

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 1 JULY 2021**

**Present:**

Councillor Hutton (in the Chair)

Councillors

D Coleman  
Critchley

Hunter  
O'Hara

D Scott  
Mrs Scott

Wing

**In Attendance:**

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group

Ms Beth Goodman, Deputy Director of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Groups (CCGs)

Dr Neil Hartley-Smith, Executive Clinical Director, Blackpool, Fylde and Wyre CCGs

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

Ms Kate Newton, Performance and Improvement Manager, Blackpool, Fylde and Wyre CCGs

Mrs Sharon Davis, Scrutiny Manager

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

Councillor Maxine Callow, Chair, Scrutiny Leadership Board

Prior to the start of the meeting, the Chairman explained that it was an informal meeting as agreed at Annual Council on 24 May 2021.

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**2 MINUTES OF THE LAST MEETING HELD ON 17 MARCH 2021**

The minutes of the last meeting held on 17 March 2021 were signed by the Chairman as a true and correct record subject to the inclusion of Councillors Mrs Callow in the record of attendance.

**3 PUBLIC SPEAKING**

The Committee noted that there had been no requests from members of the public to speak on this occasion.

**4 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE**

Ms Kate Newton, Performance and Improvement Manager, Blackpool, Fylde and Wyre Clinical Commissioning Groups (CCGs) introduced the end of year performance data for Blackpool Clinical Commissioning Group (BCCG) and invited questions from the

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Committee.

Members referred to the cancer waiting times and raised the ongoing concerns relating to breast cancer targets. Ms Newton advised that a long term locum in radiology had been employed in order to address wait times and noted that the target related to those who were 'breast symptomatic'. It was hoped that the position would be much improved in the near future and it was agreed that the data for May and June 2021 would be circulated to the Committee as soon as it was available.

The Committee raised questions relating to the term 'medically fit for discharge'. In response, Mr Peter Murphy, Director of Nursing, AHP and Quality, Blackpool Teaching Hospitals NHS Foundation Trust advised that the term meant that a member of the medical team had assessed a patient and determined that there was nothing more medically needed or that could be provided and the patient could therefore be discharged. The decision could be made by one clinical professional in their own right with patients and families able to ask for a second opinion. Clinical professionals might also liaise with other professionals involved in the patient's treatment prior to making a decision.

In relation to the proposed merger of the eight Clinical Commissioning Groups in Lancashire and South Cumbria into the Integrated Care System (ICS), Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group (CCG) reported that the requisite legislation was expected in July 2021. The ICS would sit above more localised Integrated Care Partnerships (ICPs), with the local ICP covering the Fylde Coast. Dr Neil Hartley-Smith, Executive Clinical Director, Blackpool, Fylde and Wyre CCGs added that CCGs would cease to exist in March 2022, with shadow arrangements for the new structure already being put in place. The ICP would bring together the acute trust, primary care, social care, mental health provision and the voluntary, community and faith sector to deliver healthcare provision to the local community. It was agreed that a presentation on the development of the ICS and ICP would be provided to the Committee towards the end of 2021.

It was noted that the report provided used an increased number of acronyms that made it inaccessible to the wider public and it was requested that future reports contained a glossary and that one be sent through for the report on the agenda.

Members went on to consider the targets in relation to dementia and queried whether they were robust and challenging enough. Dr Hartley-Smith advised that the targets were national targets which had been rolled forward due to the pandemic. Ms Beth Goodman, Deputy Director of Commissioning, Blackpool Clinical Commissioning Group added that the targets were not seen as an end result but as a minimum level to exceed. She advised that the CCG was consulted with regarding targets and could feed in the Committee's views on this particular target to NHS England.

It was considered that all health services in Blackpool had made the best possible efforts during particularly difficult circumstances during the pandemic. The implications of which had been keenly felt on all aspects of provision. Dr Hartley-Smith noted that in these difficult circumstances, when considering performance in Blackpool against that of neighbouring localities, Blackpool compared favourably. Members commended the work of the NHS during the pandemic and emphasised their desire to carry out their role

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effectively and ensure that patients continued to receive the treatment expected and that services returned to normal as quickly as possible.

The Committee also requested data on the number of patients ready to be discharged and being delayed due to waits for prescription medication. It was noted that timely discharge was a key goal of the Trust and that the data requested could be provided following the meeting.

The Committee agreed:

1. To receive the 'breast symptomatic' data for May and June 2021 as soon as it was available.
2. To receive a presentation on the development of the ICS and ICP in due course.
3. To receive a glossary of the acronyms included in the report.
4. To receive data on the number of patients ready to be discharged and being delayed due to waits for prescription medication.

## **5 AVOIDABLE RE-ADMISSIONS**

Mr Peter Murphy, Director of Nursing, AHP and Quality, Blackpool Teaching Hospitals NHS Foundation Trust presented the data and analysis of re-admissions to the Committee. He highlighted that the topic of re-admissions was very complex with many variables but at times some 90% of patients at Blackpool Victoria Hospital (BVH) were patients that had been re-admitted. He outlined that the pandemic had reduced the number of re-admissions and that BVH currently had the lowest number of re-admissions of the Trusts in the Lancashire and South Cumbria Integrated Care System area.

Some of the complexities were identified as:

- Patients originally admitted for one medical problem and re-admitted for another issue within a different department.
- Patients originally admitted at a different hospital and re-admitted to BVH.
- Patients originally admitted through the emergency department and re-admitted within a specialty.

It was considered that the matter was incredibly complex and therefore it was difficult to identify what could be done to prevent re-admission when potentially each case was individual with patients often experiencing multiple medical problems at one time.

Members noted that in relation to the different departments 'Urology' had a much higher percentage of re-admissions than many others and requested a further detailed analysis of the re-admissions to Urology to be provided in order to better understand the reasons why these occurred. Mr Murphy agreed to provide such an analysis and noted that the Trust continued to learn from re-admissions, noting the impact on patients.

The Committee agreed:

To receive a detailed analysis of re-admissions to the Urology department at BVH following the meeting.

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**6 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST PROGRESS UPDATE**

Mr Peter Murphy, Director of Nursing, AHP and Quality, Blackpool Teaching Hospitals NHS Foundation Trust reported that the Trust had understandably been overwhelmingly focussed on dealing with and responding to the pandemic during the past 18 months. However, it had also been necessary and important to commit to make the improvements identified through the Care Quality Commission inspection. He noted that significant progress had been made with regards to the 'must' and 'should' dos identified during the inspection with only nine out of 249 outstanding.

Mr Murphy noted that the Trust had historically been an outlier in relation to mortality data and that a lack of improvement had been a source of frustration. The Trust was finally starting to see data move in the right direction furthermore demonstrating the improvements made. In response to questions, he added that the one outstanding 'must' do was in relation to a ligature free reablement room which had proved difficult due to building layout. However, he noted that with the development of the new 'Emergency Village' at the hospital site, this would be remedied.

Members requested more detail regarding the eight outstanding 'should' dos and it was agreed that full detail would be provided following the meeting but that they were all in progress and that the Trust had introduced a new 'blue' requirement before full sign off which provided evidence of the impact of the changes made not just that they had been completed. Mr Murphy added that an independent team of nurses had been employed to provide assessment of services across the hospital which would ensure quality of care and that there were over 160 care standards in place with bronze, silver and gold award given through the COAST system.

In response to further questions, Mr Murphy also advised that the new emergency village was a new building and would provide additional emergency department capacity and more room to undertake clinical assessments and that the recruitment process for the appointment of a new Chief Executive had commenced. It was noted that the current Chief Executive had led on a significant number of improvements at the Trust and it was envisaged that the new appointment would continue the improvement.

The food offer provided at the hospital was also discussed, with it noted that a wide range of dietary requirements could be provided for including vegan, halal and kosher. Mr Murphy added that the Board Members at the Trust were due to test the food in the upcoming weeks to ensure its quality for patients and that he would confirm following the meeting that gluten free options could also be provided.

The Committee agreed:

To request full detail be provided of the outstanding 'must' and 'should' dos arising from the Care Quality Commission inspection be provided following the meeting.

**7 SCRUTINY WORKPLAN**

The Committee discussed its revised workplan in detail and noted that an update on the development of the Integrated Care System/Partnership would be added to the meeting to be held in October 2021 as agreed earlier in the meeting.

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Members referred to the COAST system discussed in the progress update from Blackpool Teaching Hospitals NHS Foundation Trust and suggested that further information be provided on the system to a future meeting including a breakdown of which departments had been awarded bronze, silver or gold status.

Subject to these additions the Committee agreed the workplan and noted the table of recommendations.

The Committee also spoke about the possibility of receiving dementia awareness training and it was agreed to explore the potential of such a session.

Further concerns were also raised in relation to small procedures not currently being provided due to the pandemic such as ear syringing and Councillor Farrell, Cabinet Member for Adult Social Care and Health agreed to explore these concerns and report back to the Committee with her findings.

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

The Committee noted the date and time of the next meeting as the special meeting to be held on 28 September 2021, commencing at 6.00pm.

### **Chairman**

(The meeting ended at 7.28 pm)

Any queries regarding these minutes, please contact:  
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