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**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -**  
**WEDNESDAY, 13 FEBRUARY 2019**

**Present:**

Councillor Hobson (in the Chair)

Councillors

Callow

Mrs Callow JP

Humphreys

Hutton

O'Hara

Mrs Scott

L Williams

**In Attendance:**

Dr Arif Rajpura, Director of Public Health

Ms Karen Smith, Director of Adult Services

Ms Nicky Dennison, Senior Public Health Practitioner

Ms Judith Mills, Consultant in Public Health

Ms Lisa Arnold, Leisure Services Manager

Mrs Sharon Davis, Scrutiny Manager

Ms Sheralee Turner-Birchall, Engagement Lead, Healthwatch Blackpool

Ms Jeannie Harrop, Head of Primary and Community Care Design, Blackpool Clinical Commissioning Group

Ms Jeannie Hayhurst, Clinical Project Manager, Blackpool Clinical Commissioning Group

Mr Dave Rigby, Sector Manager West, North West Ambulance Service (NWAS)

Mr Mark Lewis, Operations Manager, NWAS

Mr Simon McCrory, Patient and Relationship Manager, NWAS

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**2 MINUTES OF THE LAST MEETING HELD ON 24 JANUARY 2019**

The Committee agreed that the minutes of the meeting held on 24 January 2019, be signed by the Chairman as a true and correct record.

**3 PUBLIC SPEAKING**

The Committee noted that there had been no applications from members of the public to speak at the meeting.

**4 ADULT SOCIAL CARE - SAFEGUARDING LOCAL GOVERNMENT OMBUDSMAN FINDINGS**

Ms Karen Smith, Director of Adult Services presented the report of the Local Government Ombudsman to the Committee and highlighted the key findings of the Ombudsman and the actions already taken by the Council to address the concerns raised.

Members enquired if Ms Smith was confident that a similar incident would not happen again following the measures put in place. In response, Ms Smith advised that she could not guarantee that there would be no further incidents but that she was satisfied that the

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 13 FEBRUARY 2019**

arrangements put in place around risk assessments and quality monitoring would alleviate the risks of further incidents as much as possible.

The Committee raised concerns regarding the severity of the case and the impact of the incident on the patient. Specific concerns were raised regarding the delays in the safeguarding process and the action taken to ensure similar delays would not continue to be experienced. In response, Ms Smith advised that a key component of the delay had been staff absence, she reported that measures had been put in place to ensure that during staff absence managers were fully aware of the stage of each case. In relation to the failure to consider all information during the safeguarding process, Ms Smith advised that a set of notes had been dismissed and read as they should have been. In order to address the failure, all safeguarding leads had met and discussed the learning from the case.

With regards to the transfer of information from the care at home staff to the paramedics that attended, Ms Smith advised that the handover of appropriate information was a challenge. Mr Dave Rigby, Sector Manager West, North West Ambulance Service (NWAS) supported the view of Ms Smith that it could be difficult to appropriately prioritise the information disseminated and provide a summary of the right information in a pressurised environment.

Ms Smith further highlighted that it was important for a carer to get to know the patient they were caring for and that care plans were utilised for that purpose. She added that care plans had been reviewed to ensure the key information relating to a patient was featured more prominently in the plan.

In relation to risk assessments, it was reported that the Care Quality Commission considered assessments as part of its inspection process and that Quality Monitoring Officers from Adult Services had been auditing risk assessments to ensure sufficient content and quality following the judgement of the Ombudsman.

In response to a question, Ms Smith advised that there had been no other similar incidents of the severity of the case being considered. She added that incidents of harm were often reported due to the nature of the work and that a learning approach would be taken to the consideration of all reports.

## **5 HEALTHWATCH PROGRESS REPORT 2019/2020**

Ms Sheralee Turner-Birchall, Engagement Lead, Healthwatch Blackpool reported on the key areas of work undertaken by Healthwatch Blackpool over the previous 12 months and the contents of the workplan. She highlighted that the contract for Healthwatch Blackpool from May 2019 was currently out to tender with bids being invited.

Members noted that Healthwatch in Blackpool had been operated by four different organisations over the five previous years and were concerned with the stability and consistency being offered to both potential providers and also to those wishing to interact with Healthwatch. It was further noted that the Council was seeking to award the new contract for one year plus a potential further one year. Dr Arif Rajpura, Director of Public Health agreed to feedback the comments of the Committee to the Council's

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 13 FEBRUARY 2019**

Commissioners to see if the contract could be awarded for a period of more than one year to allow for more consistency in provision. He would report back to the Committee in due course.

The Committee discussed the work of Healthwatch in detail and noted the 'enter and view' exercise carried out in GP Surgeries and the previous work at The Harbour. Consideration was also given to the number of volunteers and it was noted that Healthwatch currently had five volunteers and was looking to increase the number to 15. It was suggested that Healthwatch consider making links to the thematic Health Services Citizen's Panel.

In response to a question, Ms Turner-Birchall advised that key concerns included ensuring the voice of the patient was heard. She reported that Healthwatch regularly asked service users and families who they had reported their experience to prior to speaking with Healthwatch and more often than not they had not previously reported their concerns highlighting that the service users voice was not being captured sufficiently.

The Committee agreed to forward their comments regarding the length of the Healthwatch contract to relevant Council officers for consideration.

## **6 NORTH WEST AMBULANCE SERVICE PERFORMANCE REPORT**

Mr Dave Rigby, Sector Manager West, North West Ambulance Service (NWAS) provided an overview of the current performance of the Service and the key ongoing projects including the likely extension of the night Safe Haven, the successful pilot of the Psynergy vehicle and the work ongoing to reduce hospital handover times.

Members shared positive recent experiences of NWAS and queried if the delays caused by waiting for information on patients from GP Surgeries were an area of concern. In response, Mr Simon McCrory, Patient and Relationship Manager, NWAS reported that a robust system was in place to protect patients. Part of the robust system involved ensuring that the emergency department was the right place for the patient rather than other community options. In order to acquire enough information to make a judgement, the ambulance crew might wish to gather information from various sources including GPs. NWAS had a service level agreement with GPs for this purpose. It was reported that the delays in accessing information were not excessive and were more likely to prevent delays at the emergency department and reduce overall ambulance turnaround times and most importantly ensure the patient was treated in the best possible way.

In response to questions, it was noted that the ambulance service had robust systems in place for re-categorising calls either to upgrade or downgrade the call. It was also noted that there were strict regulations regarding the use of 'blue lights'.

The Committee discussed the response speed in detail and noted that performance of the most serious Category 1 calls was the best in the North West and only 31 seconds outside the mean target. To qualify the performance data, it was reported that the quickest a Category 1 call from Preesall or Knott End could be responded to was 20 minutes. In addition, the representatives from NWAS highlighted the importance of providing a quality service that was based on more than just response time.

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 13 FEBRUARY 2019**

The Committee went on to discuss the Psynergy vehicle in more detail and it was noted that the pilot would run until the end of March 2019. It was hoped that the success of the pilot could be evidenced to ensure its continued funding. The success of the vehicle was attributed in some part to the wide range of ways in which the service could be deployed and the unique skill set of the professionals on the unmarked vehicle. Mr Mark Lewis, Operations Manager, NWAS reported that a key success was the reduction in the number of mental health patients at accident and emergency and noted that the patient journey was being considered in order to ensure services users were satisfied with the service.

Members concluded the item by focussing on the quality of care and the clinical outcomes of patients and the representatives from NWAS highlighted that the quality of care provided to patients was a key focus and performance in that area was monitored.

## **7 HEALTHY WEIGHT UPDATE**

Dr Arif Rajpura, Director of Public Health introduced the item on Healthy Weight highlighting that the report had been produced collaboratively with colleagues from Blackpool Clinical Commissioning Group, Blackpool Teaching Hospitals Foundation Trust and Blackpool Council's Leisure Services. In order to achieve an impact on weight it was imperative that services worked together.

It was reported that Blackpool Council had become the first local authority to sign up to the Declaration on Healthy Weight in 2016. The number of reception aged children overweight or obese had continued to rise, however, a small decrease had been achieved in the number of Year 6 pupils who were overweight or obese. Numbers of obese adults continued to increase. Ms Nicky Dennison, Senior Public Health Practitioner, added that the work ongoing in Blackpool was being recognised nationally and had received a number of accolades.

The Committee noted that there were a large number of schemes and projects in place to target healthy weight and queried how the impact of each scheme was measured. Dr Rajpura advised that each scheme had a set of performance indicators to manage performance and were evaluated to determine if value for money was being achieved. It was reported that healthy weight was sometimes not the primary aim of a project, but could be a secondary benefit such as GULP, the project to reduce the level of sugary drinks consumed by young people with the primary aim of improving dental care. It was further noted that many projects were being considered as long term and instant results were not expected.

Ms Jeannie Harrop, Head of Primary and Community Care Design, Blackpool Clinical Commissioning Group reported that healthy weight featured prominently in the new NHS 10 year plan and that the focus of service provision had reacted to new understanding of reasons of obesity.

Members noted the proposals in the new Local Plan to limit the number of new fast food outlets, but also recognised that supermarkets offering deals on unhealthy food and the number of existing outlets also needed to be addressed. It was considered that the inclusion in the local plan would provide an evidence base for refusing applications and

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 13 FEBRUARY 2019**

make an appeal more difficult. Ms Dennison advised that once a premises had been granted planning consent it could not currently be revoked and that she was petitioning nationally to bring about a legislative change that would allow for revocation.

In response to questions, Ms Lisa Arnold, Leisure Services Manager advised that the project 'Man v Fat' was a very specific challenge funded by Sport England. The first 16 weeks were free to participants and they could choose to continue to participate and self-fund for subsequent 16 week periods. She reported that the initial signs of the scheme appeared to be successful and that participants often chose to pursue other activities following completion of the man v fat challenge.

The Committee discussed the weighing of children in schools and the letters sent out to parents of children who had been measured to be overweight or obese. Concern was raised that the letters had a negative effect on parents and did not communicate the issues in the correct manner. The Committee requested that attendees at the meeting give consideration to the process and the wording of the letters sent and report back to the Committee at its next meeting with a new draft of the letter.

Members went on to consider the information provided on the number of patients receiving bariatric surgery, noting the low number. In response, Ms Jeannie Hayhurst, Blackpool Clinical Commissioning Group advised that bariatric surgery was a complex and serious procedure and was a last resort. The low number of patients having the surgery demonstrated that other, less invasive interventions had been successful.

The Chairman concluded the item by highlighting the significant level of work ongoing around healthy weight and the importance of the topic in Blackpool. The Committee agreed to add an in depth review of healthy weight to the workplan for the new Municipal Year.

The Committee agreed:

1. That attendees at the meeting give consideration to the process and the wording of the letters sent and report back to the Committee at its next meeting with a new draft of the letter.
2. To add an in depth review of health weight to the Committee's workplan for the new Municipal Year.

## **8 SUICIDE PREVENTION UPDATE**

Dr Arif Rajpura, Director of Public Health highlighted the tragedy of every suicide and the high toll on the people left behind. He highlighted that there were a number of risk factors that made suicide more likely including social isolation, use of drugs and alcohol, an existing mental health condition and that middle aged men were also more likely to take their own lives.

Ms Judith Mills, Consultant in Public Health reported that the Committee had previously resolved that a zero target for suicide should be adopted and that after detailed consideration by partners it had been agreed that Blackpool would sign up to the Zero Suicide Alliance as part of the Lancashire and South Cumbria Integrated Care System. An application had been made and submitted to that effect.

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 13 FEBRUARY 2019**

Members noted that some suicides occurred without prior warning and queried what could be done to prevent such an unpredictable incident. Ms Mills referred to the at risk groups and identification of appropriate support for people in those groups. She also referred to the success of signage installed at places known to be used to commit suicide such as motorway bridges.

It was noted that the highest cause of death amongst young men was suicide and queried if any specific projects had been aimed at that group. Ms Mills reported that work was ongoing through Head Start with colleges and schools to build resilience amongst pupils. She added that there was a good system in place to support young people who attended accident and emergency in emotional crisis.

The Committee cited previous discussions held with partners regarding mental health community service provision and queried the impact on suicide rates. Mr Paul Lumsdon, Director of Nursing and Quality, Lancashire Care Foundation Trust (LCFT) reported that if a person was in contact with LCFT, data demonstrated that they were less likely to commit suicide in comparison to other Trusts. He reported that at risk groups were identified and considered when assessing patients. Following discharge from acute services, LCFT undertook a seven day follow up. He added that the key concern was in regard to people that were not in contact with patients and how to access them.

Reference was also made to universal campaigns such as 'Get Vocal', which was aimed at encouraging people to voice their concerns, connect with people, live in the moment and be active. Dr Rajpura added that joint work with LCFT was being carried out on dual diagnosis of drugs and alcohol misuse and mental health problems in order to provide the right care at the right time to patients.

## **9 SCRUTINY WORKPLAN**

The Committee considered its workplan and agreed to add in consideration of the outcomes of the Psynergy pilot for June/July 2019. It was noted that workplanning for the Committee would take place in the new Municipal Year.

Members also requested if Suicide Awareness training could be provided and the Chairman advised that he would take the request to the Members Training Panel.

The Committee agreed:

1. To note the workplan.
2. To add in consideration of the outcomes of the Psynergy pilot to the workplan.
3. That the Chairman request that consideration be given to providing suicide awareness training for all Members.

## **10 DATE AND TIME OF NEXT MEETING**

The Committee noted the date and time of the next meeting as 3 July 2019, commencing at 6.00pm, subject to confirmation at Annual Council.

**MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 13 FEBRUARY 2019**

**Chairman**

(The meeting ended at 8.11 pm)

Any queries regarding these minutes, please contact:

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