

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 16 OCTOBER 2019**

**Present:**

Councillor Hobson (in the Chair)

Councillors

D Coleman  
Hunter

Hutton  
Matthews

O'Hara  
D Scott

Mrs Scott

**In Attendance:**

Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health

Dr Arif Rajpura, Director of public Health

Ms Karen Smith, Director of Adult Services

Ms Liz Petch, Consultant in Public Health

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group (CCG)

Mr David Bonson, Chief Executive Officer, Blackpool, Fylde and Wyre CCGs

Mr Andrew Bennett, Executive Director for Commissioning, Fylde Coast Integrated Care Partnership (ICP)

Ms Caroline Donovan, Chief Executive Officer, Lancashire Care NHS Foundation Trust

Mr David Eva, Chairman, LCFT

Mr Richard Morgan, Deputy Medical Director, LCFT

Mr Peter Murphy, Interim Director of Nursing, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

Ms Vicky Ellarby, Interim Strategy Developer, Fylde Coast ICP

Ms Sharon Adams, Deputy Director of Workforce Education and Occupational Development (BTH) /Head of Occupational Development for Fylde Coast ICP

Ms Ursula Martin, Director of Compliance and Improvement, LCFT

Mr Colin Turner, Fylde Family Support Group

Ms Joan McCormack, Fylde Family Support Group

Ms Toni Roethling, Fylde Family Support Group

Ms Julie Mortimer, Fylde Family Support Group

Mr Rob Frowen, Fylde Family Support Group

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**2 MINUTES OF THE LAST MEETING HELD ON 3 JULY 2019**

The Committee agreed that the minutes of the last meeting held on 13 February 2019 be signed by the Chairman as a true and correct record.

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**3 PUBLIC SPEAKING**

There were no requests from members of the public to speak on this occasion.

**4 FORWARD PLAN**

The Committee considered the Forward Plan October 2019 – February 2020 and noted that there would be a special meeting held to input into the development of both the Drug Strategy and the Alcohol Strategy. Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health was invited to outline the decision to be taken on the 'Learning Disability and Autism Short Breaks Service'. She advised that the decision would provide a much needed facility, subject to planning permission, in an area where demand was expected to increase. The ability to provide the facility was due to a successful application for funding to the NHS and the running costs of the facility had been built into the budget.

**5 ADULT SOCIAL CARE FINANCIAL SUSTAINABILITY**

Ms Karen Smith, Director of Adult Services highlighted that the £82 million budget of Adult Services was one third of the total budget of the Council. The Service had achieved a balanced outturn budget in previous years, despite many challenges and increases in demand. It was explained that demand was projected to continue to increase and that pressure was being experienced across the whole health and social care system.

The positive impact of investment had been demonstrated through reductions in delayed transfers of care, no long wait times for assessments and good quality provision, as rated by the Care Quality Commission. There was also a high level of satisfaction amongst services users and staff.

Ms Smith noted that a large proportion of the budget was spent on residential care services and care at home services. Should demand continue to outstrip resource in these areas, there would be a significant impact on the rest of the healthcare system. As an example, if an appropriate residential place was not available for a person in a hospital bed, the patient could not be discharged, therefore freeing up the bed for a new patient. It was therefore imperative that discussions were held consisting of all partners to plan for the future.

Members noted that the financial sustainability of the Service had been raised as a concern during the Committee's workplanning process, to which Ms Smith commented that there was currently financial stability, but that stability could not be guaranteed for future years. In response to questioning, Mr David Bonson, Chief Executive Officer, Blackpool, Fylde and Wyre Clinical Commissioning Groups advised that discussions had commenced between Adult Services and partners in the healthcare system in order to understand the demand and explore the options together to make informed decisions. He assured the Committee that difficult decisions would be taken together, as a system.

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**6 MENTAL HEALTH SERVICE PROVISION**

Mr Andrew Bennett, Executive Director for Commissioning, Integrated Care Partnership introduced the item and advised that the Partnership had a clear sense of concern of the issues within the mental health care system and the impact of those issues on patients and their families. He introduced the new Chief Executive Officer of Lancashire Care NHS Foundation Trust (LCFT), Caroline Donovan who presented the report to the Committee.

Ms Donovan advised that a new leadership team had been put into place and that there had been many improvements made since May 2019 when the results of the external review had been published and the latest Care Quality Commission (CQC) inspection was undertaken of the Trust. The CQC inspection outcomes, which had been published in August 2019, had rated 10 of 14 of the Trust's core services as 'good', two as 'requires improvement' and two as 'inadequate'. It was noted that the most concerning judgements related to the adult acute mental health care pathway.

In relation to the CQC inspection findings, Ms Donovan cited the lack of specialist mental health beds across the region as a key determinant of the previous poor performance and highlighted that new beds were being created in Preston to be opened in February 2020, and a business case was being prepared for a further mental health facility with additional beds on the Fylde Coast for later in 2020.

A further key determinant was the community provision and it was noted that LCFT was working closely with the local clinical commissioning groups, the Integrated Care Partnership and the local authority to invest in expanding staffing and to introduce a 24/7 crisis team and a community crisis house in Blackpool. Ms Donovan also highlighted the importance of changing the leadership culture, managing performance and engaging with partners and the voluntary and community sector and reported that strong improvements had already been demonstrated. However, the level of improvement that could be achieved was limited until the opening of the additional beds and additional staff being in place and fully trained.

Members raised concerns that the latest CQC inspection results had not shown improvement in the key mental health pathways and further commented that assurance had been provided by LCFT representatives on a number of occasions previously that improvements would be made. In response, Mr David Eva, Chair, LCFT advised that he had been in post for approximately three years and had also been given the same assurances previously. He advised of his commitment to ensuring the promised improvements happened. Ms Donovan added that, previously, there had been no additional investment to carry out the required improvements, however, a partnership approach had been taken and additional funding had been allocated in the last few months to increase spend on beds and additional staffing, the two issues which were fundamental to achieve improvement. The decisions taken within the last two months addressed the causes of the problems, which had not been previously addressed by any provider or commissioner.

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In response to questions, it was noted that the additional funding had been provided by the whole system and that the Lancashire and South Cumbria Integrated Care System had made a decision that identified mental health service provision as the highest priority. Ms Donovan added that improvements had already been made to the 12 hour wait time in Accident and Emergency and reductions in the waits for Section 136 and that improvements would be incremental and continue to be made.

In relation to the two warning notices issued to the Trust, Ms Donovan advised that they were in relation to the length of wait for patients in the Mental Health Decision Unity and the wait in the Section 136 facility. She reiterated the cause as a lack of beds and that improvement would be sustained once the additional beds were in use. There was a Mental Health Improvement Board in place to monitor improvement, and although some improvement could be immediately seen, other areas for improvement would take a substantial amount of time.

The Committee referred to the CQC judgement that services were 'not safe' and queried what the judgement meant for patient care. Ms Donovan advised that 50% of mental health trusts received a 'requires improvement' judgement for 'not safe'. However, she emphasised that the new leadership team was fully operational and had a record of driving improvements in similar trusts. She added that there were significant challenges relating to recruitment of staff and in particular consultants, noting the impact of a lack of investment over a number of years.

Reference was made to a previous recommendation of the Committee, that LCFT to establish better links and engage more with the voluntary, community and faith sector. In response, Mr Eva advised that engagement was vitally important and the Trust was involving the sector wherever possible. He referenced the work to introduce crisis houses as an area in which there had been a large amount of engagement with community groups.

At the request of the Chairman, Dr Arif Rajpura, Director of Public Health advised that people in crisis was a real issue which needed addressing quickly. He referred to the extension of the Psynergy pilot and the introduction of crisis cafes in the near future and a crisis house for short term crisis support. He added that crisis services were being redesigned jointly across the system and that there had been an increase in collaborative working and improved engagement since the previous meeting of the Committee. He noted that issues remained, but that the direction of travel was positive.

Ms Karen Smith, Director of Adult Services was invited contribute to the discussion and advised that services felt more controlled than previously and that the issues and what action needed to be taken to address the issues had been identified across the system. There remained a number of significant issues which had already been referred to such as bed insufficiency and the challenges ahead could not be underestimated.

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Representatives from the Fylde Family Support Group were invited to give an overview of current concerns from within the community and voluntary sector. It was reported that the historical problem of patients accessing drugs and alcohol in the Harbour remained and that substances hindered recovery significantly. In addition, despite a general feeling of improvement, the 24/7 crisis telephone line was not always answered, there was also a feeling that vulnerable patients in the Harbour were not being suitably protected with an example given of bank accounts being emptied by less vulnerable patients and concerns remained that action was not being taken quickly enough to help those patients that could not wait 18 months for all the improvements promised to be made.

Ms Donovan advised that she would investigate the issue of alleged drug and alcohol use in the Harbour following the meeting as it had not been previously brought to her attention. She highlighted that Blackpool had one of the highest rates of drug and alcohol death in the country and that LCFT was working with Public Health in order to provide stronger joint working on the issues. She added that it was upsetting to hear that a vulnerable patient in LCFT's care had been exploited and highlighted that the region required special mental health beds for patients with learning difficulties to provide them with a safe space. Finally, in response to the concerns raised by the community she acknowledged that the crisis line was not always answered due to a lack of staff, however, work was ongoing as quickly as possible to ensure cover was always provided.

The community representatives added that engagement had improved and that they were working with Dr Rajpura and LCFT to contribute to local strategies. They also praised the work of Pysnergy and the proposals for a crisis house and crisis café. Reference was made to the period of time following discharge from an inpatient facility when people were often most at risk of causing harm to themselves and noted a programme in Bradford where patients were provided with peer support for up to four months following discharge.

In response, Ms Donovan noted the importance of peer support and that support from people with lived experience was often required by patients. She added that work was ongoing to increase peer support opportunities in the area and that the programme in Bradford would be investigated.

In relation to Children and Adolescent Mental Health Services (CAMHS), Mr Bonson advised that historically CAMHS had performed well in Blackpool due to a commitment to expenditure, however, there were shortages of staff in certain specialist areas which had caused delays to treatment. Dr Rajpura highlighted the importance of investing in youth services and having peer support on offer for young people.

The Chairman concluded the item by summarising the discussion and noting the improvements made to date. The Committee agreed that a further report be provided in six months that specifically addressed:

- The implementation of the recommendations of the external review report.
- The progress in establishing the Crisis support including the crisis café and crisis house and the 24/7 crisis line.

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- The issue of drugs and alcohol in the Harbour – the extent of the problem and the action taken to address it.
- The number of new beds opened and how many more were to be opened.
- That the report be a joint report provided by LCFT, Blackpool Teaching Hospital NHS Foundation Trust and any other applicable partners.

### **7 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT**

Dr Arif Rajpura, Director of Public Health presented his independent report for 2018 and advised that it focussed on the health and wellbeing of children and young people. He cited the changes to the health visitor service, the life expectancy of children born in Blackpool in comparison to other areas and the level of smoking in pregnancy as key factors in the report.

Members discussed the provision of breastfeeding support and noted the importance of providing support to new mothers not just on breastfeeding but on healthy and nutritious infant feeding. It was noted that despite different approaches taken to breastfeeding, the levels in Blackpool remained very low.

Concerns were also raised around the levels of vaping amongst young people in Blackpool. The long term effect of e-cigarettes was not yet known and some young people were starting to vape despite never having smoked previously.

The positive improvements to oral health were noted and it was suggested that success in areas should be celebrated more.

The Committee agreed to forward the report to the Children and Young People's Scrutiny Committee due to the strong link to its remit.

### **8 INTEGRATED CARE PARTNERSHIP DEVELOPMENT**

Ms Vicky Ellarby, Interim Strategy Developer, Integrated Care Partnership highlighted the high level of participation in the development of the new five year Integrated Care Partnership (ICP) Strategy. She advised that there were statutory requirements that must be included in the strategy, but the remainder focussed on the needs of the Fylde Coast. She cited the strategic needs assessment and Citizen's Enquiry approach as imperative to gaining insight into the needs of the population. It was reported that the strategy would focus on what, how and, most importantly, how the ICP would measure the success.

Mr Peter Murphy, Interim Director of Nursing, Blackpool Teaching Hospitals NHS Foundation Trust advised that the Quality Improvement Strategy was the first of its kind for the Trust. It had three key aims: to reduce preventable deaths, to reduce avoidable harm and to improve the last 1,000 days of life. He noted that on average patients spent too long in hospital in Blackpool and the Strategy aimed to reduce that number over the next three years.

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Members noted the importance of the key aims of the Quality Improvement Strategy, but questioned where patient experience was reflected within the Strategy. Mr Murphy advised that patient experience was strongly linked with the three core aims of the Strategy, by reducing the length of unnecessary stay the experience of the patient would be improved.

It was noted that the healthcare system was increasingly complex with the introduction of the ICP and the Integrated Care System and Members questioned where responsibility lay. Mr Bonson advised that all providers and commissioners were equally responsible in different ways and that ultimately there was a responsibility to the patient. In order to avoid confusion, there had been little publicity of the changes to the NHS, it was important to ensure that a patient could make contact with the NHS through any means and be treated and guided appropriately from that contact

The Committee noted that the ICP was holding a workshop on 12 November 2019 on the development of the Strategy and agreed to send a representative to input if possible.

The Committee also agreed to receive an update on the ICP Strategy and the implementation of the Quality Improvement Strategy in approximately six months.

## **9 SCRUTINY WORKPLAN**

The Committee agreed its workplan for the remainder of the 2019/2020 Municipal Year and considered the implementation of previous recommendations as follows:

Recommendation	Update
That the CCG report back to the Committee in July 2019 with the main areas of concern in relation to succession planning and an approach to be taken.	The Committee agreed the action as completed.
That future data demonstrate the number of patients experiencing a 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.	The Committee was satisfied with the data presented and signed off the action as completed.
That LCFT be requested to identify all voluntary and community mental health support groups in Blackpool and arrange to meet with them quarterly to ensure the views of service users were truly reflected and understood.	Based on the discussions earlier in the meeting, the Committee agreed the recommendation as completed.

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<p>That LCFT consider setting all targets for completion of mandatory training, completion of appraisals etc at 90% with a view to incrementally increasing the target to 100%.</p>	<p>It was noted that the recommendation had not been discussed at the meeting and LCFT would be asked to address the recommendation at the special meeting to be held in early 2020.</p>
<p>That all representatives be requested to attend a further meeting of the Committee in approximately six months to further update on progress made and to:</p> <ul style="list-style-type: none"> <li>• Provide feedback on the implementation of the Committee’s recommendations.</li> <li>• To provide evidence of the work undertaken to reduce the number of four and 12 hour delays at Accident and Emergency and the impact of that work.</li> <li>• To report on the outcomes of the external review and action taken to implement the actions.</li> </ul>	<p>The recommendation was agreed as completed.</p>
<p>That attendees at the meeting give consideration to the process and the wording of the healthy weight letters sent and report back to the Committee at its next meeting with a new draft of the letter.</p>	<p>The Committee was satisfied with the response from Dr Arif Rajpura and agreed that the recommendation had been completed.</p>
<p>To add in consideration of the outcomes of the Psynergy pilot to the workplan.</p>	<p>The Committee had considered the Psynergy pilot within the Mental Health Service Provision item on the agenda and agreed the recommendation as completed.</p>
<p>To request that the data held on the number of unexpected deaths (those that the SHMI is based upon) within the hospital and outside of the hospital following discharge be circulated to Members.</p>	<p>The Committee agreed the recommendation as completed.</p>
<p>That the provision of facilities including the comfort of chairs provided to patients waiting in the emergency department be considered.</p>	<p>The Committee agreed the recommendation as completed based on the response provided by Ms Berenice Groves.</p>



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The Committee also noted the update from the presentation on Renal Dialysis Service Reconfiguration.

**10 DATE AND TIME OF NEXT MEETING**

To note the date and time of the next meeting as Wednesday, 11 December 2019, commencing at 6.00pm.

**Chairman**

(The meeting ended at 20.15)

Any queries regarding these minutes, please contact:

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