

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 2 DECEMBER 2021**

Present:

Councillor Hutton (in the Chair)

Councillors

D Coleman	Hunter	D Scott
Critchley	O'Hara	Mrs Scott

In Attendance:

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

Ms Janet Duckworth, Consultant in Public Health

Ms Judith Mills, Consultant in Public Health

Ms Janet Barnsley, Executive Director for Integrated Care and Performance, Blackpool Teaching Hospitals

Mr Roy Fisher, Chair, (Blackpool, Wyre and Fylde Clinical Commissioning Group (BWFCCG)

Ms Jeannie Harrop, Head of Commissioning (BWFCCG)

Dr Neil Hartley-Smith, Executive Clinical Director (BWFCCG)

Councillor Maxine Callow, Scrutiny Lead Member

John Greenbank, Democratic Governance Senior Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 14 OCTOBER 2021 AND MINUTES OF THE SPECIAL MEETING HELD ON 28 SEPTEMBER 2021

The Committee agreed that the minutes of the special meeting held on 28 September 2021 and the minutes of the last meeting held on 14 October 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 FORWARD PLAN

The Committee considered the contents of the Council's Forward Plan December 2021 to March 2022, relating to the portfolios of the Cabinet Members whose responsibilities fell within its remit.

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

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Committee that in relation to the Domestic Abuse Reduction Strategy, that a joint meeting between it and the Children's and Young People Scrutiny Committee. The date for this meeting had yet to be confirmed but would be used to consider a draft of the plan before its agreement. Members of the Committee queried in connect with the plan what the ambitions were for the White Rose Campaign in Blackpool and if any training was available to support it. Councillor Farrell replied that the campaign was ongoing and that they would check to see what information could be provided to the Committee.

5 SEXUAL HEALTH SERVICES

Ms Judith Mills and Ms Janet Duckworth, Consultants in Public Health, presented a report on sexual health services in Blackpool. The Committee was informed that the report had been written to include all the information recommended by the "Enhancing the value of sexual health, reproductive health and contraception services through council policy" guide.

Ms Mills reported that in Blackpool responsibility for sexual health services was split across a number of commissioners, both public and private. As a result of this partnership working between commissioner, to ensure that the best quality service possible was required. A joint strategic needs assessment was therefore in place to drive the development of sexual health services. This assessment was reviewed every four years to ensure it addressed the relevant priorities for Blackpool.

The report showed that levels of chlamydia had been reducing and becoming closer to the national average. In addition, the transmission of Human Immunodeficiency Virus (HIV) had fallen and it was hoped that it could be prevented in Blackpool by 2030. Instances of teenage pregnancy had also reduced and Blackpool was narrowing the gap with the England average.

Despite this, instances of abortions and syphilis had risen. Although figures were in line with national trends, partners were looking at how to address both issues, in particular through the promotion of contraception.

Following the restrictions experienced by the Covid-19 pandemic Ms Mills informed the Committee that services had returned to normal but that work was needed to understand how sexual behaviours had changed during lockdown.

Ongoing work to improve service delivery included the greater use of digital platforms to order tests for Sexually Transmitted Infections (STI) and the ordering of contraception. It was hoped that this would make it easier for some individuals to engage with services. Although this had been undertaken in response to a high level of digital demand for sexual health services, Ms Mills informed Members that it had been recognised that the use of such platforms should be balanced against the demand for traditional access to services. Talks were therefore ongoing with Public Health and Blackpool Teaching Hospitals NHS Foundation Trust to determine service provision.

Work was also being undertaken with schools to put in place effective sex education practices and programmes to teach healthy behaviours in relationships. This would include the introduction of the 'Green Dot bystander intervention programme'. The

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programme involved the use of workshops and training to create cultural changes that aimed to reduce harassment and inter-personal violence amongst young people, encouraging them to respond when they noticed unhealthy behaviours and to engage in behaviour that benefited the community. Members queried if the Relationships and Sex Education Curriculum, highlighted in the report, would be rolled out to all schools, including faith based ones. Ms Duckworth confirmed this was the case and that it was hoped that all schools would eventually adopt the Green Dot programme, but that a place based approach would be undertaken to ensure it matched the needs of each school.

Ms Mills also reported that a model for Women's Reproductive Health Provision was being considered, with the development of a business case being under discussion between Public Health, NHS England and Blackpool Clinical Commissioning Group (CCG).

The Committee queried the quality of sex education provided to young people after they had left secondary education. Members expressed concern that those at college and other learning institutions would not have access to the same sexual health information as those in school. In response, Ms Mills recognised that more work could be undertaken across Blackpool, noting that there had been a focus on Blackpool and the Fylde Coast College (BFCC).

Concerns were raised regarding the increase in abortion levels and rates of gonorrhoea and syphilis in Blackpool and the damage that could be caused to young people by both later in life. Ms Mills replied that regarding abortions, providers sought to ensure that the use of contraception was embedded within their work with patients. While it was noted that this could be very difficult in some cases, providers had indicated a commitment to this approach. In respect of the increase in certain STIs, Ms Mills informed Members that education regarding such infections was now mandatory in schools which would look to increase young people's awareness of the dangers of STIs. This would be coupled with greater consistency in messaging from partners and sexual health campaigns targeted at the groups most at risk.

The Committee also discussed the counselling available to abortion patients and if alternatives to the procedure were raised with them. It was explained that every patient wishing to access abortion services undertook in-depth counselling to ensure that an abortion was the right course of action for them. This would include all the available alternative options being outlined to them. Ms Mills added that support also needed to be provided following a patient's accessing of services to ensure their long-term health and wellbeing.

The ending of opportunistic screening for chlamydia in boys and young men was noted by the Committee, with Members asking if the impact had been assessed. Ms Mills reported that screening was still available for women in support of health and wellbeing, but that positive rates amongst men had historically been very low. Therefore nationally it had been decided to end general screening, while noting that contact tracing for positive tests would continue and young men would be identified and screened through this process. The screening for HIV on admission at the Accident and Emergency department at Blackpool Victoria Hospital was also raised, with the Committee being informed that this operated on an opt-out basis. Ms Duckworth noted that while uptake was between 25% and 35%, and therefore could be improved, it was still considered as being a successful

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scheme. Councillor Farrell, Cabinet Member for Adult Social Care and Health added that she had submitted a letter to the Treasury, on behalf of the Council and its partners, requesting that more money be made available to support this and other STI reduction schemes.

The roll out of Human Papillomavirus (HPV) vaccines in schools was considered by the Committee, with Ms Mills reporting that the vaccine was now routinely administered. The use of HPV vaccines had been shown to have a significant impact on some STI transmission rates and to reduce the likelihood of cervical cancer in later life. Uptake of the vaccine was reported as high.

6 BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR REPORT (2021/2022)

Ms Jeannie Harrop, Head of Commissioning, Blackpool Clinical Commissioning Group (CCG), Ms Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and Dr Neil Hartley-Smith, Executive Clinical Director, CCG, presented the Blackpool Clinical Commissioning Group Mid-Year Report (2021/2022). Ms Barnsley reported that since the last report long-term waiting for patients had reduced, although figures remained high, and cancer referrals had increased. The North West Ambulance Service was also reported as having experienced reduced levels of performance.

The Committee noted that the performance monitoring report included many instances of performance marked in red, indicating that targets had been missed. It was therefore queried how the Accident and Emergency department (A and E) was coping, in light of increased levels of Covid-19 and the challenging winter period. Ms Barnsley replied that the department was undergoing a challenging period and that delays in discharge caused by local Adult Social Services not having care packages in place had added to pressures being experienced. She also added that there had been an increase in the acute nature of people presenting to A and E which had resulted in an increase in admissions. Dr Hartley-Smith stated that, where appropriate, people were encouraged to use alternative health services and that a system was in place to filter out people who did not require emergency treatment on presentation. He added that efforts were being made to increase discharges but that recruitment issues in social care had made this challenging, combined with the ongoing increase in Covid-19 cases presenting at A and E.

The Committee discussed the demographics of breast cancer screening in Blackpool, noting that regular screening was offered to women over the age of 47, but that cancer could affect women much younger than this, with early diagnosis often leading to improved outcomes. It was queried if the screening age could be lowered if insufficient women came forward from the 47 years old and over group and if lower age groups in specific areas could be targeted. Dr Hartley-Smith advised that breast cancer screening was offered to older age groups because cancer tissue was more visible on breast scans in older women. In younger women scans were less effective in identifying cancer and could provide false reassurance. He therefore stated that rather than lowering the age for scans, that all women should regularly undertake self-examination and contact their GP if they had concerns.

The level of face-to-face appointments available to patients at GP surgeries was queried

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by the Committee, with Members noting that for some people telephone or online appointments were not appropriate. In response, Dr Hartley-Smith informed the Committee that all surgeries should be triaging patients' appointments based on individual need.

Members queried if ambulance crews had been trained to determine if individuals should be admitted to A and E. In reply to which Dr Hartley-Smith stated that from the initial emergency phone call a patient was assessed to determine the best course of action. Each ambulance crew also included a paramedic who was capable of treating patients at home and the crews had access to support to determine if it was necessary to take someone to a hospital.

Access to A and E and other hospital wards by relatives and friends was also discussed, with the Committee expressing concern that the visitor policy appeared to change unexpectedly and prevent access. This had the potential to cause distress to both the family and patient and could be detrimental to their health. Ms Barnsley recognised that changing visitor guidance was a challenge for visitors and for hospital staff to enforce, but stated that the policy was subject to national guidance which could change in response to Covid-19 levels. She added that the concerns of the Committee would be noted when considering any further changes to the policy.

The targets set out in the report were questioned by the Committee, asking if they had been set locally or nationally and how Blackpool compared to similar authority areas. Ms Barnsley replied that the targets had been set nationally and that whilst details of other areas' performance were available online, she could provide the Committee with a summary of performance across Lancashire for comparison.

Members of the Committee were informed that a Covid-19 vaccine would be mandatory for all front line NHS staff from 1 February 2022, in response to which Members questioned what the response from staff had been. Ms Harrop responded that 95 per cent of staff had received the vaccine and that contact had been made with the remaining five per cent to ensure that all staff could make an informed decision regarding the vaccination.

The Committee raised the issue of those who had taken part in the Nova Covid vaccine trial in Blackpool. As this vaccine had not been accepted for use by the NHS it had meant that those who had been vaccinated as part of the trial were unable to demonstrate vaccination status as part of any Covid passport requirements. Ms Barnsley responded that individuals who had received the Nova vaccine would be offered a Pfizer booster vaccination. She agreed to check how those who had received Nova could demonstrate their vaccination status and offered to share the details with the Committee.

Members thanked those in attendance for the report and asked that it be noted that while the CCG faced significant challenges, positive progress had been made in a number of areas.

The Committee agreed:

1. That the concerns expressed regarding the visitor guidance would be noted by the

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- CCG in the event of further changes to it;
2. That a summary of CCG performance across Lancashire be provided to the Committee to allow comparison; and
 3. That Ms Barnsley would check how individuals who had received the Nova Covid-19 vaccine could demonstrate their vaccination status and provide details to the Committee.

7 BLACKPOOL TEACHING HOSPITALS NHS TRUST RESTORATION OF SERVICES

Ms Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust (BTH), presented a report on the restoration of services following the Covid-19 pandemic. She informed Members that the hospital had fully reopened and that services were at 95 per cent of their pre-Covid levels. Ms Barnsley reported that this was considered a good level considering the difficulties faced during the pandemic and the additional pressure it had created. She advised that going forward BTH did not want to increase pressure on staff and therefore a number of providers had been appointed to outsource and insource services where the hospital lacked staffing resources. This had included the use of extra bed space at facilities such as The Spire, where up to forty patients could be accommodated. BTH had also implemented ongoing infection control procedures subject to ongoing review to ensure patient safety.

In response to a query, Ms Barnsley explained that insourcing of services was a method of service delivery whereby an outside provider would be used to offer services in the hospital where BTH's resources were unavailable. This had the benefit of maximising the use of BTH's assets whilst reducing pressure on its staff.

The Committee queried the number of operations and/or procedures that had been cancelled as the result of a patient testing positive for Covid-19. Ms Barnsley replied that the number was very low, but that the information could be provided in writing following the meeting.

It was noted that the tourist nature of Blackpool meant that the hospital needed to accommodate visitors as well as local residents and the Committee queried how this could impact services. Ms Barnsley explained that this could create issues and highlighted that increased visitor numbers had been recorded following the lifting of Covid restrictions in the summer of 2021. However, she noted that the number of visitor and resident patients was reviewed daily and where possible long-term patients were transferred to a hospital closer to their home.

The Committee noted that delays in discharging patients had in some cases been the result of either Blackpool Council or Lancashire County Council's Adult Social Care (ASC) teams not having care packages in place. Members therefore asked if a breakdown of how many delays each ASC team had been responsible for could be provided. Ms Barnsley reported that staffing pressures within the care sector had also contributed to delays, highlighting that there had been a move towards domiciliary care and away from residential care. Domiciliary care providers had experienced an ongoing loss of staff due to a number of factors, including vaccine hesitancy and other misleading information about the pandemic.

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The increase in cases nationally of the Omicron variant of Covid-19 was raised by the Committee, who queried if a plan was in place to deal with its impact. Ms Barnsley replied that BTH had preparations in place but that the impact of the variant was as yet unknown. The hospital was therefore working with Public Health to model predictions.

The Committee agreed:

1. That the number of operations/procedures that had been cancelled due to a positive Covid-19 test be provided to members; and
2. That figures breaking down the number of delays in discharge attributed to Lancashire and Blackpool ASC teams be provided to members of the Committee.

8 SCRUTINY WORKPLAN

The Committee considered its work programme for 2022 and requested that reports on the following be added:

- a report on the issues of delayed discharge by brought to the June 22 meeting, containing an update on progress to reduce delays and care plan issues.
- A report on the Impact of Alcohol during Lockdown. Specifically levels of alcohol consumption, deaths related to alcohol, the role of the new Alcohol Lead (and details of the strategic needs assessment they are developing), how services can be target at women (it was noted that uptake among women is traditionally very low) and what sobriety services are available.
- A report on Long-Covid providing information on the impact in Blackpool and what services are available. It was noted that this could be either an independent item or delivered in connection with the population health management item planned for March 2022.

9 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting of the Committee was noted as Thursday, 3 February 2022 at 6.00pm.

Chairman

(The meeting ended at 7.56 pm)

Any queries regarding these minutes, please contact:
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