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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 6 FEBRUARY 2020

Present:

Councillor Hobson (in the Chair)

Councillors

D Coleman
Hunter

Hutton
Matthews

O'Hara
D Scott

Mrs Scott
Wing

In Attendance:

Dr Amanda Doyle, Chief Clinical Officer for Blackpool CCG, Fylde and Wyre CCG and West Lancashire CCG, Integrated Care System Lead for Lancashire and South Cumbria

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Mr Ian Treasure, Partnership Manager, Blackpool Fulfilling Lives

Ms Beth Goodman, Head of Acute Commissioning, Integrated Care Partnership

Mr Neil Greaves, Head of Communications and Engagement, Integrated Care System

Mr Carl Ashworth, Strategy and Policy Director, Integrated Care System

Ms Clare Lewis, Acting Executive for Governance, Patient Safety and Risk

Dr Arif Rajpura, Director of Public Health

Ms Liz Petch, Consultant in Public Health

Mr Les Marshall, Head of Adult Services

Mrs Sharon Davis, Scrutiny Manager

Councillor Jo Farrell, Cabinet Assistant to the Leader of the Council

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 7 JANUARY 2020

The minutes of the previous meeting held on 7 January 2020 were signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

There were no requests for public speaking on this occasion.

4 BLACKPOOL FULFILLING LIVES

Mr Ian Treasure, Partnership Manager, Blackpool Fulfilling Lives (BFL) provided an overview of the work of BFL highlighting that it was a seven year research project being carried out in 12 areas of the country. The aim of the project was to gather a national evidence base in order to identify what worked when trying to help and support people with multiple disadvantages.

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The funding for the project would end in March 2021 and it was reported that the project could not continue in its current form after that date. As a result staff members were already leaving for alternative roles and the service provision must be reduced to Monday to Friday 9am to 5pm to ensure a safe level of staffing. In excess of 500 people in Blackpool had been supported by the project out of an estimated 1,200-1,800 people considered to have multiple complex needs.

In response to questions Mr Treasure advised that the intended legacy of the project was to embed work within mainstream services. To that end, BFL staff were providing training to colleagues within Adult Social Care and Probation Services in order to share learning. The Lived Experience Team had also provided training to Job Centre staff to demonstrate how a different approach to support could have more positive outcomes for people with multiple disadvantages.

Members raised concerns that the cessation of the project would leave a number of people with multiple disadvantages without the support they required. Mr Treasure acknowledged that there would be changes and challenges as a result of those changes. He advised that the challenge would be to learn from the evidence based built by the project and the successes that it had achieved. Dr Arif Rajpura, Director of Public Health added that it was acknowledged that services would need to be put in place to address the gap left by Fulfilling Lives and that conversations would be ongoing with partners to determine how to address the gap. Furthermore it was noted that the project had an annual budget of £1.5 million, but that a large proportion of the funding was due to the high level of independent evaluation required, without the evaluation, similar projects could be supported for much smaller levels of funding.

It was reported that 46% of clients had achieved stable accommodation and that the majority of the clients had been able to sustain tenancies. There had been some issues, however, clients were only supported into attaining accommodation once it was considered they would be less likely to fail. Mr Treasure added that as of 31 December 2019 no new clients were being taken on by Fulfilling Lives due to the identified project end date.

The Committee noted that the Council Plan for 2019-2024 highlighted the work of Fulfilling Lives and queried what the Council intended to achieve from 2021-2024 once the project had concluded. In response, Dr Rajpura highlighted the continued budget cuts and noted that the funding agreement of Fulfilling Lives prohibited the same project being delivered, however, he noted the success of the project and the vulnerable people with multiple disadvantages still requiring assistance and commented that he was hopeful that the partnership could identify suitable support going forward. He also highlighted the ongoing work of the Lived Experience Team in working with partners to co-produce mainstream services.

The Committee agreed that a further report on the conclusion of the Fulfilling Lives project be received in approximately 12 months alongside a report from the Council detailing services to be put in place to fill the gap left by the end of the project.

5 LIBERTY PROTECTION SAFEGUARDS

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Mr Les Marshall, Head of Adult Services provided an overview of the new Liberty Protection Safeguards and highlighted the key differences between the new scheme and the old Deprivation of Liberty Safeguards (DoLS). It was noted that the new Safeguards were expected to come into effect in October 2020, however, it was possible that the date would be delayed.

In response to questions, Mr Marshall advised that Blackpool Council had performed well at assessments of DoLS and that he expected performance in relation to the new assessments to also be good following a period of up to two years whilst the backlog of cases was dealt with. He highlighted that a key change was a reduction in the frequency of assessment which would have a positive impact on workload, however, more people would require an assessment under the new arrangements.

The Committee specifically noted Our Children and care leavers and queried the number affected by these changes. In response, Mr Marshall advised that young people from age 16 would be subject to the assessments and that Children's and Adults Services worked together to provide a positive transition.

The new arrangements also provided for partner organisations to be responsible for authorising assessments and not just the Council. Mr Marshall advised that early discussions had been held with Fylde Coast Clinical Commissioning Group and Blackpool Teaching Hospitals NHS Foundation Trust regarding a preferred approach to the organisation of assessments. In response to further questions, he added that there were risks attached to changes in provision and impact was often underestimated therefore it was important to ensure funding of provision was appropriate.

6 SMOKING CESSATION EVALUATION

Ms Liz Petch, Consultant in Public Health highlighted that the current universal smoking cessation provision was not successful. There had been poor provision and uptake of services and as a result quit rates were below national averages. Public Health was working with the NHS in order to determine how to proceed to improve the stop smoking offer in Blackpool.

Smoking cessation was identified as a key priority in the NHS 10 year plan and targeted services were provided for inpatients, women during pregnancy and mental health patients which were proving successful. The key difference to the targeted provision and universal provision was the free issue of nicotine replacement treatment (NRT) to those specific groups. Once an inpatient was discharged they no longer received free NRT.

The Committee discussed the difficulties in quitting and noted that on average a person may need to quit 13 times before they had stopped smoking permanently. In relation to the 'four week quit' it was considered that after four weeks people were more likely to have accomplished a sustained change in behaviour. The prevalence of smoking was considered to still be an issue however levels of taxation and plain packaging had had a reducing effect.

Members noted that Blackpool Transport Services (BTS) had recently advertised both Stop Smoking campaigns on the back of buses, whilst also advertising Vaping on the sides

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of buses and suggested that advertising Vaping, which was often directed at young people, was inappropriate. Dr Arif Rajpura, Director of Public Health advised that officers had spoken to BTS, as an agreement did exist to prevent the advertisement of certain products on the buses, to determine whether Vaping could be excluded in the future.

In response to further questions, Dr Amanda Doyle, Chief Clinical Officer for Blackpool CCG, Fylde and Wyre CCG and West Lancashire CCG, Integrated Care System Lead for Lancashire and South Cumbria advised that GPs continued to work with patients to stop smoking and make every contact count, however, had not bought into the enhanced service model utilised by Public Health which would require them to undertake additional administrative tasks.

The Committee considered that the current approach was not working and queried whether a new model could be put in place. It was reported that work was already ongoing to review smoking cessation services and it was agreed that the new model be presented to Members in approximately 12 months.

7 LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE SYSTEM (ICS) STRATEGY

Dr Amanda Doyle, Chief Clinical Officer for Blackpool CCG, Fylde and Wyre CCG and West Lancashire CCG and Integrated Care System (ICS) Lead for Lancashire and South Cumbria presented the draft Strategy to the Committee and highlighted that additional work was required to narrow the financial gap before it could be signed off by NHS England. She advised that a range of partners had been consulted and that the Strategy set out how the ICS would meet the identified challenges.

Members referred to the Sustainability Transformation Plan from 2015 and noted that there were many similarities with that Plan and the new draft ICS Strategy and queried why more progress had not been made. In response, Dr Doyle acknowledged that change had not been radical but cited the progress made in establishing the Primary Care Networks and social prescribing. She added that demand had increased which was providing a challenge for services to meet when capacity could not be increased at the same pace. Outside factors such as cuts to local authority budgets had also made it harder.

In reference to the challenge to narrow the financial gap, Dr Doyle advised that it was a significant gap and that workforce remained a key issue. She reported that the cost of agency and bank staff was much greater than permanent staff and that at the same time they did not have the same level of buy in when trying to drive improvement. In response, the ICS was aiming to attract staff from the area into appropriate education and training and was working with schools, colleges and universities in the area to achieve this.

The Committee highlighted the large footprint of the Lancashire and South Cumbria ICS and queried how the needs of Blackpool, as a small town with specific needs, could be met within the wider System. In response, Dr Doyle advised that the Primary Care Networks would be key in developing local responses and that decisions would not be taken that would disadvantage any area.

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The level of deprivation in Blackpool was discussed and the impact of deprivation on health. Dr Doyle reported that a new formula of funding had been developed to provide a greater weighting to deprivation and therefore provide more investment per head in Blackpool. In response to further questions she advised that it was important to assist people to take better care of themselves. Ms Beth Goodman, Head of Acute Commissioning, Integrated Care Partnership added that the benefits of social prescribing being a non-medicalised model were becoming evident.

The Committee queried when outcomes and the impact of the changes would be evidenced and Dr Doyle advised that it would be a number of years before systematic change could be demonstrated. In addition to the ICS Strategy a more local Integrated Care Partnership Strategy was being produced that was focussed on the Fylde Coast. The Strategies were being developed alongside each other.

The Committee agreed to receive the final strategy and operational planning documents in addition to the plan for commissioning reform in due course.

8 HEALTHY WEIGHT SCRUTINY REVIEW FINAL REPORT

The Committee approved the final report of the Healthy Weight Scrutiny Review and agreed to forward it to the Executive for consideration.

9 JOINT COMMITTEE TERMS OF REFERENCE

The Committee agreed the terms of reference for the establishment of a joint committee based on the South Cumbria and Lancashire Integrated Care System footprint and appointed Councillors Hobson, Hutton and Mrs Scott to sit on the Committee.

10 SCRUTINY WORKPLAN

The Committee considered its workplan and approved the scoping documents for the Supported Housing Scrutiny Review and Drug Related Death Scrutiny Review.

It was considered that a future item on dementia be added to the workplan.

11 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was noted as 25 March 2020, commencing at 6.00pm. it was a special meeting of the Committee to consider Mental Health Services.

Chairman

(The meeting ended at 8.02 pm)

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Any queries regarding these minutes, please contact:

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