enhanced and end of life care. However, they noted that Extensive Care was still only supporting relatively small numbers of people and there had been no real reduction in hospital admissions. They queried how better patient outcomes would be measured including over the busy winter period. Mr Bonson explained that NHS England did monitor return on investment, e.g. target of hospital admissions reduced by 20%. The New Models of Care were collectively helping, e.g. reviewing falls. He added that the self-care preventative work was important and communities needed to be supported to develop self-care. Mr Bonson explained that a Sustainability and Transformation Plan impact report would be available in the next month which would be circulated.

Members queried whether people were still properly catered for when services 'stepped down' including being active and options such as disabled facilities grants were used. Assurance was given including health and wellbeing workers supporting people to become independent, the voluntary sector would be used to support people to become more active. Integrated commissioning made the best use of grants and equipment was sought from various means led by Blackpool Coastal Housing. Members requested some neighbourhood hub (patient) case studies for the next progress report.

Members noted that efforts were being made to involve the voluntary sector which had been previously requested.

GPs were understood to be able to cover 25% of work done in Accident and Emergency, i.e. patients who did not need to present at and thereby reduce Accident and Emergency pressures. Members queried whether there was effective use of pharmacies, e.g. use of repeat prescribing to reduce the burden on GPs who could then in turn take on relevant non-emergency hospital work and thereby reduce some pressure on hospitals. Mr Bonson confirmed that pharmacies were used effectively but would provide current details, e.g. on repeat prescribing and 'Minor Ailments Scheme'. Ms Turner-Birchall added that Healthwatch Blackpool had undertaken some work on community pharmacies which she would share.

Members welcomed the Directory of web-based info services but were still not fully convinced that the draft Self-Care Strategy, which was due to be consulted upon following initial stakeholder involvement, could easily create the cultural change required. The Clinical Commissioning Group agreed but added change would take time.

Members had previously requested detailed cost savings. Mr Bonson explained that there appeared to not be much detail available locally. He undertook to check with the Finance lead officer for the Sustainability and Transformation Plan.

Members still needed more assurance that the Sustainability and Transformation Plan objectives could be delivered and were on track given that the Plan was now at the mid-way point of the five year timeframe. They did recognise that it was a long-term programme.

Members recognised the importance to monitor Health and Social Care integration and Sustainability and Transformation Plan progress at reasonable intervals and requested another comprehensive update for around May 2018. Interim progress could still be requested. Members also requested that a team leader from an integrated neighbourhood hub attended to outline 'on the ground' progress. Attendance of a clinician would also be welcomed. Members were informed that could attend neighbourhood hub meetings.

The Committee agreed:

1. To receive a progress report on health and social care integration, including detailed financial profiling as part of the Sustainability and Transformation Plan update, New Models of Care patient case studies (including 'stepping down' after-care support) for the May 2018 Committee meeting and attendance of a team leader from an integrated neighbourhood hub for that meeting.
2. To receive a copy of the Sustainability and Transformation Plan Impact Report in autumn 2017.
3. To receive details of how pharmacies were being used effectively to support patients and reduce demand on GP practices.

7 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: STRATEGY, AMBITIONS AND WORK PROGRAMMES - PROGRESS

Mr Tim Bennett, Deputy Chief Executive and Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust presented a progress report on the Trust's strategic ambitions, targets and financial position. Previous progress reports had been delivered to the Resilient Communities Scrutiny Committee in November 2015 and February 2016 and the Health Scrutiny Committee in December 2016.

Members had requested an assurance report after March 2017 on clinical care and financial performance achieved during the winter period. They had highlighted concerns on performance impact from winter pressures including acute and emergency services and availability of beds. Finance issues had included staffing concerns (costs of agency staff).

Mr Bennett explained that the Strategy ran from 2015-2020 and aimed to deliver improved long-term clinical and financial sustainability. He added that the Strategy did not operate in isolation citing that it needed to be delivered as part of the wider Accountable Care System which involved a range of partners working together.

Mr Bennett referred to the strategic ambitions which had measurable targets to: improve quality of care (reduce mortality rates and improve patient experience); reduce the length of stay for operations; to develop the workforce (improve staff satisfaction and reduce staff turnover); and improve financial robustness. He emphasised that progress took time. The targets were either medium term with three years allowed to achieve targets or long-term requiring five years.

Mr Bennett noted that mortality rates were still too high at 114 deaths per year. However, steady progress was being made towards the target of no more than 100 deaths per year. When the Strategy started in 2015, mortality rates had been 120 deaths per year.

Mr Bennett referred to the length of stay for operations which was above the average for comparable neighbours. Work was developing through the Accountable Care System involving primary care and social care partners. It was important to eliminate the numbers of patients incurring delayed 'transfers of care' (moving from one form of care to another) and also having efficient hospital discharges. A range of options were being explored.

Mr Bennett confirmed that financial challenges remained and would continue. Although the NHS was getting funding increases these were outstripped by increasing patient and population demands. Financial targets had been achieved for 2016-2017 although there had been some additional one-off funding assistance.

Members noted the reported surplus of £3.3m for 2016-2017 and queried whether this had actually been a deficit as additional one-off funding may have created an apparent surplus. They referred to NHS Improvement who had provided nearly £10m for promoting innovation and efficiencies. They also queried whether a similar sum in the region of £10m from Blackpool Council's Investment Fund had been included in the 2016-2017 figures. Mr Bennett explained that the £10m from NHS Improvement had been included in the figures. However, £9.2m loaned from the Council was a one-off cash payment not included within the balance sheet. He pointed out that the £3.2m was a reasonable outturn given that the Trust had a budget of nearly £400m and had returned significant deficits in the last two years. He added that the Trust had sizable funds tied to buildings and other assets so were not readily accessible. It was important to have access to cash (liquidity) to invest and improve clinical outcomes. However, there were restrictions on operational areas such as wards but external funding allowed for investment in areas such as car parking allowing returns to be reinvested. The £9.2m loan from the Council would form part of the Trust's Capital Programme for 2017-2018. It was important to achieve long-term transformation.

Members queried the progress made with managing and preparing for Accident and Emergency attendances during the winter period. Assurance was given that winter planning was in place. Mr Bennett agreed that the last winter period had been challenging with services stretched. However, there were some innovations which would help alleviate pressures. 'Primary care screening' was the first stage for Accident and Emergency admissions and assessed whether a person needed to be in Accident and Emergency. Better patient pathways management was also being pursued again to help ensure patients were getting the right treatment in the right place and at the right time.

Of most importance was ensuring that people who did not need to be in hospital were directed appropriately.

Members queried whether the staff recruitment freeze had been lifted and cited that agency staff costs were higher than for permanent staff. Mr Bennett confirmed that there was still some recruitment freeze and a reliance on agency staff. He explained that vacancies were mainly for non-clinical staff not clinical staff. He added that staff costs would be reduced through a number of measures such as merging back-offices which some hospital trusts had done.

Ms Turner-Birchall noted that patient information transfers between hospitals could be an issue. Mr Bennett agreed that this could be an issue within and across institutions. However, one of the Sustainability and Transformation Plan aims was to improve IT systems connectivity within Lancashire and South Cumbria. Some wards within the Trust were already improving connectivity.

The Committee noted the progress made and planned work.

8 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 and progress with the Implementation of Recommendations. Members noted that it was a strategic balanced programme with a good level of focus targeted towards quality outcomes and room for flexibility.

The Committee agreed:

1. To approve the Scrutiny Workplan.
2. To note the 'Implementation of Recommendations' table.

9 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 15 November 2017 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended at 8.00 pm)

Any queries regarding these minutes, please contact:
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