

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 14 OCTOBER 2021**

**Present:**

Councillor Hutton (in the Chair)

Councillors

Hunter

O'Hara

Mrs Scott

Walsh

**In Attendance:**

Ms Karen Smith, Director of Adult Services

Ms Judith Mills, Consultant in Public Health

Ms Liz Petch, Consultant in Public Health

Ms Hannah Maiden, Public Health Speciality Registrar

Ms Beth Goodman, Deputy Director of Commissioning, Blackpool, Wyre and Fylde Clinical Commissioning Group, (BWFCCG)

Ms Jeannie Harrop, Head of Commissioning, BWFCCG

Dr Neil Hartley-Smith, BWFCCG

Ms Pauline Wigglesworth, Project Director, Place Based Partnership

Councillor Maxine Callow, Scrutiny Lead Member

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**2 MINUTES OF THE LAST MEETING HELD ON 1 JULY 2021**

The Committee agreed that the minutes of the last meeting held informally on 1 July 2021 be signed by the Chairman as a true and correct record.

**3 PUBLIC SPEAKING**

There were no applications from members of the public to speak on this occasion.

**4 EXECUTIVE DECISIONS AND CABINET MEMBER**

The Committee noted the Cabinet Member decisions taken since the previous meeting.

**5 WHOLE SYSTEM FLOW AND DISCHARGES**

Ms Jeannie Harrop, Head of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Group (CCG) presented the report to Committee and highlighted the main areas of development including primary care networks, neighbourhood care teams and the care home team scheme.

## **MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 14 OCTOBER 2021**

The Committee considered the report in detail, noting the provision of a GP service through the Emergency Department (ED) and queried the impact on staff and patients from the regular changes to service provision. Dr Neil Hartley-Smith, Clinical Director, CCG noted that the use of 111 as a first point of access would continue and that from a patient's perspective there would be little change. He noted that the service outlined formalised arrangements that were already in place in order to alleviate pressure on the ED and ensure the patient was given the most appropriate form of care. In response to a further question, it was noted that there was limited concern that patients would by-pass their GP and attend the ED directly for a GP service.

Members referenced a previous report on avoidable readmissions and queried the level of community support in place. In response, it was reported that additional funding had been provided to increase the number of roles in the community such as social prescribers in order to prevent admissions into the ED. Dr Hartley-Smith added that the longer a patient spent in hospital the more the likelihood of a poor outcome increased. It was considered that an increased input from district nurses who had high levels of individual patient knowledge would also improve community support.

In regards to difficulties in recruitment, Members were informed that there were ongoing challenges in recruitment in both health and social care sectors nationally. It was noted that recruitment was also historically more difficult in towns such as Blackpool in comparison to large cities. In order to address issues of recruitment a Workforce Committee had been established and roles were being made as attractive as possible.

The Committee discussed the challenges in contacting GPs and accessing face to face GP appointments in detail, highlighting the concerns raised by residents. Dr Hartley-Smith advised that GP surgeries were currently receiving approximately 30% more calls a day in comparison to 2019 records. Surgeries were carrying out additional roles including Covid vaccinations and catching up on health checks missed during the pandemic. He added that the issues with accessing services nationally had been identified and that NHS England had issued a paper with steps to be taken in order to improve access.

### **6 ADULT SERVICES OVERVIEW**

Ms Karen Smith, Director of Adult Services gave an overview of the work of Adult Services highlighting the changes in practice required by the pandemic and the appropriate return to the normal provision of services. She reported on the development of new services such as the provider support team and the emergency workforce provision citing concerns in recruitment as a key issue for social care.

With regard to the financial performance of the service, Ms Smith highlighted the additional spend required due to the pandemic which had been offset by a range of additional funding including direct funding from the NHS and general Council Covid grants received from the Government. She added that it was unprecedented for Adult Services to not have a balanced budget and that work was ongoing to bid for funding, working closely with the NHS.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 14 OCTOBER 2021**

The Committee was informed that the staff vaccination rates for residential care home staff were the highest in the country and that very few Council staff within adult social services who were subject to mandatory vaccination remained unvaccinated.

In response to a question, Ms Smith advised that staff unable to carry out their primary role during the pandemic had been redeployed to carry out other roles. She added that there had been some staff that had been shielding during the pandemic that had been nervous about returning to the office and that they had been supported through a phased return.

Members discussed vaccinations in detail and it was reported that staff that had raised concerns regarding the vaccination had been offered individual and in confidence conversations with public health representatives and provided with factual information regarding the vaccine. It was noted that it was a mandatory requirement for staff working within care homes to be vaccinated and that there was an ongoing national consultation on the extension of mandatory vaccination to all health and social care staff.

In response to further questions on vaccinations, Ms Smith noted that due to staff turnover and the time interval required before the second vaccination it would be difficult to achieve a 100% vaccination rate. She noted that a number of concerns had been raised by those hesitant to receive the vaccine and that they were being offered accurate and factual information in response to their concerns.

The Committee noted the impact of winter on the pressures experienced by social care and queried the level of confidence in service provision through the winter of 2021/2022. Ms Smith advised that staff were working in creative ways in order to respond to increasing pressures. She noted that the pandemic had changed behaviour with people less likely to choose a care home and that other services were determining an optimal way to move forward in order to make the best use of resources. Ms Jeannie Harrop, Head of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Group added that significant planning was taking place across the health and social care sector for winter with the largest campaign for flu vaccinations already ongoing.

## **7 RECOVERY OF PUBLIC HEALTH SERVICES AND COVID**

Ms Judith Mill, Consultant in Public Health presented a report on the recovery of public health services and Covid to the Committee. She drew Members' attention to the continued provision of sexual health services and the adjustments made during the pandemic, the health visiting service, smoking cessation services and the healthy weight measuring carried out in schools. She also highlighted the adjustments made to drug treatment services and the work of the Lived Experience Team.

Members had previously raised particular concerns regarding the increase in alcohol consumption during the pandemic and Ms Mills noted that there had, as yet, been no subsequent increase in the number of subscriptions to alcohol treatment services. She added that it was considered that the current ways to access services were not fit for purpose and that a service review was being undertaken in order to make services more attractive to high-risk drinkers.

## **MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 14 OCTOBER 2021**

It was noted that the smoking statistics in the report related to England and the Committee queried whether localised data could be provided for Blackpool. Ms Liz Petch, Consultant in Public Health advised that precise data was not currently available, however, anecdotal evidence suggested that the local picture was similar to the England average or higher and that steps must be taken in order to reduce levels.

In response to further questions, Ms Petch advised that evidence suggested that should parents smoke, it was more likely that their children would also start smoking. There was also concern that some young people used both e-cigarettes and normal cigarettes depending on the situation that they were in and that the acquisition of cigarettes needed to be made more difficult for young people.

### **8 DEVELOPMENT OF THE FYLDE COAST PLACE-BASED PARTNERSHIP**

Pauline Wigglesworth, Project Director, Place Based Partnership advised that the Place Based Partnership had been previously known as the Integrated Care Partnership (ICP) and that the renaming of the Integrated Care System to the ICP had necessitated the name change. She advised that the new Health Bill was currently going through the processes in Parliament and was intended to introduce a series of reforms to health and social care with effect from April 2022.

The Place Based Partnership (PBP) would be formed of a range of partners including the Council, the current Clinical Commissioning Groups and voluntary sector representatives. There would be five PBPs across the Lancashire and South Cumbria ICP with the Fylde Coast PBP covering Blackpool and a common strategy would be developed covering all PBPs.

The Committee queried the impact of the regular changes to the governance of the NHS on staff and whether each iteration was discarded or built upon for the next. In response, Ms Wigglesworth advised that projects and service provision that had been regarded as working well and had been developed through research, learning and hard work would always sought to be integrated into new models. There was a move to standardisation across the ICP whilst ensuring decisions were made as close to the community as possible. The new model would also ensure that health and social care services were working as closely together as possible for the benefit of the patient.

The Committee agreed to request that training be provided for all Councillors on the Place Based Partnership.

### **9 SCRUTINY WORKPLAN UPDATE REPORT**

The Committee considered its workplan and requested that the report from Blackpool Teaching Hospitals NHS Foundation Trust scheduled for March 2022 be expanded to include feedback on the use of GPs in the Emergency Department.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 14 OCTOBER 2021**

**10 DATE AND TIME OF NEXT MEETING**

The date and time of the next meeting was noted as Thursday 2 December 2021.

**Chairman**

(The meeting ended at 7.48 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

E-mail: [sharon.davis@blackpool.gov.uk](mailto:sharon.davis@blackpool.gov.uk)