

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 19 OCTOBER 2022**

Present:

Councillor Critchley (in the Chair)

Councillors

Burdess	O'Hara	Walsh
Hunter	Mrs Scott	

In Attendance:

Councillor Mrs Callow, Chair, Scrutiny Leadership Board
Mrs Sharon Davis, Scrutiny Manager

Mr Chris Oliver, Interim Chief Executive, Lancashire and South Cumbria NHS Foundation Trust (LSCFT)

Ms Emma McGuigan, Chief Operating Officer, LSCFT

Ms Amy Davidson, Network Director Nursing and Quality Fylde Coast, LSCFT

Mr Andrew Williams, Network Director Operations Fylde Coast, LSCFT

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 FYLDE COAST MENTAL HEALTH SERVICES DEVELOPMENTS

Mr Andrew Williams, Network Director Operations Fylde Coast, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) presented the report to the Committee which highlighted six key areas of development for the Trust:

- The Initial Response Service (IRS)
- Wesham Rehabilitation Centre
- Patient flow work at The Harbour, Blackpool
- Key nursing appointments
- Work stream to improve the Mental Health Urgent Assessment Centre (MHUAC) at Blackpool Victoria Hospital.
- Reducing restrictive practice improvement work at The Harbour.

With regards to the Initial Response Service, it was noted that there had been challenges in acquiring an estate within Blackpool from which to provide the call handling service and therefore a decision had been taken to provide that aspect of the service centrally in order to progress with the implementation of the service on the Fylde Coast.

Members noted that initially it had been cited as a key benefit of the scheme that the whole of the service would be provided from Blackpool and queried whether the new approach would have a detrimental impact. In response, Mr Chris Oliver, Interim Chief Executive, LSCFT advised that the inability to identify an estate had led to a reconsideration of the best way to provide the service. The central provision of the call

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handling aspect would be cost saving and allow funds to be utilised in other ways whilst the clinical aspects of the service would be provided in Blackpool as had been proposed and located at the Harbour. The central provision would also provide a quicker mobilisation as staff were already in place and training had been provided.

In response to further questions, Mr Oliver advised that there would be no negative impact on Blackpool residents of the new proposal and it was expected that the IRS would be available in Blackpool from March 2023. He added that the IRS was not a nationally mandated service but one which had been identified by the Trust as being positive for patients. Lessons had been learnt from its provision in other areas and could therefore be applied immediately in Blackpool.

The Committee highlighted the difficulties in recruitment as a major concern and queried whether appointments would be made in time for a service launch in March 2023. In response, representatives from the Trust acknowledged that recruitment was a challenge across all areas of the NHS but that a lot of work had gone into making sure the jobs on offer were interesting and recruitment was carried out innovatively. Ms Amy Davidson, Network Director Nursing and Quality Fylde Coast, LSCFT highlighted that a 'career on a page' had been developed to demonstrate how new recruits could progress their careers at the Trust and that the Trust was also participating in a large international recruitment campaign, offering appropriate practical and pastoral support for appointments. It was considered that locating the service at the Harbour would also make the positions more attractive and the fact that it was a new and innovative service also attracted people to the roles.

Mr Williams went on to report on the Wesham Rehabilitation Service noting that the lower demand for female beds continued and therefore the unit remained an all male unit at this time. A review was being carried out on the future of the unit as concerns had been raised by local residents resulting in a current cap on unit of 24 beds. There was an ongoing engagement programme with local residents and the boundary of the unit had been strengthened to ensure the unit was safe and secure.

In response to questions, Mr Williams advised that due diligence had been carried out prior to the opening of the unit and engagement work had been carried out with neighbours to the property, however, this would be renewed. The cap at 24 patients was temporary and would be revisited following the conclusion of the review.

In reference to the lower female demand, Members queried whether this had been explored and if it was due to any issues in female staffing or women choosing not to access services due to knowing they would be located too far away from home. In response, it was reported that there were no concerns regarding female levels of staffing and that location of provision had not been raised as a specific issue to date. It was agreed that the number of people waiting in Blackpool for a rehabilitation bed would be reported in writing following the meeting.

Mr Williams moved onto the patient flow work at the Harbour, highlighting the complexity of some patients, the national initiatives in place and the importance of discharging patients to the right place at the right time. A new 'break the cycle' approach was being taken which was a targeted approach to patient pathways.

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It was reported that patients were included in discussions from the outset about their discharge and in response to a further question that data related to numbers of returning patients could be provided following the meeting. Mr Oliver advised that hospital should only be for those patients that required intensive care but that there were some clinical presentations for which a fast readmission would be required.

The Committee went on to consider key nursing appointments noting that the challenges in recruitment were well known and that the Trust was taking an innovative approach to recruitment where possible. Representatives of the Trust described an improving picture noting that key, experienced roles had been filled and reported that the Trust had the highest patient care hours per nurse in the north west highlighting the assurance that came from good levels of staffing.

The issue of temporary staff was discussed and it was noted that there were a number of temporary staff that worked with the Trust on a consistent basis and it was being explored what could make them become permanent members of staff. The importance of flexibility for staff since the pandemic was also noted and the Trust was exploring how best to offer a work life balance whilst ensuring 24/7 services could remain fully staffed.

Upon consideration of the work stream to improve the Mental Health Urgent Assessment Centre (MHUAC) at Blackpool Victoria Hospital, Members queried how the target of 25% had been identified and whether it was the best possible target. In response, Ms Emma McGuigan, Chief Operating Officer, LSCFT advised that many patients presenting at the Emergency Department (ED) with a mental health problem also presented with a physical health problem and therefore treatment for both aspects was required. The 25% represented those attending the ED with a mental health problem only and therefore could be assessed outside of the ED.

Mr Oliver added that a recent visit by the Care Quality Commission had resulted in no 'must dos' or required action for the MHUAC.

Ms Davidson then reported on reducing restrictive practice improvement work at the Harbour. She noted that national guidance had been produced on getting care right, ensuring a person centred approach and utilising the least restrictive practice possible. The data to date demonstrated a 49% overall reduction in the use of restrictive practices, with the use of restraint reduced by 66% across the Trust and seclusion usage decreased by 35%. Administration of rapid tranquilisation had also decreased by 47% across inpatient wards.

It was reported that there had been an improvement across the inpatient wards with the wards undertaking the projects showing a greater than average improvement, however there had also been improvement demonstrated in other wards which were not involved which would suggest a cultural shift away from tertiary restrictive interventions to towards proactive primary prevention interventions. In line with the evidence base, there had also been a 30% reduction in violence towards staff supported by the move to a least restrictive culture.

Members noted the positive change at the Trust and queried whether the instability in leadership at the Trust might have a negative impact going forward. In response, Ms Davidson advised that since the CQC inspection in 2019, the Trust had undertaken a robust period of self

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reflection and since she commenced work at the Trust 18 months prior she could see the changes that had been made. She added that there was always a risk during changes in leadership, however, leaders across the Trust had worked hard to empower staff at all levels to continue to work on their own improvement journey.

In response to further questions, Mr Oliver added that the Trust was a completely different environment to that in 2019. Since that time a complaints and PALs service had been introduced, the freedom to speak was wholly promoted and encouraged and the clinical leadership had been extended with sustained investment in services. Staff were passionate about the improvement journey and were aware of the areas still in need of improvement. Upon further challenge from the Committee, he reported that the Trust had a performance dashboard which was regularly reviewed to identify any patterns of concern. The increase in prevalence of eating disorders during the pandemic was one example of where an issue had been identified and work had been undertaken to bring back down waiting times for the service and would meet national targets again by December 2022.

In conclusion to the report, Mr Oliver noted the importance of health and social care integration and the benefits of the leads for places being from a local authority background. He also advised that currently Lancashire and South Cumbria was only one of two localities with no learning disability and autism beds and that a recent bid for capital funding to the NHS had been successful which would allow for beds to be created in the area.

The Committee agreed:

1. To receive a report on the Initial Response Service in June 2023.
2. That the number of people waiting in Blackpool for a rehabilitation bed be reported in writing following the meeting.
3. That data related to returning patients could be provided following the meeting.

Chairman

(The meeting ended at 7.29 pm)

Any queries regarding these minutes, please contact:

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