MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 14 MARCH 2018

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Owen	L Williams
Mrs Callow JP	Hutton	Mrs Scott	

In Attendance:

Councillor Amy Cross, Cabinet Member for Adult Social Care and Health
Ms Karon Brown, Head of Integrated Services, Delphi Medical Consultants Limited
Ms Nina Carter, Commissioning Manager
Ms Judith Mills, Public Health Consultant
Dr Arif Rajpura, Director of Public Health
Ms Karen Smith, Director of Adult Services
Mr Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

Councillor Hobson declared a personal interest in the Health and Wellbeing housing priority detailed in the 'Public Health Directorate - Overview Report' as he was the Chairman of Blackpool Housing Company.

Councillor L Williams declared a personal interest in the 'Adult Social Care Regulated Care Services – Overview Report' as her husband worked for the Council's Commissioning Team.

2 MINUTES OF THE LAST MEETING HELD ON 24 JANUARY 2018

The Committee agreed that the minutes of the Adult Social Care and Health Scrutiny Committee meeting held on 24 January 2018 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

4 EXECUTIVE AND CABINET MEMBER DECISIONS

The Chairman explained that there was one Cabinet Member decision which was covered in more detail under the Adult Social Care Regulated Care Services – Overview Report later on the meeting agenda.

The Committee agreed to note the Cabinet Member decision.

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5 UPDATE ON THE INTEGRATED DRUG AND ALCOHOL TREATMENT SERVICE FOR ADULTS

Ms Karon Brown, Head of Integrated Services, Delphi Medical Consultants Limited presented an update on the first year of the integrated Drug and Alcohol Treatment Service to support adults. Also in attendance were Ms Nina Carter, Commissioning Manager; Ms Judith Mills, Public Health Consultant; and Dr Arif Rajpura, Director of Public Health.

Ms Brown explained that the Service provider was Horizon (part of Delphi). She outlined the background to the current service.

The Care Quality Commission had been critical that all support was provided in one building. Horizon recognised that it was important for clients to see a clear pathway of treatment progress to enable them to see their lives were moving forward.

It was reported that first-line support (including outreach services to hostels and other places) was provided at the Dixon Road building and focused on community detox models involving key workers supporting clients. Most clients then moved on to Winston House where specialist support was offered, e.g. with mental health workers. Clients were often struggling with alcohol, drug, mental health and other problems such as smoking. They were initially supported with the first condition that they presented but most did have emotional and mental health issues. Staff included a psychologist and family worker to recognise that people were part of families suffering pain and loss. GPs were involved with meetings too. Ms Mills added that people presented with complex conditions but the services were well embedded to support them.

Ms Brown added that death rates were high with particular risks associated following the period immediately after finishing detox so support needed to be wide, including managing drug withdrawal, peer networks, art groups. It was a challenge supporting people with serious addictions to fully recover. She referred to a YouTube link within the report which featured examples of success stories.

Members accepted that the first year involved transitional change but were concerned that the recovery rates at the end of January 2018 were well short of end-year targets (end March 2018). The number of people recovering from opiate use was at 104 with a target of 200, non-opiates at 44 (target 200) and alcohol recoveries at 226, with a target of 500. They queried if the targets would be met or if they were unrealistic and how many people were waiting for treatment.

Members also queried the percentage of people entering treatment against those successfully completing treatment and it was agreed that a written answer would be provided following the meeting.

Ms Nina Carter explained in-depth analysis had been undertaken and the figures did not show the complexities involved, e.g. people often had a primary substance which they had recovered from but used other secondary substances. People also used drugs and alcohol making recovery challenging.

Ms Brown added that the previous service had been clinically focused, i.e. if people were identified as 'drug-free' then that counted as a successful completion. However, people were now supported for much longer periods, e.g. over six months to ensure that they achieved sustained recovery. She added that they had a 100% target that all new clients were seen within two weeks and that most were seen within one week. She reported that there had been 170 new clients in December 2017 and a further 130 in January 2018, all of whom had been seen in good time.

Ms Brown explained that national targets were being met and a meeting was to be held with the national body (National Reporting System for Drug and Alcohol) to agree targets which were more relevant to Blackpool. Dr Rajpura agreed that the original targets were not realistic and added that there had been data recording issues. Members acknowledged the national system but recommended that there should still be relevant local data and targets.

Dr Rajpura acknowledged that it had taken time for the new service model to become embedded but it was a much better approach which was far more focused on sustaining recovery and better futures for people, i.e. becoming genuinely drug-free and integrated back into society with prospects such as employment, housing and socially finding friends.

Members noted that 35 people had secured employment and enquired how many of those had sustained employment. Ms Mills would provide a written answer. Ms Brown added that as part of a new national research pilot, which Horizon was involved with, employment workers would be used to support people. Dr Rajpura added that this had been a successful funding bid and more funding opportunities were being pursued.

Members noted the high numbers of people facing difficulties and the impact on them and society. The impact of drugs and other substances was high including on limited resources but the profile was low. They acknowledged the work of staff. Members were concerned that whilst good outcomes were being achieved, the numbers were growing and they queried how many people might be missed. A representative from Streetlife explained that they did refer people into services but only if they were looking for support. Streetlife accepted people as they were and aimed to support them to recover. Councillor Amy Cross, Cabinet Member for Adult Social Care and Health agreed that people needed to want to recover.

Members suggested that cost savings could be used to increase treatment spend and that the public perception of Blackpool needed to be improved as well as getting across the message that people with problems were ill so needed support.

Dr Rajpura agreed that these were real people with real issues whose stories needed to be listened to. Councillor Cross added that a new Drug Strategy was being developed which would provide a more effective way forward.

The Committee agreed:

1. That Ms Mills would provide written details of sustained employment.
2. That Ms Mills would provide written details of the percentage of people entering treatment against those successfully completing treatment.

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6 PUBLIC HEALTH DIRECTORATE - OVERVIEW REPORT

Dr Arif Rajpura, Director of Public Health presented an update from the Public Health Directorate on the following work areas: New model for 0-5 year olds' public health services; Due North; and the Health and Wellbeing Strategy.

He explained that the new model for 0-5 year olds' public health services offered eight structured visits (previously five) from a Health Visitor for mothers during pregnancy and until their children had reached 3.5 years old. The key aim, based on research, recognised the importance of early life development with increased opportunities for early help support to ensure children were prepared for starting school.

The Lottery funded Better Start Programme (2015-2025) also involved a significant investment over ten years of £45million for families and children particularly in deprived areas. He added that Blackpool Teaching Hospitals was on the Better Start Board and the maternity workforce was being developed appropriately. He emphasised that over time it would be possible to 'break the cycle' of deprivation.

The new health visiting model would be launched on 1 April 2018.

Councillor Cross added that Public Health England had commended the new model. She added that breastfeeding was part of the new Health Visiting service and volunteers had been trained to offer peer support for mothers.

Members agreed with the importance of good early development for children and ensuring that they were ready to start school although not all parents were proactive. Members also supported the £1.6million investment in local parks and green/open spaces. Dr Rajpura re-iterated that the Better Start Programme also aimed to develop parents to better support their children.

Dr Rajpura referred to the Due North Report (2014) which had reviewed health inequalities and aimed to:

- Tackle poverty / economic inequality in the North (and with the rest of England)
- Promote healthy early childhood development
- 'Share' power for resources / public able to influence spending (improve health)
- Health sector to promote health equity (fairness)

Members queried whether health inequalities had improved over the last four years. Dr Rajpura reported that the inequality gap had not narrowed in the last four years. Life expectancy was a key inequalities measure and had been going up across the country including Blackpool but increases had been faster elsewhere. This year had been the first drop in life expectancy for some years. For babies born in Blackpool now, life expectancy was five years less than some other areas.

He referred to the wider determinants of health such as poverty, employment and housing. Transience was a significant issue with access to cheap quality housing. Councillor Cross agreed that access to quality housing was a key priority.

The Chairman referred to councils who had used planning policies to restrict the number

of fast-food takeaways in areas where a 'saturation' point had been reached of these outlets. Councillor Cross acknowledged the issue and options. She explained that alcohol premises could be restricted through licensing laws where there were alcohol related issues. Licensing could not be used for limiting the number of fast-food premises but planning was an option being considered.

Dr Rajpura referred to progress with the Health and Wellbeing Strategy aims:

- Housing
- Tackling substance misuse / alcohol / smoking
- Community resilience / reducing social isolation
- Early intervention

The Chairman noted that options for the new smoking reduction service would be considered at the next meeting. He referred to Public Health England advocating the use of e-cigarettes and how this was being considered. Dr Rajpura acknowledged that Public Health England was promoting harm reduction. He had concerns that internationally e-cigarettes were still not recognised in that respect and there could be risks and unknown factors. He added that older people who had struggled to quit smoking might benefit but there was a risk that younger people were taking up e-cigarettes in high numbers and then might move onto cigarettes. He advocated a precautionary approach.

7 ADULT SOCIAL CARE REGULATED CARE SERVICES - OVERVIEW REPORT

Ms Karen Smith, Director of Adult Services presented an update on the current status and developments in the care sector for Blackpool. The update included residential and nursing provision, regulated placements, care at home services and other ongoing work and plans.

She referred to the Care Quality Commission, the national regulator responsible for inspecting health and social service providers including care homes and care at home. The Commission had rated Blackpool well against regional and national peers for residential and nursing provision and also care at home in February 2018.

The Commission provided monthly feedback and was impressed with the support provided, for service providers, especially by the Council's Quality Monitoring Team.

The Team aimed to ensure that providers did not run into difficulties and encouraged providers to seek help early, e.g. managing limited resources better for a quality service. Structured support could include training opportunities, effective recruitment and feedback from families could be used to help improve services.

Enforcement action was taken if providers did not improve, e.g. they could be suspended from taking on new packages or clients and if necessary contracts were withdrawn.

Some case studies of work had been included which showed the challenges and effective range of action taken.

Ms Smith referred to the current re-tendering exercise for 'care at home' provision. The exercise had involved a range of professionals, e.g. social workers and health staff

considering needs and options to design a new specification. A realistic practical approach was being developed working with care providers. She reported that a new Extra Care Housing provider had been awarded the contract for this service.

Ms Smith referred to regional benchmarking of Adult Social Services and reported that Blackpool had performed well particularly with people feeling that they could easily access good support. There were a few areas where performance was less good compared to others such as people being admitted to homes on a 'permanent' basis and delayed transfers of care from health services to social care.

Some of these were national issues but were being looked at with various initiatives, e.g. extra staff investment over the Christmas period. She added that this had meant no people were waiting for packages of care but there were growing challenges such residential beds for people with challenging behaviour with dementia. She referred to integrated work between social care and health services, New Models of Care (through neighbourhood hubs housing a range of professionals working together) and the Better Care Together fund.

Ms Smith highlighted that the focus was on preventing people needing to go to hospital in the first place and promoting independent living.

Ms Smith referred to fee rates for Adult Social Care contracts. Work had taken place closely with providers to ensure that best value was secured.

Members noted that care at home provision had been rated highly by the Care Quality Commission and Ms Smith clarified that all seventeen providers had been rated as good. Members queried what was being done to promote improvement at the residential nursing homes requiring improvement and how often monitoring visits took place.

Ms Smith explained that the Commission shared draft inspection information and ratings which allowed the Quality Monitoring Team to visit providers, discuss the improvements required and actions proposed. The aim was to help providers to improve although in some cases they would be suspended from taking on new clients and, in the worst cases, contracts were terminated. Support to deliver improvement actions was ongoing. The Team also took on board feedback from residents and staff. They would visit providers at least annually but more if there were perceived risks or their track record needed improving.

Members expressed concerns that a person who was very vulnerable was not accessing support that might be available for basic needs. Ms Smith explained that if people were deemed to have mental capacity to make their own decisions then it was not possible to generally intervene unless they requested help. It was important to make people aware of services available to them. Social Care would undertake a needs-based assessment allowing support to be tailored which could include shopping and looking after other needs.

She added that there was a range of support available including for people needing care after being discharged from hospital. She explained that nearly half of supported people did not need to pay for the care following the means test. Blackpool had a high rate of

poverty so people were assisted as such.

A representative of the Blackpool Carers' Centre added that there was a range of voluntary care support available too, particularly if people did not meet social care criteria. She added that the Centre helped provide support and training for carers themselves. Ms Smith added that the Council worked closely with the Carers' Centre as well as other partners such as Blackpool Clinical Commissioning Group.

8 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018

Members were advised that the Work Programme was as presented with the new smoking reduction service item having moved to the May 2018 meeting.

In response to a question, Members were advised that their previous recommendation for a 'zero suicide' target was on the Action Tracker with Public Health due to raise it at a Pan-Lancashire meeting later that week.

The Committee agreed:

1. To approve the Scrutiny Workplan 2017-2018.
2. To note the 'Implementation of Recommendations' table.

9 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 9 May 2018, commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended at 7.45 pm)

Any queries regarding these minutes, please contact:
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