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MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 10 OCTOBER 2018

Present:

Councillor Hobson (in the Chair)

Councillors

Callow

Mrs Callow JP

Elmes

Humphreys

Hutton

O'Hara

Mrs Scott

L Williams

In Attendance:

Dr Arif Rajpura, Director of Public Health

Ms Karen Smith, Director of Adult Services

Mrs Judith Mills, Public Health Consultant

Ms Rebecca Maidment, Principal Social Worker, Adult Social Care

Mr Scott Butterfield, Transformation Manager

Mrs Sharon Davis, Scrutiny Manager

Councillor Amy Cross, Cabinet Member for Adult Services and Health

Councillor David Owen

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

Mr Stuart Clayton, Fylde Family Support Group, Rethink

Dr Amanda Doyle, Chief Clinical Officer of Blackpool and Fylde and Wyre Clinical Commissioning Groups and Chief Officer of the Lancashire and South Cumbria Integrated Care System

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Dr Neil Hartley-Smith, GP, Bloomfield Medical Centre

Dr Leon LeRoux, Clinical Director, Lancashire Care Foundation Trust

1 DECLARATIONS OF INTEREST

Councillor Jim Hobson declared a personal interest in Item 6 'Director of Public Health's Annual Report on the Health of the People of Blackpool 2017' as the Chairman of Blackpool Housing Company Limited.

2 MINUTES OF THE LAST MEETING HELD ON 11 JULY 2018

The minutes of the meeting held on 11 July 2018 were agreed as a true and correct record.

3 PUBLIC SPEAKING

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

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4 FORWARD PLAN

The Chairman invited Ms Judith Mills, Public Health Consultant to speak to the item on the Forward Plan 'Green and Blue Infrastructure Strategy'. Ms Mills advised the Committee that the strategy had been in development for 18 months and had started with a comprehensive audit of the green and blue infrastructure in Blackpool. She reported that a wide ranging consultation process would take place on the Strategy including Councillor specific briefing sessions to be held within the next three months.

In response to a question, Ms Mills reported that the outcomes of the Strategy would be measured through identification of relevant Key Performance Indicators.

5 COUNCIL PLAN PERFORMANCE REPORTING ARRANGEMENTS FROM 2018/2019

Mr Scott Butterfield, Transformation Manager reported that as part of the recent review of the Council Plan, the set of corporate performance indicators had been revised from over 100 indicators to a much smaller set of headline key performance indicators (KPIs). The KPIs related directly to corporate objectives and had been designed to provide a short, focused sweep of performance across the core business of the Council.

It was noted that performance reporting would be provided through the service reports received by the Committee in order to provide a more joined up approach to reporting. Furthermore, any KPIs that fell outside the remit of the service reports would be covered in an additional annual report to be received by the Committee in July each year.

The Chairman raised concerns that the KPIs to be reported were not as extensive as those previously submitted to the Committee and received assurance from Dr Arif Rajpura, Director of Public Health that the level of performance reporting previously received would continue through the service reports provided to the Committee.

The Committee agreed to approve the new approach to performance reporting.

6 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT ON THE HEALTH OF THE PEOPLE OF BLACKPOOL 2017

Dr Arif Rajpura, Director of Public Health presented his Annual Report on the Health of the People of Blackpool 2017, highlighting the key areas of progress and main areas of concern. He noted that the 10 October 2018 was World Mental Health Day and a local campaign had been launched to encourage adults, in particular middle aged men, to speak about their feelings and concerns.

The Committee considered the report in detail and noticed the emphasis placed on housing. It was noted that housing was a key determinant of health and played an important part in wellbeing. In order to address poor housing, the Council had established Blackpool Housing Company Limited to purchase and redevelop dilapidated properties. Other initiatives including Fulfilling Lives and Jobs, Friends and Houses had also been established to make improvements.

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In response to questions, Dr Rajpura advised that life expectancy had slightly reduced nationally and an analysis was being undertaken to determine the reasons for the decrease.

The Chairman noted a recommendation made at a previous Adult Social Care and Health Scrutiny Committee and queried why the Council had not signed up to the Zero Suicide Alliance. Dr Rajpura reported that it was an ambition to subscribe and that he would investigate doing so.

The Committee also discussed the potential introduction of a minimum price per unit of alcohol and noted that such a policy had been introduced in Scotland and was due to be rolled out in Wales shortly. It was noted that a local policy would not have the desired impact and that as a minimum a regional approach would need to be taken to ensure its success.

In response to questions, Dr Rajpura advised that there was now a greater understanding of the wider determinants of health and that had been one of the main reasons for transferring Public Health from the NHS into Local Authorities. He added that Public Health did commission some health services such as smoking cessation and sexual health and that performance of those services was managed through key performance indicators.

Members went on to consider drug related deaths and noted that there had been drops in the number of deaths in 2003 and 2009. Dr Rajpura advised that the reductions had been investigated, but no conclusions could be drawn as to why the reductions had occurred. The discussion extended to the prevalence and impact of Class B drugs and the steps other countries had taken to decriminalise drug taking.

The Committee endorsed the Director of Public Health's Annual Report on the Health of the People of Blackpool 2017.

7 LANCASHIRE CARE FOUNDATION TRUST IMPROVEMENT PLAN

Dr Leon LeRoux, Clinical Director, Lancashire Care Foundation Trust (LCFT) provided an overview of the results of the recent Care Quality Commission (CQC) Inspection of LCFT services. He highlighted the key areas for improvement as Safe, Effective and Well Led and cited a shortage in staffing and poor IT system as areas of concern.

The Chairman expressed the Committee's disappointment that Ms Jo Moore, Director of Operations and Mr Paul Lumsdon, Director of Nursing were not present at the meeting. He also advised that, in his opinion, the report provided by LCFT was poor and did not provide any detail or assurance that the Trust would make the improvements required.

Members raised serious concerns regarding the leadership of the Trust and the citing of staffing issues as a reason for poor performance, highlighting that huge risks were being taken with patients in life or death situations. Concern was also raised that a number of the 'must do' actions from the CQC inspection were basics of care that should not fail to be undertaken.

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The Committee referred to previous discussions with the Trust and Blackpool Clinical Commissioning Group (CCG) when the changes to mental health care provision including the opening of The Harbour were originally considered and the numerous meetings since. It was considered that despite repeated claims that the provision would work for Blackpool and Lancashire and improvements would be made, it had proved not to be the case and the level of service promised to residents had not materialised.

In response to questions, Dr LeRoux advised that the bed model had been based on population and patient numbers in 2006/2007 and had been ambitious in its assumption of performance in the top quartile. The model had also assumed that the money saved by the closure of acute mental health wards would have been reinvested in community service provision, which had not happened. There were therefore not enough beds available. He added that the Trust had struggled to attract staff and was in competition with big cities to do so.

The Chairman referred to the minutes of the meeting of the CCG's Finance and Performance Committee, case studies provided by Blackpool Fulfilling Lives and the CQC inspection report and queried how the Blackpool Clinical Commissioning Group was ensuring that improvements would be made to service provision.

Mr Roy Fisher, Chairman, Blackpool CCG advised that the CCG was not happy with the current level of service being provided by LCFT. He reported that concerns had been raised with the Trust and questions had been asked in order to challenge performance. The concerns had also been raised by the Integrated Care System and discussions were ongoing regarding how improvements could be made across Lancashire.

In response to questions, Mr David Bonson, Chief Operating Officer, Blackpool CCG advised that acute mental health provision was commissioned by eight CCGs as a Lancashire-wide service. He added that discussion would need to take place across all CCGs should LCFT not make the necessary improvements.

Members raised concerns that the response provided by the CCG did not give sufficient assurance that the situation would be monitored with steps taken, where required, to address failures. In response, Mr Bonson sought to assure Members that the CCG was taking the concerns seriously and wanted to work with partners across Lancashire to ensure improvements were made.

At the invitation of the Chairman, Dr Neil Hartley-Smith, GP, Bloomfield Medical Centre advised that more patients attended surgery for consultations regarding their mental health than any other complaint. He advised of the process that a GP would follow in order to make a referral and reported that GPs had recently met with LCFT to raise concerns regarding mental health services. He added that GPs were frustrated that patients were not receiving the treatment that their GP would like to see them have. Key concerns included the lack of a crisis team at Accident and Emergency to enable a quick decision on whether a patient needed admitting.

Following consideration of the concerns raised by Dr Hartley-Smith, the Chairman invited Mr Stuart Clayton, Fylde Family Support Group, Rethink to highlight the concerns of his service users. Mr Clayton reported that there were a number of very vulnerable people in

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Blackpool who required an immediate intervention and raised concerns that the only proposals being made were for long term solutions. He requested that the CCG and LCFT consider options to provide a 'quick fix' for those patients that needed immediate assistance and made a number of suggestions including use of Parkwood, a face to face crisis service and recruitment of more care assistants.

In response to the concerns raised, Dr LeRoux advised that LCFT had been exploring potential uses for the building Parkwood, which had been empty since the closure of the mental health unit previously based there. He advised that LCFT did have a high level of care assistants in comparison to similar trusts and noted that it was important to balance the number of care assistants with qualified nurses, acknowledging the benefit provided by the 'human contact' provided by care assistants.

Councillor Amy Cross, Cabinet Member for Adult Services and Health was invited to describe her experiences of mental health services in Blackpool and made a number of key points including that:

- Key officials from LCFT had not been attending meetings with partners despite confirming attendance.
- Emails sent requesting information and liaison from senior Council staff to LCFT representatives had not been answered.
- The issues relating to poor communication had been ongoing for over 12 months and were not one-offs.
- Discussion had been held at the Health and Wellbeing Board relating to the basic action plan that had been provided to address concerns with no detail of how improvements would be achieved or when.
- Anecdotal evidence had been received relating to poor patient management, including lack of communication with a suicidal patient regarding their discharge.
- The issues with staffing would not be rectified without addressing the culture of the organisation, accepting failures and improving staff morale.

The Committee raised further concerns including the speed in which LCFT was addressing the actions contained within the CQC report, noting that despite the judgement being received in May 2018, a discussion group had only just been established to address some key actions. It was also considered that if the provision of mental health services was indicative of how the Integrated Care System would work across Lancashire and South Cumbria then the system was also a potential cause for concern.

At the invitation of the Chairman, Dr Arif Rajpura, Director of Public Health was invited to feed in his concerns. He highlighted that he was aware that GPs were unhappy with the current service provision and the access to services provided by LCFT. He added that there were a large number of residents who needed immediate help and were suffering. He wanted to work with LCFT, but was currently struggling to communicate with them due to a lack of response received.

Input from Ms Karen Smith, Director of Adult Services was also requested and she advised that she supported the comments and concerns previously raised. She highlighted the need to communicate and work together in order to achieve change.

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The Chairman drew the item to a conclusion by requesting that a written response be provided within 21 days to the key concerns raised by the Committee and that a special meeting be established in January 2019 to consider the progress made by the Trust in addressing the 22 'must do' and 'should do' actions contained within the CQC report.

8 HEALTH AND SOCIAL CARE INTEGRATION PROCESS

Dr Amanda Doyle, Chief Clinical Officer of Blackpool and Fylde and Wyre Clinical Commissioning Groups and Chief Officer of the Lancashire and South Cumbria Integrated Care System presented a report that set out the identified developments and progress made in creating the governance structure and system architecture of the Integrated Care System (ICS), including a high level overview of finances.

Members noted that the original Sustainability Transformation Plan had promised health improvements when first introduced approximately two years ago and queried what had been achieved to date. Dr Doyle advised that a number of high impact interventions had been put in place, with programmes developed for smoking cessation, reduction in alcohol consumption, healthy weight and reducing high blood pressure amongst others. She reported that although impact of the programmes was not necessarily visible in the short term, such programmes would address the underlying health challenges in Blackpool and create long term results with gradual improvement.

In response to questions, Dr Doyle advised that the Integrated Care System was formed of five Integrated Care Partnerships (ICPs), one of which was the Fylde Coast. She added that underneath the ICPs was a further layer consisting of groups of GP practices, of which there were six in Blackpool, each encompassing an area of between 25,000 and 40,000 residents. It was noted that a commissioning framework was in place and that services were commissioned either centrally or locally dependent on need and specialism. For example, specialist stroke units requiring specialist technology and clinicians would be commissioned on a central basis, with additional support for isolated and/or frail people commissioned and provided on a local basis.

Dr Doyle highlighted the key challenges as recruiting and retaining a large, specialist workforce and funding. Responding to Committee questions, she added that the ICS had a £40 million funding gap, but that financial targets would be met in Blackpool. Assurance was also provided that Blackpool would not be subsidising other areas in the ICS.

The Committee discussed the provision of services for lung cancer treatment in detail and noted that late diagnosis in Blackpool was a key issue. Dr Arif Rajpura, Director of Public Health advised that the earlier lung cancer was diagnosed the increased likelihood that it could be treated successfully. It was noted that funding would be used to raise awareness and diagnostics and that a 'lung fit bus' would be utilised in Blackpool to promote and carry out testing in the community.

Members went on to consider the financial shortfall in detail and noted that additional Governmental funding was expected. Dr Doyle advised that key priorities would be considered alongside underlying structural gaps. She cited that it was important to develop services outside of acute hospitals to address the additional problems presented by an aging population and ensure that services were both effective for patients and cost

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effective.

The Committee concluded the item by seeking assurance that the developments outlined in the report were being progressed and Dr Doyle provided this assurance explaining that all developments were happening but that achieving the significant service change would be a long process.

9 SCRUTINY WORKPLAN

The Committee noted its workplan for the remainder of the 2018/2019 Municipal Year.

10 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was noted as Wednesday 28 November 2018, commencing at 6.00pm.

Chairman

(The meeting ended at 8.10 pm)

Any queries regarding these minutes, please contact:

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