

MINUTES OF SCRUTINY LEADERSHIP BOARD MEETING - WEDNESDAY, 22 JULY 2020

Present:

Councillor Mrs Callow JP (in the Chair)

Councillors

Burdess	Hugo	Mrs Scott	Walsh
Galley	Mitchell	Stansfield	

In Attendance:

Councillor Neal Brookes, Cabinet Member for Housing and Welfare

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

Ms Karen Smith, Director of Adult Services, Blackpool Council

Dr Arif Rajpura, Director of Public Health, Blackpool Council

Ms Amanda Doyle, Chief Officer, Lancashire and South Cumbria Integrated Care System (ICS)

Mr Kevin McGee, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

Mr Peter Murphy, Director of Nursing, Blackpool Teaching Hospitals NHS Foundation Trust

Mr Ben Butler-Reid, GP Clinical Director, ICS

Dr Neil Hartley-Smith, GP Clinical Director, ICS

Mr John Donnellon, Chief Executive, Blackpool Coastal Housing

Ms Vikki Piper, Acting Head of Housing, Blackpool Council

Ms Sharon Davis, Scrutiny Manager, Blackpool Council

1 DECLARATIONS OF INTEREST

Councillor Hugo declared a personal interest in Item 4 'Homelessness – Covid-19 Response', the nature of the interest that she worked for the charity Streetlife.

Councillor Mitchell declared a personal interest in Item 2 ' Lancashire and South Cumbria Integrated Care System – System Response to Covid-19 Emergency', the nature of the interest that he was a Governor at Blackpool Teaching Hospitals NHS Foundation Trust.

2 LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE SYSTEM - SYSTEM RESPONSE TO COVID-19 EMERGENCY

Dr Amanda Doyle, Chief Officer, Lancashire and South Cumbria Integrated Care System (ICS) advised that she had been the lead for the out of hospital cell response to Covid-19, with Peter Murphy, Director of Nursing, Blackpool Teaching Hospitals NHS Foundation Trust responsible for the in hospital cell response. As part of the out of hospital response, there had been a move to a digital first primary care service in order to isolate and treat covid positive patients. Community capacity had also been increased and support provided to NHS England in order to improve tracking and carry out testing.

Dr Doyle referred to the 'Test and Adjust' report which had asked a range of questions to

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gather the views of local partners and staff to the covid response. Most feedback had been positive and the response of staff to the pandemic was praised. She added that messaging to the public as the pandemic moved into phases two and three must be clear to mitigate risks of a potential second wave of infections. There was particular concern that a second wave could coincide with winter which was already a busy time for the NHS.

During the pandemic, many operations and forms of treatment had been put on hold which had resulted in significant waiting lists. Due to increased infection control requirements such as social distancing, there would be a reduced capacity in hospitals to allow spacing of patients; and procedures would take more time due to the application of personal protective equipment (PPE). The challenges had been identified and work was ongoing to plan and mobilise services including a large flu vaccination programme and the possibility that a vaccine for covid would be delivered in the winter.

Mr Kevin McGee, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust commended the partnership and cross system work both inside and outside of the NHS and highlighted the focussed step up of capacity in the hospital at the start of the pandemic. Capacity had been significantly increased in critical care and at the peak of the crisis there remained free beds in the unit. He noted the national problems with acquirement of PPE and confirmed that there had been no issues at Blackpool Victoria Hospital due to local organisations working together to secure the necessary equipment.

In relation to future planning, Mr McGee highlighted concerns relating to the physical and mental impact on staff across the ICS and the impact of a second wave of infection during the winter on their wellbeing. He added that preparations were ongoing for winter and managing capacity with the added complications of seasonal flu and pneumonia.

Mr Peter Murphy reported that there were currently 10 patients with covid in Blackpool Victoria Hospital (BVH). There had been 220 deaths in the hospital of patients with confirmed covid and 461 patients had recovered in hospital and been discharged. Mortality rates at BVH were significantly better than other hospitals nationally. Mr Murphy cited the team work of staff and problem solving that had allowed the delivery of outstanding care. He cited one of the most difficult decisions to take as that of preventing visitors to the hospital and highlighted the role the staff had taken in order to provide bereavement and end of life care with patients and their families at the centre. He reported that there had sadly been one staff death from within the hospital.

Mr Ben Butler-Reid, GP Clinical Director, ICS advised that all 36 primary care practices had remained open during the pandemic, all had access to the required PPE and funding to operate within a safe environment for patients and staff. Practices had taken a digital first approach with patients being triaged by phone and only invited into the practice where necessary. All services were being delivered, however, the number of patients allowed in the practices had been reduced due to social distancing requirements.

The presentation of the report was concluded with Dr Doyle highlighting the concern that some people had not sought help and treatment when needed either due to fear of the virus or in their wish to prevent burdening health services. There had been a significant reduction in people presenting with symptoms requiring investigation. There was also a concern that there would be a negative impact on long term health inequalities and

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outcomes and work was ongoing to identify how best to address these concerns.

Members noted the survey undertaken of residents and queried how more people could be encouraged to respond. Dr Doyle noted that a poor response to surveys was a regular problem and that alternative ways of targeting local groups were utilised to gather as much input as possible.

The Committee raised concerns regarding the potential of contracting covid whilst in the hospital setting and in response Mr McGee advised that infection control had been increased and numbers of cases in the setting were tracked and monitored on a daily basis. Mr Murphy added that there were a number of complexities around testing, with some false positive and false negative results. The organisation had taken steps to reinforce key messages regarding infection prevention and control. There had been some small outbreaks in the setting and measures had been taken to contain and control these outbreaks.

In relation to care plans, it was queried whether the plans would be reviewed again as many families continued to provide higher levels of care than prior to the pandemic. Dr Doyle responded to advise the Committee that many people in receipt of regular care had been asked to shield or isolate due to the risks to them of contracting covid. It was therefore necessary to minimise their contact including with district nurses. Improvements had been made to the remote monitoring of vital signs such as oxygen saturation during the pandemic and it was important to maintain such improvements in patient care. Dr Neil Hartley-Smith, GP Clinical Director, ICS added that care plans were not a static document and would be regularly reassessed to ensure they continued to be based on the patient's needs.

The Committee considered the use of technology in triaging and assessing patients and noted the potential inconsistencies between different GPs and queried whether a record was being held of when phone or video appointments were utilised rather than face to face visits. Dr Butler-Reid advised that the decision on how to assess a patient was down to individual doctors and there could be many reasons that one choice might be made over any other. Every practice in Blackpool had been instructed to continue home visits and face to face appointments when needed. It was noted that where the patient was considered vulnerable to the virus that it was important to keep them safe. It was concluded that there were many complexities in determining how best to treat a patient and it would be difficult to draw any conclusions from any quantitative data collected.

In relation to staff morale, Mr McGee was asked whether the Council could do anything to help staff at the Trust and reduce the pressure they were under. He advised that despite the pressure they were under, morale of staff was good. The support received from the local community had been welcomed. He added that messaging to the public was of high importance to ensure they understood the need to continue social distancing and maintain high levels of hygiene to prevent further cases where possible.

Members noted the backlog of operations and treatment caused by the pandemic and queried the timescales to reduce the backlog. In response, Dr Doyle advised that extensive planning and modelling was ongoing. Funding had been received from Government to increase capacity and additional equipment had been provided. Planning was ongoing for the worst case scenario in regards to winter and it was hoped that

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backlogs could be significantly reduced by the end of the year, however, it would be subject to many nuances including the desire for patients to attend the hospital for routine operations and the need for all patients to isolate for 14 days prior to admission.

In regards to the emergency department, Members noted the reduced usage during the pandemic and queried whether there was any learning that could improve the appropriate use of the department in the long term. Dr Doyle referred to a pilot scheme named 'Think 111 First' which was a national initiative being piloted in a number of areas including Blackpool. She noted that 70% of attendees at the emergency department travelled by their own means rather than by ambulance. The public would be encouraged to call 111 who would make an appropriate appointment for the person either in the emergency department if required or with another more appropriate option such as a GP.

In response to further questions, Dr Doyle advised that there had been a significant increase in the number of mental health presentations. She advised that helplines had been set up and additional services provided online. It remained a significant pressure on services due to the impact on mental health of the lockdown and virus, and also to the mental health of those in the middle of a lengthy recovery to full health after contracting the virus.

3 ADULT SERVICES OVERVIEW

Ms Karen Smith, Director of Adult Services advised that the primary aim of services during the pandemic was to ensure the safety of both patients and staff. The response to the crisis had been a partnership and the Council had played a significant role in the Lancashire Resilience Forum alongside Lancashire County Council, Blackburn with Darwen Council and NHS colleagues amongst others.

A key function of the service had been to provide support to social care providers to prevent and manage outbreaks. Residents of care homes had been identified as at risk at an early stage and financial and practical support had been given to care homes in order to manage and mitigate the risks. Support hubs had been established and staff had been redeployed where necessary with an emergency workforce funded when required. There had been early dialogue with social care colleagues from Europe which had supported early action. In response to questions, Ms Smith advised that there was no indication that Brexit would prevent continued dialogue and that the social work network had not been organised by the European Union.

In relation to care homes, the Council had guaranteed a minimum baseline payment to providers to ensure their sustainability and had provided an immediate 10% uplift to payments which had been matched by the Clinical Commissioning Group. The Government's infection prevention fund had been passed to care homes and had equated to approximately £500 per head to be spent on allowable measures.

It was noted that full sick pay was not common in the care sector and providers had been supported to pay full sick pay for periods of isolation due to covid in order to ensure there was an incentive to remain off work to prevent further infections. The work of the sector and staff was commended during the outbreak.

With regards to personal protective equipment (PPE), it was noted that equipment had

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been sourced and supplied to the sector for the whole of Lancashire in bulk to improve buying power when it had been difficult to procure items. At no point during the pandemic had care homes been without the required PPE or a suitable and approved alternative.

Infections remained low at settings currently and many care homes had retained their non covid status. The majority of cases diagnosed were now asymptomatic and discovered through regular testing. There were currently nine confirmed cases within five settings and Ms Smith highlighted the positive impact of the support and advice provided by Public Health in Blackpool directly to care homes. Emphasis was now being placed on ensuring staff were informed of the importance of maintaining social distancing and hygiene outside of work.

In regards to those on the shielded list, many had not required assistance when approached, and it was noted that advice to shield was being removed from the end of July. Lists of those needing to shield would be maintained in order to prepare for a possible second wave and the need to shield again. In addition to support for those shielding, community hubs had been established to provide support for vulnerable people through the delivery of food and medicine. Work through the hubs was being gradually reduced as services returned to normal.

It was reported that a key national issue had been the unsafe discharge of patients with covid into care homes and measure had been put in place locally to ensure that was not the case with additional social care staff in attendance at the hospital to ensure discharges were safe.

Ms Smith also highlighted that respite services had operated throughout the pandemic as it was imperative to provide consistency to some clients such as those with autism. A return to day service provision was currently being planned with options being modelled based on the number of people wishing to resume attendance and the amount of space available. In response to questions, it was noted that options for additional space would be considered if more people wished to attend than there was physical space for and that there was no strict timeline for the reintroduction of services which would be gradual.

In response to further questions it was noted that there could be costs attached to the reintroduction of services should additional staff and space be required, however, it was not yet known if that would be the case.

Members queried whether the provision of adaptations to homes had continued, noting that the adaptations were often vital in preventing falls. In response, Mr John Donnellon, Chief Executive, Blackpool Coastal Housing (BCH) advised that a range of contractors were used by BCH to provide the home adaptations service and that safe systems of working had been put in place. He gave the example of the worker contacting the resident before arrival to ensure the resident was isolated away from the room requiring work. The worker would then clean the room before and after the work and then leave before contacting the resident again to confirm the work was complete.

The Committee highlighted the fantastic work of services in ensuring that care homes had been successfully supported during the pandemic and suggested that communications should be improved to inform residents of the good work undertaken.

4 HOMELESSNESS - COVID-19 RESPONSE

Ms Vikki Piper, Acting Head of Housing advised that a multi-agency approach had been taken to ensuring that homeless people were housed and safe during the crisis. Services had been rapidly stepped up in order to provide practical homeless support. There were currently 129 individuals in temporary accommodation which had reduced from approximately 200 during the busiest period. There were 33 people housed within six bed and breakfasts in the town. She added that there were currently two rough sleepers, both of whom were new rough sleepers and had not been supported through the pandemic. However, the numbers in all cases changed every day.

There were a number of ongoing issues for consideration including that the ban on evictions would soon be removed, the changes required when entering phase two of the pandemic and the detail of the Government funding recently announced. With regard to the latter, it was noted that the funding was focussed on provision of short term accommodation when in Blackpool it would be preferable to focus on long term funding to provide stable homes and communities.

Ms Piper cited the recent Office of National Statistics publication into the number of homeless deaths of covid during the pandemic and noted that there had been 16 nationwide, three in the north west of England. It was important to learn from experiences during the pandemic and ensure the positives could be continued moving forward.

In response to questions, Ms Piper clarified that there had been 885 approaches for advice and assistance. Of these, there were approximately 400 cases requiring provision of accommodation and 25 had been families/individuals who had been returned to their own local authority area. There had been a smaller number of those presenting from outside of the area during the pandemic, partly due to the lockdown arrangements in place and hotels being closed preventing people from arriving with nowhere to stay.

Members noted that there had been difficulties in ensuring social distancing amongst homeless residents temporarily accommodated in bed and breakfasts and queried why the virus had not spread further amongst this community. Dr Arif Rajpura, Director of Public Health advised that the virus had particularly discriminated against those aged over 70. There had been some community spread within Blackpool, however, community transmission had declined substantially in the town. There could be a degree of luck in the minimal transfer in the homeless population, however, Dr Rajpura also highlighted that measures had been put in place to protect the most vulnerable including isolating those with symptoms. He added that relationships with homeless residents had been developed quickly and it was important to not return to the same service provision and interaction prior to the pandemic. A long term plan was required to make sure the right support was in place moving forward.

The Committee queried the overall cost of the provision and Ms Piper estimated it to be approximately £300,000 to date.

Members recognised the excellent partnership work and queried whether anything would be done differently if faced with the same situation in the future. The importance of co-

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production was also highlighted. Ms Piper advised that it would have been preferable to not use bed and breakfasts as temporary accommodation. She also highlighted that views had been sought regarding services via a questionnaire. However, Members felt that the use of a questionnaire was not the same as co-production and involvement in decision making and queried if further measures could be put in place. Ms Piper advised that the incredibly short notice for accommodating all homeless people did not allow for consultation or co-production on this occasion, but consideration could be given to identifying options for co-production and liaising with the lived experience team where the Council was commissioning longer term projects or services.

The Committee went on to consider the background and demographic of people who had become homeless and queried whether information gathered could be used to develop a profile and an understanding of who they were in order to assist in the prevention of homelessness in the future. In response, Ms Piper advised that some information was available, noting that the vast majority were single people, mostly male, aged between 30 and 40 years old and that a breakdown of demographics could be provided.

Chairman

(The meeting ended at 8.07 pm)

Any queries regarding these minutes, please contact:

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