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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 26 NOVEMBER 2020

Present:

Councillor Burdess (in the Chair)

Councillors

G Coleman
Critchley

Hunter
Matthews

O'Hara
Mrs Scott

Stansfield
Wing

In Attendance:

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

Mr Stephen Ashley, Chair of the Blackpool Safeguarding Adults Board

Ms Dianne Draper, Screening and Vaccine Lead for Lancashire and South Cumbria

Ms Sarah Keighley, Health Visiting Team Lead, Blackpool Teaching Hospitals NHS
Foundation Trust (BTH)

Ms Liz McGladdery, Screening and Immunisations Manager, NHS England

Ms Nicola Parry, Head of Midwifery, BTH

Ms Liz Petch, Consultant, Public Health

Ms Pauline Tschobotko, Deputy Director of Operations, BTH

Mr John Greenbank, Senior Democratic Governance Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 17 SEPTEMBER 2020 AND THE SPECIAL MEETING HELD ON 19 OCTOBER 2020

The Committee agreed that the minutes of the last meeting held on 17 September 2020 and the special meeting held on 19 October 2020 be signed by the Chairman as a true and correct record.

3 PERINATAL AND INFANT MORTALITY

Ms Pauline Tschobotko, Deputy Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust (BTH), presented an overview of perinatal and infant mortality in Blackpool including the challenges caused by the Covid-19 pandemic.

Ms Nicola Parry, Head of Midwifery, BTH, informed Members that Blackpool faced significant challenges and was listed as having some of the most deprived areas in the country. This had necessitated close multi-agency working between partner organisations to improve the lives of children, place families at the centre of care work and minimise instance of infant mortality across Blackpool.

Ms Liz Petch, Public Health Consultant, Blackpool Council, provided detailed figures on

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 26 NOVEMBER 2020**

the levels of perinatal and infant mortality rates within Blackpool. Members were informed that the infant mortality rate was 6.4 per 1,000 between 2015 and 2017 compared with 3.9 per 1,000 across England and 4.3 per 1,000 in the North-West region. It was added however that although infant mortality rates as a proportion of the population in Blackpool were high, the actual numbers of infant deaths were low due to Blackpool's small population size. Ms Petch also added that most infant mortality cases had links to the baby's weight.

Ms Parry informed Members that BTH was good at identifying instances of low birth weight, however additional work was needed to track other factors such as parental health and baby brain development. As part of this work a pre-term clinic had been established to monitor prenatal development through to a child's birth.

Although smoking during pregnancy, by both the mother and father, was a risk factor and an ongoing issue, Members were informed that instances were recorded as falling in Blackpool.

Ms Sarah Keighley, Health Visiting Team Leader, BTH, spoke to the Committee regarding the work of Health Visitors (HV) in addressing infant mortality. She stated that high levels of deprivation in Blackpool meant that many children were born into adverse circumstances that increased risk factors related to mortality. The HV team had therefore worked with Better Start to support parents and help them learn how to better engage with their baby. This included helping them understand how adverse circumstances affected a child's development and how they could be addressed.

The Committee was also advised of the impact of the Covid-19 pandemic on the work of partners to address perinatal and infant mortality. Ms Keighley explained that while face to face contacts had been reduced during the first national lockdown they had increased since the summer. Ms Parry added that BTH's Families Division had ensured that face-to-face contact had continued for all mothers at thirty-two weeks, which had continued into the ante-natal period.

Members of the Committee queried how a low baby birth rate was determined and asked for more details on the impact of drugs and alcohol during the perinatal period. Ms Parry replied that the median weight for a baby was based on the mother's size, height and weight. This would produce an individual median weight for each baby, with any falling below this being considered low weight. Ms Petch added that while there was strong evidence of the damage caused by smoking in the perinatal period on a baby there was less evidence for alcohol and drug abuse and more research was needed into the specific impact of both alcohol and drugs.

Members also asked if there were any details regarding poor nutrition and its impact during the perinatal and antenatal periods. Ms Parry responded that there was limited understanding of the impact of poor nutrition on infant mortality, but that a link was recognised between nutrition and the mother's health, with some having either high body mass indexes or babies with low birth weight. Ms Petch added that the benefits of breastfeeding to ensure good baby nutrition was promoted as part of engagement with new mothers.

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 26 NOVEMBER 2020

The Committee noted that Blackpool had an induced birth rate of 38.5% and queried how this compared nationally and if a link existed between this and infant mortality. Ms Parry replied that no national number existed for rates of induced births, however the Blackpool figure was comparable to those in Lancashire and South Cumbria. She added that induced births were undertaken based on the individual need of a mother and that there was no known link between induced births and infant mortality, but this was monitored as a precaution. The majority of babies delivered by induced births were described as healthy.

Members asked if data existed for the levels of home births in Blackpool and what support existed for those who wished to give birth in this way. Ms Parry replied that around 4% of births in Blackpool took place at home. This compared with a rate of 2% nationally. In the case of each birth, engagement took place with families to determine their wants and needs so that appropriate advice and support could be provided to ensure mother and baby's health and safety.

The Committee queried what would happen if a family refused to engage with the support offered. Ms Keighley replied that people had a right to refuse the support offered and it was difficult when they did so. Therefore it was important that the widest range of support possible was offered and that the offer was sustained throughout the perinatal and antenatal period.

The impact on services and learning from the Covid-19 pandemic was also queried by the Committee. Ms Tschobotko, answered that there had been lots of learning for services during the pandemic. One of the most significant had been the increase in digital forms of communication, compared with 2019. This had included ensuring contact with service users addressed their needs and that their experience was positive despite not being face-to-face. Overall she felt that partners had shown great resilience in their response to the pandemic.

Ms Tschobotko also added that the physical effect of Covid-19 on children had been minimal, however the mental health impact of the isolation many experienced during lockdown was greater. The Committee requested that more information be provided on the impact of the Covid-19 lockdown on mental health and requested that a report be provided to a future meeting.

4 SCREENING AND VACCINATIONS REPORT 2020

Ms Dianne Draper, Screening and Vaccine Lead for Lancashire and South Cumbria, presented the Screening and Immunisation Report 2020 to the Committee. The report provided an overview of local immunisation programmes, the impact of Covid-19 and the recovery programme.

Ms Draper informed Members that local immunisation programmes were delivered under Section 7a of the NHS Public Health Functions Agreement. Under this there were twenty-eight local programmes for screening and immunisation for a wide variety conditions covering birth to old age.

In terms of overall vaccine uptake Blackpool was close to the national average, however

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 26 NOVEMBER 2020**

rates of booster uptake and those for the Measles, Mumps and Rubella (MMR) vaccine were lower. This was recognised as a national issue and ongoing work with GPs was being undertaken to improve the rates of uptake. Efforts to engage better included the production of easy to read literature, outlining the safety and benefits of vaccinations.

The Committee was also informed that the Seasonal Flu Campaign for 2020-2021 would be the largest that had been undertaken. This was because it had been expanded to include those vulnerable to Covid-19 as well as school aged children and the over fifties. It was also noted that take up for 2020-2021 was expected to be higher.

Ms Draper also provided details of the impact of Covid-19 on existing immunisation programmes. It was stated that take up had fallen at the start of March 2020 due to the national lockdown but had recovered. This was attributed to an effective communications strategy including the "NHS is Open" programme. Members noted however that some local programmes had been paused for all but high risk individuals during lockdown.

Members asked if there was a sufficient supply of the flu vaccine and what work was undertaken to combat the anti-vaccination messaging prevalent on social media. Ms Liz McGladdery, Screening and Immunisation Manager, NHS England, replied that it had been recognised that supply of flu vaccines had been insufficient in 2019, but that additional stocks had been purchased for GPs in 2020 and it was believed that these would be sufficient. Ms Draper added that a comprehensive communications plan was being developed to address anti-vaccination messaging on social media. Ms McGladdery also informed Members that evidence had shown that the use of NHS branding increased trust in the information and was therefore used in such communication.

The Committee noted that development for a vaccine for Covid-19 was near to completion and asked if once approved and rolled out a report could be brought to a future meeting detailing the plan for the programme and take-up. Ms Draper agreed that this could be provided and that Blackpool Council's Public Health would be able to contribute.

Members also queried the resources available once a Covid-19 vaccination programme had been implemented. Ms Draper responded that a recruitment campaign had been started to find individuals to help deliver the programme. Ms Liz Petch, Consultant, Public Health, added that the Council's Public Health team had been involved in identifying sites for vaccinations.

In response to a question, Ms Draper advised that details on vaccine trials being conducted globally were available online and that a link for Members could be provided. Members also asked if it was known which vaccine would be adopted for use in the UK. In reply Ms Draper stated that it was foreseen that a number of vaccines could be adopted, subject to regulatory approval.

The Committee thanked Ms Draper for the report and expressed appreciation for all those involved in delivering screening and immunisation programmes.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 26 NOVEMBER 2020**

5 BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Mr Stephen Ashley, Chair of the Blackpool Safeguarding Adults Board (BSAB), presented BSAB Annual Report to the Committee outlining its work, role, structure and priorities.

Mr Ashley informed Members that Covid-19 had had a disproportionate effect on vulnerable adults in Blackpool and that report showed how partners had undertaken lots of hard work to address the challenge. He added that the BSAB had praised the Council's Adult Social Care team for its work and not taking up the easements made available by Government, instead continuing to provide all of its services.

The Committee was also informed that Lancashire Constabulary had improved its ways of working with the inclusion of vulnerability experts on each working shift.

Domestic Abuse was reported as an ongoing area of concern with an increase in reports over the lockdown period. Partners had reacted well to this and it was noted that national recognition had been received for the use of Individual Domestic Violence Advisors to assist the Police in engaging with victims.

Mr Ashley also reported that the BSAB had continued the organisation of training for partners. As part of this the Fire and Rescue Service had taken over providing safeguarding training, as it had been recognised that the service was one of the most trusted partners of the BSAB.

Blackpool Coastal Housing Ltd was reported as having increased engagement with BSAB work. This had involved ensuring safeguarding training for its maintenance staff, which would help enable issues to be identified and referrals made.

It was also reported that lots of work had been undertaken to ensure local Deprivation of Liberty Safeguards (DoLS) had been properly assessed. This had resulted in there being no backlog of cases in Blackpool, which represented a better position than nationally.

The priorities for 2021 were also reported as being under consideration by the BSAB. Issues under consideration included; the restoration of services following Covid-19, the monitoring of Domestic Abuse and Mental Health referrals, improvement to self-neglect safeguarding and how to capture and make greater use of the voice of vulnerable people in safeguarding.

Mr Ashley informed Members that the report would be submitted to the BSAB Board and that a business case with greater detail on its priorities for 2021 was being developed. The Committee asked that more detail on Domestic Abuse, Mental Health and Self-Neglect be included in the business case going forward. Mr Ashley agreed that he would share a copy of the business case once it had been signed off by the Board with Members of the Committee.

The Committee asked if work had been planned on the issue of coercive control, which had been noted as an increasing problem. Mr Ashley replied that coercive control was a difficult area to identify and address. However a piece of work was underway to develop ways of addressing the issue including more training to help front line workers recognise

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 26 NOVEMBER 2020**

its signs. Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health, added that the local Domestic Abuse Group had restarted and would be picking up coercive control as an issue, including what services were available and if any gaps in provision existed.

The Committee also noted the 25% increase in cases of financial abuse in the report. Mr Ashley explained that the number of cases was relatively small and therefore even a small increase in cases could lead to a large percentage change. He would therefore ask that the raw data be shared with the Committee to better demonstrate the number of financial abuse cases.

6 SCRUTINY WORKPLAN

The Committee considered its Workplan for 2020-2021 and approved its contents subject to the inclusion of items identified during the course of the meeting.

7 DATE AND TIME OF NEXT MEETING

The Committee agreed the date and time of its next meeting as Thursday, 11 February 2021 at 6pm.

Chairman

(The meeting ended at 7.50 pm)

Any queries regarding these minutes, please contact:
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