

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 14TH MARCH, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007A AND B - CIVIC OFFICE, DONCASTER on WEDNESDAY, 14TH MARCH, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Linda Curran, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith

ALSO IN ATTENDANCE:

- Damian Allen - Director of People (DCS/DASS) Learning and Opportunities: Children and Young People/Adult Health & Wellbeing Directorates
- Howard Monk - Head of Service - Strategy and Performance
- Griff Jones - Assistant Director Adult Social Care and Safeguarding
- Ian Campbell - Head of Service - Commissioning
- Victor Joseph - Consultant in Public Health
- Susan Hampshaw, Public Health Principal
- Carys William, Public Health Practitioner
- Lisa Croft, Environment and Regeneration
- Dr Shazia Ahmed, Public Health Specialist
- Susan Hampshaw, Public Health Principal

		<u>ACTION</u>
70	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were received from Councillor George Derx.	
71	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interests made.	
72	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 23RD JANUARY, 2018.</u>	
	RESOLVED that the minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 23 rd January, 2018 be approved as a correct record.	
73	<u>PUBLIC STATEMENTS</u>	

	There were no public statements made at the meeting.	
74	<u>SUBSTANTIAL VARIATION - BARNBURGH SURGERY CONTRACTUAL CHANGES.</u>	
	<p>The Panel received a report from Doncaster's Clinical Commissioning Group (CCG) to provide an opportunity for Members to be consulted on regarding the contractual changes and potential for list dispersal of Barnburgh Surgery, Fox Lane, Barnburgh, DN5 7ET.</p> <p>It was outlined that NHS England and the NHS CCG drafted an options appraisal which recommended discussion of the following three options;</p> <ol style="list-style-type: none"> List dispersal of the registered patient list Procurement of the practice as a main site of GP services Procurement of the practice as a branch site of GP services <p>The Primary Care Commissioning Committee had considered all three options and discussed the benefits and risks of each one which included;</p> <ul style="list-style-type: none"> the surrounding area and its rurality; potential patient concerns; the bearing on other GP services in the neighbouring areas Effect on other stakeholders who would be impacted by any decision being made. <p>A Task and Finish Group was formed and met weekly to provide weekly updates to the rest of the Committee.</p> <p>Member's attention was brought to Appendix B which included a table of NHS CCG communications undertaken with a number of different bodies that included Doncaster HealthWatch, neighbouring providers and the local press.</p> <p>As a result of the initial consultation and conversations held, it was felt that the NHS CCG needed to demonstrate that all potential options for the surgery had been further explored. It was therefore agreed that the market should be tested for any possible expressions of interest in taking over the practice and that a procurement process should be initiated. As a result of undertaking this process, three providers expressed their interest in running the Barnburgh surgery (with the intention of the appointed provider running the Surgery from the 9th May 2018).</p> <p>A Member of the Panel concurred that as a Ward Member for the Barnburgh, she had been contacted by the Chief Executive of the NHS CCG on several occasions. It was also added that she had spoken</p>	

	<p>with the Parish Council and heard that the patients wanted to keep the surgery. Members felt that this was positive news.</p> <p>It was explained that when a procurement process was undertaken, patients were usually informed of the outcome rather than consulted with; however, on this occasion as the procurement process and the plans for list dispersal were both being undertaken at the same time, the messages to patients could lead to concerns being raised unnecessarily. Therefore “consultation” had been held off until the outcome for the practice was known and support was being provided by HealthWatch.</p> <p>The Chair concluded the discussion by making reference to the three options under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, whereby the Overview and Scrutiny Panel may make comments and recommendations on the proposal consulted upon. That if agreement could not be reached then the Overview and Scrutiny Panel could issue a report to the Secretary of State where:</p> <ul style="list-style-type: none"> a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed; b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area. <p>The Panel concluded that it supported the change and considered that it would be in the best interest of the area and were satisfied that none of the above applied.</p> <p>RESOLVED that the report be noted.</p>	
75	<p><u>ADULTS TRANSFORMATION (COMMUNITY LED SUPPORT) AND QUARTER 3 2017/18 PERFORMANCE UPDATE.</u></p>	
	<p>Members were provided with a presentation that illustrated the objectives and progress made on Community Led Support as a part of the Adults Transformation Programme.</p> <p>Members were asked for their comments on the following vision statement that was presented to them;</p> <p>‘Community Led Support is about Doncaster residents coming together to shape community services; working alongside teams, across the whole social care and health sector and beyond to build capability, understand local need and develop solutions using existing strengths,</p>	

<p>assets and resources to maximise community independence and wellbeing’</p> <p>It was outlined that the focus for Community Led Support will be at 4 hubs (one per locality) and no fixed location had been identified yet as the Council was trialling them in different areas first. It was recognised that there should be an all age approach. Members were advised that they would be kept up-to-date about the hubs.</p> <p>Members raised concern that there had been little progress made with Community Led Support during the last 2 years, since it was first introduced. Members were informed that the approach had been reviewed in last 6 months to test the vision.</p> <p>Concern was raised that residents would face certain upheaval through the changes and may have to travel further to reach their local facility. Members were reminded of the savings and cuts the Council had already made in addition to the investment undertaken to address demographic growth through the Transformation Programme. It was further explained that the Council was looking to design services specifically to meet needs, and that some positive initial steps had been made. It was stated that understanding would be derived through the engagement of what was achievable and what was not.</p> <p>In response as to whether consideration had been given for a co-location for delivery in youth service provision, it was explained that the hubs will be placed where there is an integrated base delivery and the biggest outcome can be achieved.</p> <p>Members were informed how in Mexborough, the youth club that would have been sold had been taken over through funding and now owned and run by the community. It was explained that the youth club was being used by day as a day centre and at night as a youth provision.</p> <p>During the second part of the report, Members considered the Adults Health and Wellbeing performance results as at Quarter 3 2017/18. It was acknowledged that despite increasing pressure on Adults Health and Wellbeing (AHWb) services at a particularly challenging time of the year, overall performance had been positive during this quarter.</p> <p>Some of the performance highlights included;</p> <ul style="list-style-type: none">• Delayed Transfers of Care• Residential Care• Direct Payments• Learning Disabilities• NHS Health Checks• People Feeling Safe and Secure <p>Members stated that the results were impressive</p>	<p>Assistant Director Adult Social Care and Safeguarding</p>
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<p>It was explained that progress had been made through looking at the whole system, for example, from how patients were admitted to hospital to being discharged. It was outlined that the process was very lengthy and it was about getting the patient in at an earlier stage and seeing what was needed to prime the market. It was felt that more of an emphasis was needed by looking at risk and what needed to be put in place for the patient to be at home.</p> <p>Members questioned how many patients returned back to hospital and were informed that this was being scrutinised. Members were informed that monitoring had taken place through an exercise which tracked 600 individuals after one month, three months, then finally after twelve months. Members were reminded of the work being undertaken through intermediate care with a great deal of work being done with health colleagues.</p> <p>It was explained that through the intermediate care area, (that was contained within the Place Plan), more was being done to consider a sensible challenge around bed based occupancy rates. It was explained that the Place Plan was focusing on the back end of the problem, not the front end and when the Council does intervene, this would be built through a collective of partnerships.</p> <p>Members stated that they would like to see figures of how many re-referrals took place. A comment was made that many individuals received care within the home by a carer who was often on a tight time schedule. Concern was raised that when an accident occurred, an ambulance might be called in response and then the individual became lost in the system.</p> <p>Members were informed that a great deal of work was being undertaken with Home Care providers and assistive technology</p> <p>Reference was made as to how Doncaster was now amongst the top quartile performers nationally, having previously been ranked in the bottom quartile. Furthermore, Doncaster was highlighted as a “beacon site” for improvements made within Delayed Transfers of Care (DToC) and had featured in the monthly iMPower DToC index. It was recognised that this was a key example of Health and Social Care Integration working well working together with health colleagues.</p> <p><u>Residential Care</u></p> <p>It was reported that 1342 of Doncaster adults lived in residential care against a target of 1372. It was added that people continued to be admitted into residential care, although there was now more of a focus of whether that was the right type of care.</p> <p>Reference was made to the Resource Panel process which met weekly</p>	<p>Assistant Director Adult Social Care and Safeguarding</p>
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	<p>and looked at individual cases of those put forward by Social Workers. The cases it considered was for residential and other packages of care through the resources allocation system that went above a certain amount of money and if the client was not admitted to residential care then other types of alternative care would be looked at. It was agreed that numbers of those admitted could be presented with the next update.</p> <p><u>Direct Payments</u></p> <p>That in 2015, 15% of social care users on direct payments increased to 27% (760) people. It was explained that 52% (395) of those individuals employed a Personal Assistant to assist with the delivery of their care and support (this was in addition to the Council and external providers undertaking this role). Members raised concern about safeguarding in respect of financial abuse.</p> <p><u>Learning Disabilities</u></p> <p>It was reported that there had been a big increase in the proportion of adults with learning disabilities who live in their own home or with their family, increasing from 56.1% in 2015/16 to 84.4% in 2016/17 which was above the target of 78.6%.</p> <p><u>Health Checks</u></p> <p>Members heard that a promotional campaign during the early part of 2018, may have contributed to figures that had increased in recent months. It was explained that work had been undertaken with GP practices to ensure that people from more deprived areas were better engaged with. In respect of the diabetes prevention programme, it was explained that there had been some initial numbers around December time which would pick up in time.</p> <p>A Member suggested the use of advertisement cards being left out in well attended places to increase the uptake of this. Members were informed about the 'Safe and Well Checks' undertaken by the South Yorkshire Fire Authority.</p> <p><u>People Feeling Safe and Secure</u></p> <p>It was explained that the number of people who said that services had made them feel safe and secure had steadily increased since 2013 to the current level of 87.3% (524 people out of 600 people responded therefore represented example).</p> <p>RESOLVED that the Panel note the presentation and report provided.</p>	Assistant Director Adult Social Care and Safeguarding
76	THE CARE QUALITY COMMISSION (CQC) INSPECTION AND	

REGULATION OF ADULT SOCIAL CARE.

Members received a report comparing the published Care Quality Commission (CQC) ratings as at 19th January 2018 comparing Doncaster performance with national and regional averages. In addition, the report outlined any current contract monitoring activity that was supporting providers with inadequate ratings.

It was commented that this demonstrates positive CQC ratings for the social care provision within the Doncaster Borough when compared with national and regional data derived from a pro-active contract monitoring and management function within the Council.

Table 2 - The number, percentage and outcome of all active Adult Social Care Services by South Yorkshire Authorities.

The table shows that Doncaster had the highest percentage of providers rated as good and the lowest percentage requiring improvement (when compared against the District Level). It was felt that this was a result of the proactive approach taken to support providers and to take action when performance hasn't improved.

Table 3 - The number, percentage and outcome of Community Adult Social Care Services by South Yorkshire Authorities.

Members were informed that Doncaster had the highest percentage of Community Adult Social Care Services that were rated as 'requires improvement', with one recently being re-inspected and found to be good.

Table 4 - The number, percentage and outcome of Residential & Nursing Care Homes in Adult Social Care Services by South Yorkshire Authorities.

It was seen that 'outstanding' had been given to less than 3% of this provision, and that Doncaster now had a residential home that had achieved an outstanding rating by CQC.

It was shown that Doncaster had some issues with nursing homes 'requiring improvement' and explained that although Doncaster does show to have the highest percentage of residential home rated as 'inadequate' this equated to only one home and that home had no residents and was under a notice of decision by the CQC.

The tables showed that there were 20 Doncaster Adult Social Care Services rated as 'requires improvement', 18 of those have a contract with DMBC. To support those services in improving they have all received some level of contract monitoring and improvement activity. As part of this, 16 audits have been undertaken during the past 12 months and further work done (for example, through action plans),

	<p>resulting in an improved confidence of these services moving forward in the right direction.</p> <p>The following issues were raised as part of the discussion;</p> <p>Concern was raised by Members that the information contained within the report did not read favourably. It was acknowledged that the information was a year behind and that one of the provisions reported on was now categorised as 'good'. It was explained that data had to be waited on to be received from the CQC, including results from re-inspections (that may take up to 18 months to undertake). It was commented that the re-inspection should result in an improved rating and a better insight around future grading's.</p> <p>Councillors expressed concern that people in residential care homes were satisfactorily being looked after. Assurances were provided that an action plan was in place for one home and that work was being undertaken with other homes. It was explained that the Council may pull up embargos on individual homes that proactive visits were undertaken and triggers in place to address safeguarding.</p> <p>In response as to whether there was enough rigour in the Councils process to work with and monitor the 18 providers; Members were informed that the inspection regime had changed and if they weren't good enough they required improvement. It was explained that being graded with a 'Requires Improvement' was sometimes what it took for the provider to improve although this grading did not mean that they were inadequate.</p> <p>In terms of resources it was explained that the Doncaster Contract Monitoring function increased their resources only as a temporary measure although an improvement in results had been seen.</p> <p>RESOLVED that the Panel;</p> <ul style="list-style-type: none"> a) Notes the report; and b) That an update is provided as part of the Health and Adults Overview and Scrutiny Panels Workplan 2018/2019. 	
77	<p><u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2017/18.</u></p>	
	<p>The Panel received the annual report on health protection assurance in Doncaster covering the financial year 2017/18. They were informed that there had been sustained progress in ensuring that the health protection assurance system in Doncaster was robust, safe, effective, and met the statutory duty placed on local government to protect the health of the people of Doncaster.</p> <p>The report also provided an update on progress made on</p>	

recommendations in 2016/17 Health Protection Report and an update in recommendations made by the Panel from the previous year.

It was reported that Air Quality Monitoring figures (PM 2.5) had been reduced by 27% between 2010 and 2017, indicating improvement of air quality. It was explained that this had been through national work undertaken to reduce this figure on a wider level rather than through local measures.

It was clarified there wasn't a national or local policy in relation to cars with idling engines. Concern was raised that children passing cars with idling engines were at the same level of the fumes therefore more affected. Members were informed that cost benefits had shown this was an expensive measure to implement for little benefit and that in terms of enforcement there was no strategic push. It was also stated that there had been campaigns in different schools targeting awareness whilst emphasising the negative health impacts.

Members asked whether there were any plans to use more flora/fauna and oxygenating trees similar to those used in London. Members were informed that that this was complicated as not all trees will create a positive impact. In terms of planning, it was explained that planning applications were screened and damage costs were considered as part of the planning framework. Damage costs are then used to negotiate appropriate mitigation. It was added that within the new action plan, there was reference to try and find funding for greenwall.

In terms of electric vehicle charging points, it was noted that there were 2 available in Chamber Road and ones in supermarkets were being waiting for.

Vaccinations – It was reported that a great deal was being done locally that will be reflected in next year figures. Progress had included coverage of 77% for aged 65 and over, above the national uptake which was positive news. It was commented that dedicated staff monitor progress on a weekly basis.

It was recognised that vaccinations for Social Care and Healthcare Staff was low and Members expressed their own disappointment that this was not higher, especially when they were more aware of the risks involved of not having it. One Member felt that it was something that should be made a condition of employment although it was recognised that contractually this could not be enforced. It was outlined that Care Home Managers had undertaken training tackling myths associated with vaccinations. It was acknowledged that more work needed to be undertaken as to why.

It was commented that the combination programme for Care Homes Staff had run quite late. It was explained that the Council had identified those people with frontline staff responsibilities that would be eligible

	<p>for full vaccinations that could be obtained at any pharmacy branch of Lloyds Pharmacy. It was commented that hospitals were paid for performance and seen to be the best in country consistently achieving.</p> <p>One Member commented on the downward trend of vaccinations. In respect of collecting evidence, concern was raised that chemists delivering vaccinations meant that GPs would not get to see the patient and collect the evidence. Members were told that NHS England commissioned services and were responsible for widening access for flu vaccination with all the data being returned from source back to NHS England.</p> <p>Members were informed that the Council wanted to work with primary care, and was trying to understand the profile as a way of a performance improvement measure.</p> <p>It was explained that ongoing work was being taken with raising awareness of vaccinations with children.</p> <p>It was noted that challenges had been presenting from engaging with those from areas which were more deprived and that closer working was being done with NHS England to address this.</p> <p>Members were informed that a similar exercise had been done in respect of MMR, collating analysis at a local level looking at inequalities across Doncaster. In terms of childhood vaccinations, it was recognised that there was an element of a community that was moving and therefore it was about raising awareness within that community.</p> <p>It was added that other functions included carrying out constant horizon scanning about what was being achieved to protect the Doncaster population. It was expressed that the Health Protection Assurance Group regularly reviewed health protection risks in the borough and received quarterly reports. All contingency plans were reviewed and tested through table tops scenarios or real incidents with the majority of plans being reviewed on an annual basis. It was further explained that table top exercises were done through a resilience forum, rolling exercise and training programmes with live exercise with the purpose to learn lessons from them</p> <p>RESOLVED the item be deferred to the first meeting of the Health and Adult Social Care Overview and Scrutiny Panel as part of the 18/19 workplan.</p>	
78	<u>JOINT HEALTH SCRUTINY UPDATE.</u>	
	The Panel received a report asking for them to consider the minutes of the Joint Regional Overview and Scrutiny Committees for Health.	

	RESOLVED that the Panel note the report.	
79	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE.</u></p> <p>The standard workplan had been circulated with the agenda for Members information and that the item not be considered in any detail.</p> <p>RESOLVED that this item not be considered.</p>	