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MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 9 MAY 2018

Present:

Councillor Hobson (in the Chair)

Councillors

Callow

Mrs Callow JP

Elmes

Humphreys

Hutton

Owen

Mrs Scott

L Williams

In Attendance:

Councillor Amy Cross, Cabinet Member for Adult Services and Health

Ms Nicky Dennison, Senior Public Health Practitioner

Dr Arif Rajpura, Director of Public Health

Mr Sandip Mahajan, Senior Democratic Governance Adviser

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Ms Kate Dalton, Team Leader, Blackpool Clinical Commissioning Group

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group

Ms Jeannie Harrop, Senior Commissioning Manager, Blackpool Clinical Commissioning Group

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group and Blackpool Council

Ms Michelle Sowden, Head of Mental Health and Learning Disability Services, Blackpool Teaching Hospitals

Ms Elaine Walker, Emotional Health and Wellbeing Manager, Blackpool Teaching Hospitals

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 14 MARCH 2018

The Committee agreed that the minutes of the Adult Social Care and Health Scrutiny Committee meeting held on 14 March 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 HEALTHY WEIGHT STRATEGY

Ms Nicky Dennison, Senior Public Health Practitioner presented a report on progress towards tackling childhood and adult obesity. Also in attendance was Dr Arif Rajpura, Director of Public Health.

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She explained that the Council's Healthy Weight Strategy which had five local action themes: people better informed to make their own good health choices; focusing on young people; good weight management services; reducing sugar intake; and improving local environments to encourage health eating and exercise.

Ms Dennison referred to the Local Authority Health Weight Declaration, a national initiative, which the Council signed in 2016. There were a range of commitments progressing well. Councillor Cain, as the Chairman of the Blackpool Health and Wellbeing Board and Cabinet Secretary for Resilient Communities, had encouraged the work to be promoted further so four healthy weight summits had been held over the last year involving local businesses, schools and other public/voluntary sector partners.

She added that an annual Healthy Choice Award event had first taken place in 2017 with food outlets and other organisations helped to make simple changes to create healthier menus, e.g. more low fat condiments, smaller portions. One hundred businesses had been successful with this initiative including ethnic restaurants and the initiative had been spreading into children's centres and schools. Good hot/cold food and packed lunches were being promoted. St Johns Primary School was leading on a pilot that, following feedback from parents, would be rolled out further and St Georges School was promoting cookery skills. The healthy weight pilot had also proved successful so had been extended to 2019.

Ms Dennison reported that two successful Give Up Loving Pop (GULP) events had been held where whole classes were encouraged to stop drinking fizzy drinks for at least 28 days with an associated competition for classes to take part in. This would be extended to more year groups. Another benefit had been that children involved with the campaign had now started to check the nutritional information on products.

Other proactive work included providing planning policy with evidence of the impact of fast food outlets so their numbers could be controlled.

She referred to effective work being pursued through the Head Start Programme (emotional resilience for 10-15 year olds), e.g. using social media to get good health messages out. Early years (0-4 year olds) work was also being developed with the Better Start Programme (good nutrition focus) and the 'Food Active' organisation across the north-west.

The Chairman noted the Local Authority Declaration, summits and anecdotal feedback but enquired what empirical evidence there was to confirm that effective progress was being made. Ms Dennison explained that it was difficult to directly correlate interventions with outcomes but Blackpool figures from the National Child Measurement Programme indicated an improving trend over the last two years for healthy weight outcomes. However, those figures would need to be sustained before robust outcomes could be confirmed. She added that an evaluation of the Declaration would take place with Food Active.

Dr Arif Rajpura agreed that this was interim progress and momentum needed to be maintained with healthy eating/weight with robust messages delivered and a holistic approach particularly improving local environments and mind-sets for better health., e.g.

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walking more. He cited the 'Fit to Go' for year four school-children which was a physical activity programme run by Blackpool Football Community Trust and jointly funded by the Trust, Blackpool Clinical Commissioning Group and the Council.

The Chair referred to the Wyre district which offered people free weight management programmes at local gyms and enquired whether a similar approach could be offered in Blackpool given that there were Council owned facilities. He also queried what publicity there was and whether people were able to self-refer for support programmes. Members added that support programmes needed to be long enough to ensure that there was sustainable improvement otherwise people might naturally revert back to unhealthy behaviours.

Members were informed that the Council did offer free access to its gyms for weight management support with a twelve week 'child and family' programme. People were usually referred to the programme following assessment through the National Child Measurement Programme. GPs were also being encouraged to make referrals ('Making Changes' pathway). Discounted access to gyms was also offered after free support finished.

The Chairman enquired why all schools were not adopting the 'Daily Mile' principal of classes sharing a walk together at the start of school days. Members were informed that the benefits had been promoted to all schools but most were independent academies which had various considerations such as budgets and staff capacity. Some were making use of proceeds from the sugar tax levy to develop initiatives such as track infrastructure which could cost as much as £3k.

Members noted that all schools already had playgrounds so should readily be able to promote exercise such as walking at no real cost.

In response to a query about recognising the need to support people with anorexia, it was explained that the focus was on healthy weight which applied to everyone. Obesity was a far more significant issue within Blackpool but there was support for people with anorexia.

Members noted that free school breakfasts promoted better nutrition although often 'rewards' were in the form of treats. Public Health officers agreed that sweet treats gave a contradictory message and explained that schools were required to have 'food plans'. Public Health did re-iterate healthy eating messages to schools and generally promoted healthy eating, e.g. at school fairs / public events.

Members noted that it was easy to safely cycle along the promenade but there were no fully joined-up safe cycling routes across town. They queried the development of strategic walking and cycling. It was explained that several years ago there had been good safe routes but these had been decommissioned. Department of Transport funding had recently been secured to develop local infrastructure planning for cycling and walking which was being pursued through a pan-Lancashire strategy.

In response to the harmful impact of advertising and marketing which promoted unhealthy foods, Public Health agreed that this had considerable impact and needed

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stronger controls. These issues had been raised at a recent Health Select Committee debate. Officers added that new legislation such as the tax on sugary products would have a positive impact and the Government was drafting a new Child Obesity Plan.

Public Health officers re-iterated the message that cultural change took time and that support programmes were one tool as part of a range of options forming a comprehensive strategic family approach. There had been good focus on children which now needed to capture adults. There were a host of professionals from school nurses to Head Start officers involving in promoting messages. Value for money outcomes, with robust evaluation, needed to be achieved given funding pressures.

Members were informed that Blackpool had received national recognition for its healthy weight work and had become a beacon to areas with obesity challenges.

5 MENTAL HEALTH COMMISSIONING UPDATE

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group and Blackpool Council presented progress made and plans for improving mental health service provision.

Also present was Ms Elaine Walker, Emotional Health and Wellbeing Manager, Blackpool Teaching Hospitals and Ms Michelle Sowden, Head of Mental Health and Learning Disability Services, Blackpool Teaching Hospitals.

Representatives were present from Rethink (national mental health support charity) and the Blackpool Carers' Centre and Sergeant Peter Hannon, Lancashire Constabulary whose role incorporated mental health liaison within Blackpool.

Ms Lammond-Smith reported that three broad elements were being presented. There was a full review of current mental health service provision and proposed mental health integration of primary care (New Models of Care) across the Fylde Coast area as part of the 'Vanguard' programme linking in with community/ neighbourhood hubs.

The two parallel elements were the children and young people's mental health provision developments and a directory of Fylde Coast mental health services (part of Vanguard) aimed at GPs and other professionals / the voluntary sector.

She explained that the main areas of primary and community integration being considered included Improving Access to Psychological Therapies (IAPT) which recognised that many people had long-term physical conditions and developing a pool of 'connecting people' trainers (bringing public and professionals closer together). There were a number of challenges including accommodation with a shortage of beds.

A wide range of work was being pursued including creating multi-disciplinary teams for a genuinely 'single point of access', home treatment, investing in crisis support services and developing 'Core 24' support (24 hours per day, seven days per week). The work would help create better pathways of support including access to beds.

The Chairman cited an example of a patient from over one year previously being given

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medication for depression but then told there would be a wait of over one year for any further treatment. Members felt that waiting times for Child and Adolescent Mental Health Services (CAMHS) were also too long. Members were informed that Blackpool services were currently performing well with 100% of people being assessed within target time (twelve weeks for CAMHS) and next stage targets had also been met. There was also support through YouTherapy and 'walk-in' options. The Transformation Plan for Children and Young People's Emotional Health and Wellbeing Members was developing the support options.

Members emphasised that it was important that young people were aware of the support available. They were concerned that the directory of mental health services was too complex to follow. It was explained that it was a comprehensive directory which had been developed after consultation with stakeholders who had given positive feedback. Target users of the directory found printed versions useful. The directory linked in with the recently launched public 'For your information' directory of wider public and community services/groups. The directory would evolve with feedback. The Rethink representative added that he had found the directory a good approach and that it would help him better support and signpost his members.

Ms Walker reported that she had just attended a parallel children and young people's event with around sixty young people present. They wanted access to services including making use of directories and digital information.

Members enquired what work was taking place with schools. They were informed that the Head Start Programme (emotional resilience and health and wellbeing for 10-15 year olds) included trained mental health coaches and that school nurses were another resource. Links with the various resources including CAMHS and YouTherapy were being developed within the neighbourhood hubs.

Members were informed that the patient experience survey (friends and family) covered a short period of time. In response to queries, it was explained that people could self-refer for support and this would be advertised through mediums such as Facebook.

The Committee expressed concern that the 'Men in Sheds' support concept bringing people together to share conversations and activities would have limited impact in preventing suicides. They were also concerned that stigma about mental health still existed. Members were informed that there were a range of options to support people and raise awareness, e.g. Mental Health Week was taking place later that month including tackling stigma through the 'Time to Change' work and that other activities and events were being promoted across wards.

The Chairman referred to the Committee's recommendation made at its meeting on 24 January 2018 (Public Mental Health item) that the Suicide Prevention Oversight Group for Lancashire and South Cumbria should consider introducing an aspirational target of zero suicides. Feedback from the Group had been that whilst the aspiration was commended, there were concerns that the zero focus created a negative climate for families of victims. Members noted the feedback but added that other areas such as Bolton Council's Public Health leads had recommended introducing the 'zero suicide' target and were confident that it would have a significant impact. The Committee re-iterated the recommendation

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and that it needed to be escalated.

The Rethink representative added that it was important to improve the Crisis support available to people. He reported that the Rethink network was developing with more members able to attend local mental health meetings so was active resource, e.g. Rethink could help with service user surveys. However, he expressed concerns that some of his members had found communications from the Lancashire Care Foundation Trust difficult. Councillor Amy Cross, Cabinet Member for Adult Services and Health added that the Trust had not been attending Mental Health Partnership Board meetings which she chaired and Rethink attended. Members were informed that the Trust were usually good attendees at Scrutiny Committee meetings and participated well. It was suggested that the Trust's Director of Engagements and Partnerships, who had good involvement with Scrutiny, would be contacted and sent the meeting minutes to help resolve the concerns over communications and Partnership Board attendance.

Sergeant Peter Hannon explained that mental health issues presented a number of risks such as people going 'missing from home'. The police were working well in partnership with both the acute trust at Blackpool Victoria Hospital and mental health trust at The Harbour.

He cited the example of a shared mental health vehicle pilot with a police officer passenger, mental health professional (Crisis nurse) and also, if necessary, a paramedic. They had been able to respond to issues during unsociable hours where vulnerable people with apparent mental health issues had been involved. By sharing resource and good information at the scene they were able to ensure that people were supported appropriately, diverted from needing to attend accident and emergency or a police cell. The outcomes were better for vulnerable people and saved significant resource time and cost. For a standard evening shift, five people had been diverted from accident and emergency saving an estimated £10k and also multiple hours of officer time.

Sergeant Hannon added that the police were getting more practical mental health training and having the Crisis nurse on-board was essential. He concluded that a simple solution of talking to people in good time, rather than accident and emergency assessments led to the best outcomes for all involved.

The Committee agreed:

1. To re-iterate the recommendation that a 'zero' suicide target should be adopted within Blackpool; and that Ms Judith Mills, Consultant in Public Health, Blackpool Council would raise the proposed target again at the Suicide Prevention Oversight Group for Lancashire and South Cumbria and, if required, escalate to the parent body providing a written response by the Committee's next meeting on 11 July 2018.
2. The Lancashire Care Foundation Trust's Director of Engagements and Partnerships would be contacted to resolve the concerns over communications with Rethink members and ensure good attendance at Mental Health Partnership Board meetings.

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6 BLACKPOOL'S DOMESTIC ABUSE NEEDS ASSESSMENT AND STRATEGIC PARTNERSHIP ACTION PLAN

Mr Tony Morrissey, Head of Safeguarding / Principal Social Worker, Blackpool Council and Chair of the Blackpool Domestic Abuse and Interpersonal Violence Partnership Sub-Group presented an update on the completed Blackpool Domestic Abuse Needs Assessment and progress being made with delivering the Blackpool Domestic Abuse and Interpersonal Violence (DAIV)'s Action Plan.

The Chairman enquired why funding for domestic abuse services was 'fragmented and insecure' impacting upon the planning and effective delivery of services. Mr Morrissey explained that poor funding arrangements were a national issue. Some funding came from government, some was ring-fenced but there was no long-term sustained budget. He was aiming to promote the need for a pooled budget from across the Blackpool Domestic Abuse and Interpersonal Violence Partnership. This would provide better value and promote more effective commissioning of services including better support for domestic abuse refuges.

The Chairman also enquired why there were year-on-year increases in police call-outs for domestic abuse incidents. Mr Morrissey informed Members that Blackpool had a holistic partnership approach working with victims, families and perpetrators. There were a number of resources and programmes, e.g. Inner Strength Programme which provided a route for perpetrators to move away from patterns of violence and working with schools to get across messages of health relationships including that domestic abuse was not acceptable or normal. Domestic abuse work was being taken forward as a public health issue, e.g. domestic abuse needs were evidenced within the Public Health Joint Strategic Needs Assessment (JSNA). He emphasised that preventing domestic abuse was paramount.

Mr Morrissey added that Blackpool was good at raising awareness of issues and tackling perpetrators. However, it was important to use evidence to evaluate the effectiveness of work, i.e. not to continue with approaches that were not having the right impact and outcomes sought to reduce domestic abuse. A university had been commissioned to undertake evaluation of work.

The Committee enquired how the effectiveness of the Troubled Families Programme was measured. Members were informed that the Programme came within government 'payment by results' criteria which covered more than domestic abuse work such as anti-social behaviour, employment opportunities and improving self-esteem. The Council's Families in Need Service led on the Programme offering a range of support including early help. He added that demand was high within Children's Services although causes and effective actions had been improved making some impact,

In response to a query about whether same sex abuse was an issue, refuge space for men and also keeping perpetrators away, Mr Morrissey explained that abusers and victims came from all groups and backgrounds. He added that male victims could be unwilling to come forward so it was important to offer a good range of support services for all victims. The police did have powers to tackle perpetrators.

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Members expressed concern that the number of repeat cases discussed at Multi-Agency Risk Assessment Conferences (MARAC) had dropped to 74 in 2015-2016 from 153 in 2014-2015 but had then risen again to 153 in 2016-2017. Mr Morrissey explained that these were high risk cases. Blackpool's case numbers were high when compared nationally and the highest in the sub-region. There could be issues such as whether the pathway for making referrals through to action was right. He explained that the police were reviewing the process and looking into reasons for repeat cases. Managing demand was important.

The Chairman enquired whether there were sufficient refuge spaces for any urgent accommodation requests. Members were informed that refuge space was a national issue and there was high local demand. However, safe space would be found for anyone in urgent need which could include 'out-of-area' options; this might be best given that someone might be trying to flee from a local perpetrator. Empowering people was also highlighted as important so that they felt safe in a place.

7 HEALTH AND SOCIAL CARE INTEGRATION PROGRESS

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group, presented an update on health and social care integration in Blackpool (as part of the wider Fylde Coast local delivery partnership) including Enhanced Primary Care and neighbourhoods work and planning for 2018-2019.

Also present were Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group; Ms Jeannie Harrop, Senior Commissioning Manager; and Ms Kate Dalton, Team Leader, Blackpool Clinical Commissioning Group.

Members had considered integration first in November 2016 in the early stages of development and received a further update in September 2017. They had felt that there was not sufficient detail of local work within the original Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria nor financial costings.

There had also been concerns whether sufficient transformation progress was being made in good enough time to deliver the five-year plan to better manage integrated care for people's health and wellbeing and reduce service demand / cost pressures.

Members commented that the various changes referred to within the report were not easy to follow. Mr Bonson explained that the local delivery arm for pursuing transformation was the new Fylde Coast Integrated Care Partnership (ICP). This comprised of Blackpool Clinical Commissioning Group, Fylde and Wyre Clinical Commissioning Group and Blackpool Teaching Hospitals Trust working together to deliver shared plans as part of the wider Lancashire and South Cumbria Integrated Care System (ICS) which took forward Sustainability and Transformation Planning.

Mr Fisher explained that the Lancashire and South Cumbria finance lead, Mr Gary Raphael had become unavailable for the meeting but had suggested that a dedicated meeting be held on the wider sub-regional picture (i.e. Integrated Care System / Sustainability and Transformation Planning) allowing current focus to be on local delivery through the

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Integrated Care Partnership. Ms Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group would also be requested to attend.

The Chairman referred to winter planning and the stated potential for an additional ninety beds. He also queried transformation progress, after three years planning, with reducing the number of unnecessary admissions to hospital, which was estimated to be around 25% and bed blockages/shortages particularly this winter. Members re-iterated previous concerns about delayed discharges from care.

Mr Bonson explained that provision was based on 2017-2018 outturns when extra beds had been taken from elective care wards following a bad winter with subsequent impact throughout the year. The ninety beds would be provision for unscheduled care. Bed availability would be managed through reducing unnecessary admissions, reduced length of stays (higher than the national average so a priority), improved discharges of patients (with effective case management) and better planning of elective care. Improving patient flow was central to all work. High priority areas, including elective cancer treatment, would not be impacted, i.e. would not be targeted for beds.

Mr Fisher explained that not all services had been commissioned through the sub-regional Sustainability and Transformation Planning. Most services (70%) were commissioned locally through the Fylde Coast Integrated Care Partnership. He added that innovative work was taking place through the neighbourhood hubs aiming to help to secure more outcomes at primary care stages. This local work was important as it brought together a range of health and social care professionals to offer integrated care and reduce the need for secondary care through hospitals.

Ms Harrop confirmed that beds were purchased at other hospital sites but patients' safety was maintained and GP consent had to be obtained. She added that innovative methods were being pursued to reduce hospital attendance, e.g. live case management system allowing patients' movements through the care system to be actively tracked. Ms Dalton added that the case management system coupled with shared information/discussions between the various neighbourhood hub professionals liaising with nurses allowed more effective pathways of care.

In response to concerns raised by some Members, the representative from Blackpool Carers' Centre reported that carers formed part of the neighbourhood teams. Ms Harrop added that care services were also commissioned from other organisations such as the British Red Cross. She and Ms Dalton offered to discuss the concerns raised outside the meeting to help identify best support options. Contact details for all the neighbourhood hubs would be forwarded to Members.

In response to a query about people being able to access social care payments, Members were advised that social workers were in the neighbourhood teams so provided support with payment arrangements.

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The Committee agreed:

1. To receive a further report on health and social care integration, focusing on the Lancashire and South Cumbria Integrated Care System / Sustainability and Transformation Planning.
2. To request that Ms Harrop forwarded contact details for all the neighbourhood hubs.

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

The Committee agreed:

1. To approve the Scrutiny Workplan subject to receiving a further report on health and social care integration, focusing on the Lancashire and South Cumbria Integrated Care System / Sustainability and Transformation Planning.
2. To note the 'Implementation of Recommendations' table.

9 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 4 July 2018 commencing at 6pm in Committee Room A, Blackpool Town Hall subject to confirmation at Annual Council.

Chairman

(The meeting ended at 8.00 pm)

Any queries regarding these minutes, please contact:
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