

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 17 MARCH 2021**

**Present:**

Councillor Mrs Scott (in the Chair)

Councillors

D Coleman	Hutton	R Scott
Hunter	O'Hara	Wing

**In Attendance:**

Roy Fisher, Chair, Blackpool Clinical Commissioning Group

Beth Goodman, Deputy Director of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Groups (CCG)

Dr Neil Hartley-Smith, Executive Clinical Director, Blackpool, Fylde and Wyre CCGs

Kevin McGee, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

Peter Murphy, Director of Nursing, AHP and Quality, BTH

Dr Arif Rajpura, Director of Public Health

Karen Smith, Director of Adult Services

Judith Mills, Consultant in Public Health

Liz Petch, Consultant in Public Health

Sharon Davis, Scrutiny Manager

**1 DECLARATIONS OF INTEREST**

Councillor Rick Scott declared a personal interest in Item 5 'Health System: Covid-19 Update and Impacts', the nature of the interest that he had been recently appointed to the Blackpool Teaching Hospitals NHS Foundation Trust Board.

**2 MINUTES OF THE LAST MEETING HELD ON 26 NOVEMBER 2020**

The Committee agreed that the minutes of the last meeting held on 26 November 2020 be signed by the Chairman as a true and correct record.

**3 PUBLIC SPEAKING**

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

**4 EXECUTIVE AND CABINET MEMBER DECISIONS**

The Committee noted the Cabinet Member decision, PH16/2021 'Adult Services Fees and Charges 2021/2021' taken since its last meeting.

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**5 HEALTH SYSTEM: COVID-19 UPDATE AND IMPACTS**

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group (CCG) introduced the report to the Committee and invited questions.

Members referred to vaccinations in care homes and Dr Neil Hartley-Smith, Executive Clinical Director, Blackpool, Fylde and Wyre CCGs advised that the most recent data, of 15 March 2021, indicated that 91.2% of Blackpool care home residents had received their first vaccination. Ms Karen Smith, Director of Adult Services added that Blackpool was in the top five of vaccination rates nationally for older care home residents.

It was reported that the vaccination programme as a whole in Blackpool had been very successful to date with 94.1% of over 80 year olds, 94.5% of over 75 year olds, 88.4% of over 70 year olds and those clinically extremely vulnerable, 88.2% of over 65 year olds and 62% of those aged 60 to 64 year olds or those with other conditions having already received the first dose of the vaccination. The Committee and those in attendance praised the work of everyone involved in the vaccination roll out to date.

Members referred to the recent concerns raised regarding the Astrazeneca vaccine and blood clots and queried whether it was expected that the concerns would have an impact on uptake. Dr Hartley-Smith advised that the reports were unfortunate and that blood clots were a routine occurrence in life outwith the vaccine. He added that medical regulators had determined that there was no correlation and that millions of vaccinations had been given in the UK with no concerns identified. Dr Arif Rajpura, Director of Public Health highlighted that almost 50% of the UK adult population had been vaccinated and that the lockdown and successful vaccination programme had made a significant impact on the number of deaths.

In response to a further question on vaccinations, Dr Hartley-Smith advised that marketing and communications would be utilised to provide assurance to the public on the safety of the vaccines.

The Committee raised concerns that only 43% of staff from black and minority ethnic communities had received the vaccination. Mr Kevin McGee, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust reported that the Trust had worked with all staff groups and delivered personal messages to all those with concerns about the vaccination in order to increase uptake. He noted that overall, 7,500 staff had been vaccinated which was a great achievement.

It was noted that there were currently 1,301 patients recorded as waiting over 52 weeks for treatment and Members queried what the usual figure would be. In response, Mr McGee advised that pre-Covid the target for 52 week waits was zero and numbers were usually very low. He noted that the significant increase was a consequence of a severe reduction in the level of work undertaken outside of Covid and that restoration work was due to commence shortly in an ambition to recover the position, however, it would take time.

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Dr Hartley-Smith advised that primary and secondary care worked closely together in order to review all 'long waiters' and mitigate risks with the most clinically urgent cases prioritised. It was also acknowledged that Covid was endemic and cases would continue, therefore pathways must be kept open. A plan for recovering those waiting more than 52 weeks had been submitted to the Department for Health and sought funding to recover the position in 18 to 24 months. Members considered that the issue must be monitored and requested a report in 12 months on the position.

The Committee went on to consider 'long covid' and queried the support being put in place for those suffering. Dr Hartley-Smith advised that a Lancashire-wide clinic had been set up to which patients could be referred to. It was noted that Covid-19 was still a new disease and there was much to learn about the long term effects. Dr Rajpura added that patients suffered a wide range of symptoms ranging from mild to severe and treatment required a holistic approach. Members suggested that communications be utilised to draw attention to the 'long covid' clinic for members of the public that might be suffering at home unaware that support could be provided and it was agreed that such communication would be sensible as soon as it could be prioritised. It was also agreed that an update on 'long covid' would be included in future reporting to the Committee.

It was noted that mental health had become an even bigger issue during the pandemic, not just in relation to those suffering from the virus but also due to the impact on life, jobs, childcare and increased levels of stress and that service provision had already been stretched prior to the pandemic. Dr Hartley-Smith advised that the main provider of mental health services in Blackpool, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) had been investing in spoken therapies and all services were trying to work with patients holistically to address the causes of ill mental health and not just treat the symptoms. He advised that the GP continued to be a patient's first point of contact to discuss concerns around mental health. The Committee noted that Mental Health remained an item on its workplan for further consideration.

During further discussion on mental health service provision, Mr McGee advised that the Hospitals Trust worked closely with LSCFT and had been creating an 'emergency village' at Blackpool Victoria Hospital which would allow for better care and support for mental health patients presenting at the Emergency Department through the provision of dedicated support. Dr Rajpura added that it was expected that health inequalities would have widened due to the impact of the pandemic on the economy, employment and education. He considered that a large effort would be required following the pandemic to reduce such inequalities and that a significant investment in the voluntary sector would be required. Members noted that all sectors working together would be key in achieving progress.

Concern was raised regarding the services that had ceased during the pandemic, such as ear syringing, and noted the potential impact on patients. Dr Hartley-Smith explained that such procedures had been risk assessed and identified as posing a risk due to the potential for an aerosol to be generated during the procedure which would require a high level of Personal Protective Equipment (PPE) that was unavailable to GPs. He added that Ear, Nose and Throat (ENT) provision continued at the hospital where such PPE was

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utilised and rooms fully ventilated. Advice was also provided to patients in order to assist them to resolve any issues themselves where possible.

In regards to the 111 Pilot Scheme, it was reported that the pilot had been considered to be successful to date with good uptake in use. It was noted that there was still work to do to ensure all members of the public were aware of 111 and utilised the service correctly. It was agreed that a further update on the use of 111 be provided at a future meeting.

Members also asked a question regarding delivery of the vaccination to patients with learning difficulties and it was noted that the current vaccination rate amongst this group was 71.8% and that training was provided to vaccinators on diversionary tactics and being sympathetic to the needs of the individuals being vaccinated.

In conclusion of consideration of the item, Mr Fisher praised the joint working of all organisations in Blackpool and thanked Officers of the Council and Councillors for their support.

The Committee agreed:

1. To receive a report in approximately 12 months on the progress made with regards to patients waiting more than 52 weeks.
2. To receive updates on 'long covid' and the use of 111 to future meetings of the Committee.

## **6 ADULT SERVICES OVERVIEW**

Ms Karen Smith, Director of Adult Services presented the report to the Committee and highlighted that services continued to operate in response to the pandemic and work was ongoing to ensure they were in a position to transition to recovery when appropriate. She advised that social workers had been working from home and from the office as necessary and that all urgent assessments that could not be undertaken by phone or online were being carried out face to face.

It was reported that Deprivation of Liberty Standards (DOLS) assessments had continued to be carried out albeit at a reduced level and that there had been a reduction in the number of placements into residential care, with an increase in demand for care provided at home. It was considered that an increase in demand for care at home could be due to the speed at which older people were being discharged from hospital once there was no longer a clinical need for them to remain. It was noted that an extra 2,000 hours of care at home had been provided during the previous year.

Ms Smith also provided an overview of the work carried out to support shielders, the CoronaKindness hubs and learning disability and other support services.

In regards to the financial position of the service, it was reported that the core budget of the service was as stable as it had always been with an additional £16.5 million of funding provided by the Government in Covid-19 support grants and other funding to address specific issues such as infection control.

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Members referred to the increase in the number of safeguarding reports and queried whether there were any identifiable themes. In response, Ms Smith advised that there had been issues around consent for vaccinations and that there was a lack of clarity around the process for declining and the Mental Capacity Act. She added that some reports reflected the pressures around staffing and the provision of the right help and support at the right time. It was noted that the majority of reports were not upheld, however, sometimes indicated matters that could be improved.

The Committee queried the uptake of vaccinations amongst care home staff and Ms Smith advised that there had been high levels of uptake with one to one conversations taking place with individuals who had chosen not to have the vaccination in order to discuss their reasons for declining. It was noted that national discussions were ongoing to determine whether or not the vaccination should be mandatory for care staff. Dr Arif Rajpura, Director of Public Health added that all religious groups had expressed support for the vaccine and there were no evidenced concerns regarding impact upon fertility, which were two of the key reasons for vaccine hesitancy. He advised that advice and multiple opportunities were being provided to all staff.

Concern was raised that unvaccinated staff would be a threat to residents' health and that families were worried regarding their safety. In response, Ms Smith advised that should workers change their mind at any point they could access the vaccine. She added that it was expected that families might start to ask and level of vaccination could in time affect their choice of placement. It was noted that appropriate Personal Protective Equipment (PPE) was also utilised at care homes providing an extra layer of safety.

The Committee thanked Adult Services for their work over the previous 12 months and the comprehensive report provided and requested that an update on service recovery arrangements be provided in approximately six months.

## **7 PUBLIC HEALTH VERBAL UPDATE**

Dr Arif Rajpura, Director of Public Health provided an overview of the latest epidemiology data highlighting that cases nationally had dropped significantly from a recorded high of approximately 51,000 down to 5,000 cases per day. During the peak, up to 77 cases per day had been recorded in Blackpool, which had now reduced to less than 10 each day. The levels of testing in Blackpool had been consistently higher than the North West average and consequently the high levels of testing resulted in a low positivity rate. Blackpool had one of the lowest rates per 100,000 of population in the North West at 43.7 and the rate of the virus in the over 60s age group had also reduced. This in turn should have a positive impact on the number of hospital admissions and severe illness as the virus was known to particularly affect people in older age groups. It was noted that vaccinations were being targeted at the most clinically vulnerable groups, which resulted in transmission largely occurring in those of working age and older teens.

Dr Rajpura presented a detailed breakdown of death rates across the North West and it was noted that it was important to consider the age standardised mortality rates which took into account the age of the local population in each area. When considering this

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statistic it demonstrated that the death rate in Blackpool was significantly lower than other areas in Lancashire such as Blackburn with Darwen.

The Committee was advised that it was important that members of the public continued to follow the rules within each stage of the Government's easing of lockdown. It was noted that the ongoing focus of the Public Health directorate was the vaccination programme, test, track and trace which was to be led by Public Health locally moving forward, outbreak management, supporting schools, care homes and the voluntary sector and communications and engagement.

Ms Liz Petch, Consultant in Public Health provided assurance to the Committee that the vast majority of Public Health commissioned services had continued during the pandemic and where necessary had adapted to working in more virtual ways. She highlighted that health visitor checks continued both by phone and face to face where required. An example of an impact on service provision was the inpatient stop smoking offer as workers had been unable to access the hospital during the pandemic, however, smoking cessation support had continued to be delivered by pharmacies and through GPs.

In addition, Ms Judith Mills, Consultant in Public Health added that there had been a significant impact on sexual health services and it was expected that a recovery plan would be required. Drug and alcohol treatment services had continued with positive feedback received resulting in the agreement that some changes implemented during the pandemic would be continued post pandemic.

Members thanked the Public Health Directorate for their work during the pandemic and requested that a Covid-19 recovery plan update be provided to the Committee in due course.

### **8 SUPPORTED HOUSING SCRUTINY REVIEW INTERIM REPORT**

The Committee approved the Supported Housing Scrutiny Review Interim Report subject to clarification within the report that 84% of new housing claimant benefits for all forms of accommodation had been from out of the Blackpool area. It was agreed that the relevant recommendations be forwarded to the Executive for consideration.

### **9 SCRUTINY WORKPLAN**

The Committee approved its workplan subject to the inclusion of the items identified during the course of the meeting.

### **10 DATE AND TIME OF NEXT MEETING**

The date and time of the next meeting was noted as 1 July 2021, commencing at 6pm, subject to confirmation at Annual Council.

**Chairman**

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(The meeting ended at 7.50 pm)

Any queries regarding these minutes, please contact:

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