

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Mrs Sharon Davis, Scrutiny Manager.
<b>Date of Meeting:</b>	7 January 2020

## SCRUTINY COMMITTEE WORKPLAN

### 1.0 Purpose of the report:

1.1 To review the work of the Committee, the implementation of recommendations and receive an update on the briefings received on Head and Neck and Vascular Services and Stroke Improvement.

### 2.0 Recommendations:

2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.

2.2 To monitor the implementation of the Committee's recommendations/actions.

2.3 To note the update from the presentations on Head and Neck and Vascular Services and Stroke Improvement.

2.4 To note the outcomes of the policy development session held on the Alcohol and Drug Harm Reduction Strategies.

2.5 To appoint three Members from the Committee to be involved in the Community Engagement policy development cross-committee meeting on 30 January 2020 4pm.

### 3.0 Reasons for recommendations:

3.1 To ensure the Committee is carrying out its work efficiently and effectively.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

#### **4.0 Council Priority:**

4.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

#### **5.0 Background Information**

##### **5.1 Scrutiny Workplan**

The Committee's Workplan is attached at Appendix 10(a). The Workplan is a flexible document that sets out the work that will be undertaken by the Committee over the course of the year, both through scrutiny review and committee meetings.

Committee Members are invited to suggest topics at any time that might be suitable for scrutiny review through completion of the Scrutiny Review Checklist which is attached at Appendix 10(b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

##### **5.2 Service Updates**

###### **5.2.1 Head and Neck and Vascular Services**

Representatives of the Committee were informed that Head and Neck Services and Vascular Services were both under review due to their specialist nature. These acute services had been impacted by a shortage in specialist workforce and had been delivered in too many places resulting in financial challenges. Both Services had therefore been identified as 'fragile' services requiring review.

Members were informed that staff and patients had been invited to events to gather input into the service redesign and that patients had been surveyed at every site currently providing the services. The number of patients from Blackpool being treated in these services at any one time was very low, approximately 40 patients in Head and Neck Services and 400 in Vascular Services.

The proposals for both service areas involved creating specialist inpatient facilities in one or two hubs across the South Cumbria and Lancashire Integrated Care System. The remaining hospitals would continue to provide outpatient care meaning that patients would only need to travel to the specialist hub when in receipt of inpatient treatment (surgery). The Committee representatives noted the options available for

each service and noted the importance of ensuring patients received the right treatment in the best possible way resulting in better outcomes.

It was agreed that an update would be provided to Members following the end of the consultation period when a preferred option for implementation had been identified.

### 5.2.2 **Stroke Improvement**

Members were informed that Stroke Services had been recognised as poor in the area since 2009. Acute services were currently provided in Barrow, Lancaster, Preston, Blackpool and Blackburn with additional rehabilitation facilities in Pendle, Chorley and Kendal. There was now a focus on continuous improvement and there had been a lot of innovation in service provision over the previous few years.

It was noted that there had been 510 confirmed strokes in Blackpool in the previous year. A higher proportion of people having strokes in Blackpool were young in comparison to other areas. There were also a large number of 'stroke mimics' in Blackpool, two for every confirmed stroke.

The representatives of the Committee highlighted a number of concerns in relating to stroke services, noting that speed was a key factor in ensuring recovery from a stroke. Challenges in the number of specialist staff and emergency transportation were also considered. It was reported that all stroke consultants at Blackpool Victoria Hospitals were currently locums, although one had been at Blackpool for a number of years and had been taking a lead in service provision. It was also reported that specialist stroke nurses operated in the emergency department.

Focus would continue to be placed on stroke improvement and also stroke prevention and Members requested that a further update on Stroke Improvement be provided in early 2020.

### 5.3 **Implementation of Recommendations/Actions**

The table attached at Appendix 10(c) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

Members are requested to consider the updates provided in the table and ask follow up questions as appropriate to ensure that all recommendations are implemented.

### 5.4 **Healthy Weight Scrutiny Review**

The review panel meeting was held on 19 November 2019 and a number of recommendations were identified. The Final Report of the Panel is being drafted and

will be submitted to the Committee for approval as soon as it has been through the due process.

## **5.5 Drug Use Reduction Strategy Development**

A meeting was held on 26 November 2019, to allow Members of the Committee to feed into the development of the new Drug and Alcohol Strategies. The meeting was attended by Councillors Hobson, Hutton, O'Hara, Hunter and Wing. Dr Arif Rajpura, Judith Mills, Zohra Dempsey and Emily Davis were all in attendance from Public Health.

Members were presented with key information regarding Drug Services in Blackpool and the scale of the issue, noting that there were currently 850 people in treatment for opiates and 90 people in treatment for non-opiates. It was reported that each year approximately 70 people recover and leave treatment.

The number of drug related deaths in Blackpool compared to the England average was significantly higher and Members were informed of the recently established Drug Related Death and Near Miss Panel which would meet regularly to discuss every drug related death and near miss in order to learn what additional support could be covered to drug users.

There had been a number of recent developments including a move to three separate Horizon drug treatment bases, recovery housing and a low dose house developed to support people in recovery, a take home Naloxone (to treat opiate overdose) peer to peer model and Housing First established for people with the most complex needs. All primary schools had also implemented age appropriate education on substance misuse.

It was suggested to Members, that in order to address the level of drug related deaths in Blackpool, drastic action was required and Dr Rajpura highlighted the use of Safer Injecting Rooms and or Heroin Assisted Treatment and advised that the former was the preferred option. However, it was currently not legal in the UK and Glasgow had had a recent application to the Home Office rejected. Members discussed the two schemes in detail and agreed that they were in support of the proposal for a Safer Injecting Room should it be made legal.

The Members agreed to endorse the Strategy without amendment.

## **5.6 Alcohol Strategy**

It was noted that alcohol consumption was decreasing in Blackpool, but at a slower rate than the national average. A number of key statistics were presented to Members and one of particular note was that 22% of children in Blackpool lived with

a hazardous drinker. It was, however, not clear at which level of drinking impaired a person's ability to parent.

In Blackpool, 3.6% of residents were dependent drinkers, the highest percentage in England. Alcohol was a factor in more than 50 health conditions such as liver disease. The number of people accessing alcohol treatment in Blackpool had decreased and Members were concerned that the reduction in numbers accessing treatment was due to the stigma of accessing services that were now for both drug and alcohol addiction rather than a separate service. It was suggested that this could be the case and that measures to reduce the impact could be investigated.

Members also discussed minimum price per unit of alcohol and noted the positive impact introducing a minimum price had had in Scotland, with Wales considering introducing the initiative within the next year. Sheffield University had carried out an impact analysis on Blackpool of the introduction of a minimum price per unit of alcohol. The analysis suggested that a minimum price could save the NHS £662,221 a year in Blackpool and reduce the number of crimes caused by alcohol by 583 each year. Those in attendance agreed with the introduction of a minimum price per unit of alcohol for Blackpool.

The Members agreed to endorse the Strategy without amendment.

## **5.7 Community Engagement Policy Development**

A piece of work is ongoing, led by Chloe Shore, Community Engagement and Partnership Manager to produce a policy/strategy on community engagement. Scrutiny Members have been requested to feed into this policy development and due to its cross-cutting nature it is suggested that representatives from all three Committees be appointed to participate in this piece of work. It is suggested that each Committee appoint three Members from across political parties, however, this can be flexible should additional Members wish to participate.

Does the information submitted include any exempt information?

No

### **List of Appendices:**

Appendix 10(a): Adult Social Care and Health Scrutiny Committee Workplan

Appendix 10(b): Scrutiny Review Checklist

Appendix 10(c): Implementation of Recommendations/Actions

## **6.0 Legal considerations:**

6.1 None.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 None.

**9.0 Financial considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 None.

**13.0 Background papers:**

13.1 None.