

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
TUESDAY, 7 JANUARY 2020**

Present:

Councillor Hobson (in the Chair)

Councillors

D Coleman	Hunter	Mrs Scott	Wing
Critchley	O'Hara	Wilshaw	

In Attendance:

Ms Karen Smith, Director of Adult Services (Items 1-5 Only)
Ms Kate Aldridge, Head of Commissioning and Corporate Delivery
Ms Louise Jones, Head of Benefits and Customer Service
Ms Vikki Piper, Housing Options Manager
Mrs Sharon Davis, Scrutiny Manager

Councillor Lynn Williams, Cabinet Member for Adult Services and Public Health

Mr David Bonson, Chief Executive, Fylde Coast Clinical Commissioning Group (CCG)
Mr Roy Fisher, Chairman, Fylde CCG
Mr Peter Murphy, Director of Nursing, Blackpool Teaching Hospitals (BTH) NHS
Foundation Trust
Ms Janet Barnsley, Executive Director of Operations - Planned Care, BTH
Ms Kate Newton, Performance and Quality Manager, Fylde CCG
Mr Stephen Ashley, Independent Chair, Blackpool Safeguarding Adult Board

1 DECLARATIONS OF INTEREST

Councillor Jim Hobson declared a personal interest in Item 9 'Blackpool Safeguarding Adult Board Annual Report', the nature of the interest that he was a non-Executive Director at Blackpool Coastal Housing Limited.

2 MINUTES OF THE LAST MEETING HELD ON 16 OCTOBER 2019

The minutes of the previous meeting held on 16 October 2019, were signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

There were no requests for public speaking on this occasion.

4 FORWARD PLAN

The Committee noted the previous involvement of Members in the decisions scheduled to be taken on the revised Alcohol Strategy and Drug Harm Reduction Strategy.

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5 EXECUTIVE DECISIONS

The Committee noted the officer delegated decision taken by the Director of Adult Services regarding the 'Learning Disability and Autism Short Breaks Service' and queried whether the additional bed nights would meet demand. Ms Karen Smith, Director of Adult Services advised that the extra bed nights would meet current insufficiency and allow for a predicted increase in demand.

6 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST CQC INSPECTION

Mr Peter Murphy, Director of Nursing, Blackpool Teaching Hospitals (BTH) NHS Foundation Trust highlighted the outcomes of the recent Care Quality Commission (CQC) inspection report of BTH and specifically referenced the model to be used for monitoring improvement and the robust approach that the Trust was taking to make improvements.

The Committee considered the recent inspection report in detail, and noted the previous full inspection of the Trust carried out by the CQC in 2014, which had resulted in a similar judgement. Members cited the lack of improvement made between the two inspections and asked for assurance that action would now be taken. Mr Murphy advised that a new senior leadership team was now in place and that the Trust had set out how improvement would be monitored and would be happy to report back to the Committee on a regular basis to demonstrate the improvement.

In response to a question, Mr Murphy advised that frontline staff had been engaged in the improvement process and it was recognised that staff knew best how to transform services. Whilst staff had been empowered to make improvements it was also important to take a co-ordinated approach and bring departments together once improvement had been evidenced in order to scale up developments across the organisation in an organised and well managed manner. Members referenced anecdotal evidence that suggested wards at the hospital could be very different in their treatment of patients and Mr Murphy advised that the Trust was trying to standardise best practice.

Members noted that the strand 'well led' had been judged as 'inadequate' by the CQC inspection when in 2014 'well led' it had been judged as 'requires improvement' suggesting deteriorating performance. The importance of good leadership was noted and Mr Murphy advised that the new Executive team was committed to being visible and present across the organisation and was dedicated to patient safety.

With regards to mental health pathways, it was reported that the Trust had taken immediate steps since the CQC report to make improvements in the Emergency Department. Mr David Bonson, Chief Executive, Blackpool Clinical Commissioning Group advised that work was ongoing across the system on the crisis pathway and that improvements had been made through the opening of alternative avenues for presenting with a crisis to the hospital such as the Crisis Café.

In relation to a number of other challenges made by the Committee, Mr Murphy advised that a new structure of governance was in place and the Trust was paying attention to every 'must do' identified by the CQC. He added that attendance at mandatory training had already improved.

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The Committee agreed to receive a further update in June 2020 on progress made against the CQC Diagnosis Improvement Plan and to specifically request the attendance of Mr Kevin McGee, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust at the meeting.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP HALF YEAR PERFORMANCE

Ms Kate Newton, Performance and Quality Manager presented the Clinical Commissioning Group half year performance report to the Committee and highlighted key exceptions from within the report including the indicator relating to the percentage of patients seen within two weeks for breast cancer symptoms and the wait times for diagnostic tests resulting from the increase in demand for endoscopic procedures.

Members noted previous discussions on the breast cancer wait target, highlighting that performance had required improvement for some time. In response, Ms Janet Barnsley, Executive Director of Operations - Planned Care, Blackpool Teaching Hospitals NHS Foundation Trust advised that the continued poor performance against target related to a cumulative total for the year and that recent month on month performance had significantly improved. It was noted that concerns remained around the service due to its size, complexity and niche nature. Mr David Bonson, Chief Executive Officer, Fylde Coast Clinical Commissioning Group added that the Integrated Care System had recognised the complexities in operating small, niche services and work was ongoing across the system to increase co-operation and improve flexibility.

Length of stay was identified as a key issue in performance and Members noted previous work undertaken on discharge processes and queried the impact made. Mr Bonson advised that a number of different initiatives had been put in place and continued to be put in place in order to improve discharge processes. Reducing the length of stay of patients and reducing the number of 'bed days' remained key priorities. It was noted that a number of issues relating to discharge had not been solved, however, it was considered that work undertaken to solve issues relating to delayed discharges as a result of waiting for medication had been successful.

The Committee considered that performance against a large number of indicators was poor and indicated that many services were not meeting targets and queried what needed to change in order to make significant improvements. Ms Barnsley advised that robust recovery plans had been put in place in order to achieve improvements. However, without significant investment many targets would not be achieved. Mr Bonson added that improvements had already been made, however, agreed with Ms Barnsley's assertion that without additional resources including funding, staffing, estates; and with the population continuing to age and the levels of deprivation in Blackpool, it would be difficult to make a real impact on overall performance.

8 PROVISION OF SUPPORTED HOUSING

Ms Kate Aldridge, Head of Commissioning and Corporate Delivery highlighted the key issues in relation to the provision of support housing in Blackpool. She advised that supported housing premises were located across Blackpool and that key concerns related to how they were funded and the levels of support provided to tenants, who were all

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vulnerable adults.

Members discussed in depth the support that was on offer to tenants and noted that it could be of questionable quality and that the lack of quality support often led to reports of anti-social behaviour and attendances by the Police at premises. There was also an impact on other services including housing options, mental health, ambulance services and the emergency department. It was noted that premises could house between 16-18 units and accommodate vulnerable adults with extreme mental health issues with support only provided Monday to Friday between 9am and 5pm. Councillor Williams, Cabinet Member for Adult Services and Public Health added that the Council had no control over the location of premises and did not have the ability to inspect the support on offer.

It was reported that some supported housing schemes were good and provided tenants with the support they needed to maintain successful independent living. However, it was considered that the number of poor schemes had increased. The Committee was informed that the Council was doing everything it could to prevent new accommodation being established and to challenge the value and support provided by landlords, however, there was a lack of regulation to give the authority the power to engineer change or tackle providers for not meeting their responsibilities.

Ms Louise Jones, Head of Benefits and Customer Service provided an overview of the process used to consider applications for housing benefit for supported housing and highlighted the low threshold for the receipt of higher rate housing benefit, which was simply to provide more support than an ordinary landlord. In response to questions, Ms Jones confirmed that the full details of the support scheme did not need to be registered and that in some cases a minimal level of care was provided. She added that, whenever possible, the Council undertook to build a good working relationship with landlords.

In response to further questions, Ms Vikki Piper, Housing Options Manager highlighted that the physical property was often developed to a high standard, however the Council had no authority to carry out Disclosure Barring Service (DBS) checks on service providers. It was further noted that the Government had carried out a consultation on the issue of supporting housing in 2017, however, no changes had been made to the process or regulations.

Members were very concerned by the issues raised in the meeting and agreed to establish a review panel meeting to consider the issues further. It was noted that the Tourism, Economy and Communities Committee must be involved due to the cross-cutting nature of the issue and that the discussions at the meeting should be forwarded to the ongoing Housing and Homelessness Scrutiny Review Panel in order to avoid any duplication of work.

The Committee agreed to establish a Supported Housing Scrutiny Review Panel.

9 BLACKPOOL SAFEGUARDING ADULT BOARD ANNUAL REPORT

Mr Stephen Ashley, Independent Chair, Blackpool Safeguarding Adult Board (BSAB) presented the 2018/2019 Annual Report of the Board and highlighted that many of the

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priorities detailed in the report were regarding processes rather than the work being undertaken to improve the lives of adults, something which he would rectify for the next annual report.

The Committee referred to the previous discussion regarding supported housing and queried the role of the BSAB. Mr Ashley advised that a joined up approach was required in addressing the issues and agreed to participate in the scrutiny review established by the Committee. He added that partners including the Police must be invited to attend to provide a united and powerful voice.

The number of safeguarding referrals was discussed and it was noted that of 932 referrals a risk had only been identified and action taken in 326 cases. It was noted that there was a threshold to meet in order to escalate referrals and that training was required of partners to ensure that appropriate referrals were being made. He advised that he could not be confident that everyone was being referred who should be.

Members discussed attendance at training and Board meetings and noted that it was often poor. It was further noted that a previous recommendation of the Committee was to expect 100% attendance from partners at Board meetings. Mr Ashley noted the pressures placed on individuals with regards to mandatory training required in their professions and that improvements had been made to attendance at Board meetings. GP attendance at training was noted as particularly low and it was suggested that Clinical Commissioning Group engagement should be sought to improve training attendance.

10 SCRUTINY WORKPLAN

The Committee noted its workplan and the updates provided regarding recent scrutiny work undertaken through scrutiny review meetings on the Alcohol and Drug Harm Reduction Strategies, Head, Neck and Vascular Services Workstreams and Stroke Improvement.

The Committee appointed Councillors O'Hara, Hunter, Hobson and Wilshaw to undertake the Community Engagement Scrutiny work.

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday 6 February 2020.

Chairman

(The meeting ended at 7.57 pm)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
Tel: 01253 477213
E-mail: sharon.davis@blackpool.gov.uk