

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
MONDAY, 19 OCTOBER 2020**

**Present:**

Councillor Burdess (in the Chair)

Councillors

Hunter	O'Hara	Mrs Scott
Hutton	D Scott	Wing

**In Attendance:**

Ms Laura Barnes, Care Support Manager, Lancashire and South Cumbria Foundation Trust (LSCFT)

Mr David Bonson, Chief Executive, Fylde Coast Clinical Commissioning Group (CCG)

Ms Caroline Donovan, Chief Executive, LSCFT

Mr David Eva, Chair, LSCFT

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

Dr David Fearnley, Chief Medical Officer, LSCFT

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group

Ms Jayne Gornall, Deputy Head of Adult Social Care, Blackpool Council

Ms Tanya Hibbert, Head of Operations, Mental Health, LSCFT

Mr Paul Hopley, Deputy Director Mental Health, Lancashire and South Cumbria Integrated Care System

Mr Mark Lewis, Operations Manager, North West Ambulance Service (NWAS)

Mr Les Marshall, Head of Adult Services, Blackpool Council

Ms Beth Martin, Blackpool Co-ordinator, Healthwatch

Ms Ursula Martin, Director of Improvement and Compliance

Ms Maria Nelligan, Director of Nursing and Quality, LSCFT

Mr David Rigby, Sector Manager, NWAS

Ms Lesley Tiffen, Senior Commissioning Manager, Fylde Coast CCG

Ms Simone Walker, Mental Health Lead, NWAS

Ms Shelley Wright, Director of Communications, LSCFT

Mrs Sharon Davis, Scrutiny Manager, Blackpool Council

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**2 MENTAL HEALTH SERVICES**

Ms Caroline Donovan, Chief Executive, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) introduced the report which had been co-written by Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and advised that due to the ongoing pandemic representatives of BTH had been unable to attend the meeting. Mrs Sharon Davis,

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Scrutiny Manager advised that all questions for BTH would be forwarded following the meeting for a written response.

Ms Donovan advised that it had been one year since the Trust had last reported to the Committee on progress due to the meeting scheduled for March 2020 being delayed by approximately six months as a result of the Covid-19 pandemic. She reported that in this time significant improvements had been made and that the journey of improvement was continuing. She cited the additional funding of resources in the Emergency Department which had brought about a significant reduction in the long waits for mental health patients at the department as an example of the improvement made. The number of 12 hour breaches had reduced to 0.8% of patients and the reason for the breaches that had taken place was most often suitable bed availability. She added that there had also been a significant improvement in the process for section 136 admissions.

It was reported that demand for services had increased on the previous year and that despite the increases progress had continued to be made thanks to significant investment in the creation of the new 'crisis house', the 'crisis café' and through the introduction of new teams of nurses, psychologists and peer recovery workers. A new 'frequent attendees' team had also been created and the hours of the Psynergy scheme would soon be increased to 2pm to 2am each day. A new 24/7 crisis line had also been established.

As mentioned the key reason for any significant delays had been identified as suitable bed availability. Ms Donovan reported that a strategy had been devised to increase the number of beds and that a new unit had been opened in Preston. Within the last week a new rehabilitation unit had also opened within Fylde and funding had been obtained for an urgent care centre to be opened at Blackpool Victoria Hospital. Work was also ongoing with the private sector to re-register beds in order to make them available for local people.

Partnership working had been a key area of improvement and LSCFT had been working proactively with partners in order to build relationships. She advised that a Service User Council was also being established to ensure engagement with those using services, their families and the voluntary sector.

In reference to the concerns raised previously by the Committee regarding drug and alcohol misuse at The Harbour, Ms Donovan advised that there had been a 76% reduction in drug and alcohol related incidents with just nine being reported this year. To put this in context, it was noted that there were three times the number of drug and alcohol admissions in Blackpool than national figures. In response to questions, it was noted that a 'blanket' policy would not work in addressing drug and alcohol misuse and that an individual approach was required. A Police Liaison Officer had been appointed with a focus on a culture of mutual respect, with action taken on a case by case basis when required. It was noted that the Trust engaged regularly with the Fylde Family Support Group, which had previously made representations to the Committee, in order to address concerns regarding drugs and alcohol.

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Members queried the Supporting Minds Service and the percentage of telephone appointments that were held within the two week referral period. It was noted that the service was provided by BTH and the question would be forwarded for a written response following the meeting. Ms Lesley Tiffen, Senior Commissioning Manager, Fylde Coast Clinical Commissioning Group (CCG) advised that all referrals received were triaged by telephone with the appropriate support identified for patients. She advised that waiting times then varied depending on the wait time for that support, for example, waiting times for cognitive behavioural therapy were currently five to six months. She added that during the wait time lower level interventions would be available to the patient.

The Committee wished to explore the proposed Service User Council further and asked a number of questions relating to the development of the Council and proposed increase in the number of Peer Support Workers. Ms Maria Nelligan, Executive Director for Nursing and Quality, LSCFT advised it was hoped the Council would be in place by Christmas 2020. She reported that locality forums would be established soon after with plans identified for Peer Support Worker involvement. It was noted that there were currently a number of Peer Support Workers already in post with a further 17 positions identified. Work was ongoing with Calico to develop a support package of supervision and support. In regards to the Peer Support Workers, it was aimed that previous service users with lived experience would be supported into full time employment and be given the opportunity to mentor others.

Ms Tiffen advised that it had been difficult to recruit to positions previously and that many previous service users with lived experience wished to be involved in the provision of services, however, a pathway was required in order to support them back into work and into the provision of mental health services appropriately. Mr David Eva, Chair, LSCFT added that involving those with lived experience in this way would be of benefit to both current service users and the Peer Support Workers themselves by providing them with training and a potential route into employment.

The Committee noted the concerns regarding recruitment and queried the current position. Ms Donovan advised that the Peer Support Workers were not being used to fill gaps. Their appointment was intended to focus the Trust on becoming a service user led organisation and to provide employment pathways for people. Wider recruitment continued to take place into clinical roles and it was noted that there were ongoing challenges with recruitment in particular in nursing and medical positions. She advised that the Trust was working hard to be attractive and flexible to prospective candidates and had had limited success. Ms Nelligan added that there was a national shortage in registered nurses and the organisation had been restructured to increase the number of Band 6 positions available. It was noted that there were no issues in the recruitment of non-registered staff and therefore the Trust was working to build the workforce internally, strengthening skills and had recruited 110 student nurses over the summer, a number of whom had stayed with the Trust and been recruited to full time positions.

In regards to The Harbour, Dr David Fearnley, Chief Medical Officer, LSCFT added that the appointment of substantive doctors had improved and the number of locums had reduced. Trainee doctors were now choosing to come to the Trust and doctors who

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aspired to become consultants were being supported. The approach being taken to recruitment was innovative and more continuity at The Harbour had assisted in recruitment. Mr Paul Hopley, Deputy Director Mental Health, Lancashire and South Cumbria Integrated Care System added that wider system recruitment was looking at integrating primary and community services. Peer Support Workers were considered best practice and being utilised nationally.

Members went on to consider the lack of suitable beds as a cause of long waiting times in more detail. Ms Donovan advised that there had been a significant deficit in adult rehabilitation beds which had been addressed by the opening of the new unit in Preston. A further new unit was scheduled to be opened in Fylde with 28 beds. She advised that a reduction in wait time was visible despite the impact of Covid-19 which had closed three units due to an inability to socially distance within them. In response to further questions, she advised that the Trust had never had any specific learning disability treatment beds and that modelling had demonstrated these were required. In order to address this, work was ongoing to seek a high level of capital in order to build a new inpatient facility. Members requested that an update be provided on progress in relation to additional bed provision in approximately six months.

In reference to the pandemic, it was queried whether resources would be able to continue to meet demand. Ms Donovan advised as a System scenarios had been modelled and two forms of demand identified. There would be Covid suppressed demand, which was demand from patients who had not accessed services during the pandemic and Covid generated demand, which was demand caused by the effects of the pandemic and lockdown. It was expected that due to both forms of demand, people requiring support would increase dramatically, in particular for children and young people. A Resilience Hub had been established to support staff throughout the area and it was hoped that resources could cope with the expected demand.

The Committee noted the ongoing Psynergy scheme and queried whether it would be extended and continued. Ms Tanya Hibbert, Head of Operations, Mental Health, LSCFT noted the benefits of street triage and the partnership working of the North West Ambulance Service (NWAS) and Lancashire Constabulary in providing the service. She advised that it was planned to roll out Psynergy across Lancashire following the formal evaluation of the pilot being received.

Mr David Rigby, Sector Manager, NWAS added that work was ongoing to extend operating times in Blackpool to 2am and that during the pandemic, the Psynergy vehicle had made a significant positive difference to operations. It was considered that the scheme would continue but further consideration was required to consider the best way in which to provide the service. Mr David Bonson, Chief Executive, CCG added that it was the commissioner's intention to continue to fund the scheme. The Committee requested that the evaluation into Psynergy be provided to Members once completed.

In response to a question, Ms Donovan advised that there had been an impact on the provision of the memory assessment service during the pandemic in a number of ways including the difficulties of using face masks with patients being assessed for dementia.

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Ms Hibbert advised that there had been significant pressure on memory services nationally with difficulties in accessing care homes a key issue before the widespread introduction of Personal Protective Equipment. A complex risk assessment tool had now been established in order to assess patients individually to allow for continued services, however, challenges continued with diagnosis due to the limited availability of scans in clinical settings.

The Chair concluded the meeting by thanking all representatives for their attendance and requested that a follow up report be provided in approximately six months on the following outstanding issues:

- The evaluation of the Pysnergy service
- The progress made with regards the peer support work
- An update on the memory assessment service
- The progress made in opening new beds and the potential bid for funding for a new learning disability unit.

**Chairman**

(The meeting ended at 7.23 pm)

Any queries regarding these minutes, please contact:

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