DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 23RD NOVEMBER, 2016

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007 B - CIVIC OFFICE, DONCASTER on WEDNESDAY, 23RD NOVEMBER, 2016 at 10.00 AM

PRESENT:

Chair - Councillor Rachael Blake

Councillors Elsie Butler, Jessie Credland, Linda Curran, George Derx and Pat Haith

ALSO IN ATTENDANCE:

Pat Higgs - Assistant Director of Adult Social Care, DMBC
Rupert Suckling – Director for Public Health, DMBC
Angelique Choppin - Safeguarding Adults Team Manager Governance and Assurance
Jackie Pedersen - Chief Officer, Doncaster Clinical Commissioning Group
Debbie Aitchison - Intermediate Care Project Manager, Doncaster Clinical Commissioning Group
Anthony Fitzgerald - Chief of Strategy and Delivery, Doncaster Clinical Commissioning Group

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons and Lorna Foster.

		ACTION
	Note: In accordance with council procedure rule 4, the Panel Resolved to combine three items on the agenda, 7. Sustainability and Transformation Plan (STP), 8. Doncaster Place Plan and 9. Intermediate detailed at number 17 below.	
13	DECLARATIONS OF INTEREST, IF ANY	
	There were no declarations of interest made.	
14	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 21ST SEPTEMBER, 2016	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on the 21st September were agreed as a true record.	

15	PUBLIC STATEMENTS	
	There were no public statements made.	
16	DONCASTER SAFEGUARDING ADULTS BOARD (DSAB) REPORT	
	The Panel was presented with the Doncaster Safeguarding Adults Board's annual report detailing what the Safeguarding Adult Board has accomplished during the year to achieve its main objective and implement the strategy. The annual report also sets out the findings of any Safeguarding Adults Reviews completed and the subsequent actions arising from those reviews. Members were informed how the Care Act 2014 had placed the Safeguarding Adult Boards on a statutory footing and brought a significant change for safeguarding adults practice. From the 1st April 2014, the Board had been implementing requirements of the Care Act including developing a strategic plan, publishing an annual report and undertaking safeguarding reports. It was explained that much of the 2015/16 resources was used to revise a new framework, new terminology and shift to an outcome focused approach. It was outlined that some of the positive work undertaken included; • A positive engagement strategy. • Continuation to support forums, in that abuse will not be tolerated. • Creation of leaflets and posters. • Production of a safeguarding film (created for both public and professionals). • Shared lessons with agencies and the board received 2 action plans received for final sign off and approval. • All concerns to go through the newly appointed Chair John Woodhouse. The Panel was informed following a peer review for the Board and operational safeguarding arrangements, that a multi-agency action plan had been agreed with 80% completed with further work to be carried out. It was added that positive feedback had been received when evaluating the peer review ensuring that it was having the right impact and that the actions were right. It was acknowledged that some actions required a longer term approach with some areas needing further assurances. This had resulted in further work being undertaken as strengthening the team had taken longer than expected. During a further debate the following areas were discussed: **Training**	

	It was recognised that training provided was very good and it was questioned how confident the board was in getting the message out to communities. Members were informed that statistics of safeguarding concerns were monitored. Members were also told that figures and concerns regarding safeguarding that came through the adult's hub had increased year on year as more reports were coming through. It was reported that there was a confidence that the relevant agencies were getting on the agenda. In respect of e-learning courses, concern was raised regarding the attendance figures presented by partners such as RDASH and St Leger Homes, which were felt to be poor. Members were assured that agencies undertake their own single agency training. Actions: That single agency training figures are highlighted in future reports. **Section 42 enquiries – Neglect or acts of omission** Concern was raised that these figures were too high. Members were informed that Social Care and Support Workers were addressing such areas through preventative measures, reviewing training and awareness raising as well as taking relevant action when it arises. It was acknowledged that there was now a robust process in place. **Locations - Inadequate or needs improvement** The Panel discussed what the board was doing in regards to registered locations that were deemed as inadequate or needing improvement. Members were informed that regular weekly meeting were taking place looking at providers across the board to ensure they were able to address their own areas for improvement. It was added that the Care Quality Commission (CQC) were working jointly with the board. RESOLVED that the Panel note the report.	Safeguarding Adults Team Manager
17	ITEM 7: SUSTAINABILITY AND TRANSFORMATION PLAN (STP). ITEM 8: DONCASTER PLACE PLAN ITEM 9: INTERMEDIATE CARE UPDATE – CHANGES TO CURRENT SERVICE	
	A series of presentations were received by the Panel regarding the three individual items. A discussion took place which is outlined below. **Sustainability Transformation Plan** It was discussed that some local Councils had not been consulted with in respect of the Sustainability Transformation Plan although other Councils within the South Yorkshire and Bassetlaw had. It was clarified that some areas were looking at the Place Plan. An	

	acknowledgement was made that in upcoming years there would be some difficult decisions and challenges to be faced especially with 25 different organisations involved. Members were informed that the next stage would be to consult with the public. It was recognised that both Emergency and Planned Care were the right things to be doing and also presented the biggest opportunity to start working together. **Place Plan** In respect of the Place Plan, it was explained that the plan was about the 'integration' staff on the front line and having the right quality of care once patients reached the right place. It was recognised that getting frontline staff together to ensure that duplication was being reduced was a key challenge. It was shared that the plan was about enabling partners to come together and the vision was about building on documentation and strategies tailoring to community strengths and keeping patients well in their communities whilst providing excellent quality care. Members were informed how the Intermediate Social Care addressed the gap of what was being done to ensure that it meets the needs and demands of the population whilst removing unnecessary complexity and duplication. It was recognised that prevention was a way of decreasing demand. Members were informed that Doncaster leaders have had conversations and were clear on the vision for providers to work together and respond collectively on what was being commissioned. It was explained that the work merges well with that of Team Doncaster as there was a need to include other elements such as housing. It was added that enablement and recovery draws heavily on what was already been undertaken by the authority. In respect of engagement, Members were informed that the Implementation and Framework plan was going to take at least two years and build upon momentum of Doncaster organisations. **Intermediate Care** It was recognised that this would be a significant piece of work and a real opportunity for a new model of provision. . Finances and Monitoring Arrangements It was explained that in respect of health, work was being undertaken to renegotiate the process with providers and identify where money can be saved to address the gap. It was recognised that at present, this was a question colleagues both within health and social care felt was challenging with the constraints that exist. It was recognised that if it doesn't work nationally then there would be a different conversation with the Government and the public. It was added that it was believed to be the right plan and that there was presently too much of a focus on	

	hospital services when more emphasis should be on keeping people within their own communities. Regarding difficult decisions it was explained that these may include: - • Work streams and where best located. • Development of specialist centres and improving outcomes. • Development and improvement of the community service to enable more people to be treated at home. • Growing integration, moving forward and impact on workforce. Members were informed that at a higher level there would be a full evaluation on what the new model will mean for patients and what it is like for organisations to come together. Reference was made to the financial impact on patients who may lose money (for example, due to being self-employed) from staying longer than necessary in hospitals. It was recognised that there was a need to develop increased patient care involvement and look at what was best for them through shared decision making. Concern was raised whether these plans were achievable and what would happen if they weren't. Members were informed how every organisation in the system that signed up would have overall total control so there would be a need to balance the books and that plans needed to show what we were doing and whether it was affordable. Members were also assured that the governance arrangements for this new model were being considered with the possibility of a strategic partner being brought in through the Better Care Fund. It was explained that all existing governance models would continue whilst the new plan and model was being developed which would later require a scrutiny and public view as to how well it's working. It was further explained that a Memorandum of Understanding would be in place to sign up to and a shared risk register in existence to manage risks jointly. It was added that enablement and recovery draws heavily on what was already been undertaken by the authority. Members were informed that the timeline would likely to be approximately longer than 2 years. It was explained that all health and social services would be placed on a four neighbourhood plan model. It was acknowledged that this plan was in place to avoid complexity and expenditure with a single point of access being the best course of action. It was questioned how money would be saved when less people would be seen when visited compared with the number of people attending a clinic. Reference was made to the current duplication and complexity that existed within the system which often resulted in patient ending up in the most expensive part of primary care or by going to the hospital	

	where the plan will be to avoid that. In respect of duplication that existed within services, it was explained how, for example, in relation to skill levels that these existed within teams and were not being used to the maximum. It was recognised that there was a will across providers that they needed to change what they currently do. It was added that it was about using these skills lower down the system to be able to provide a better service, making sure that the right people were in the right place and bringing professionals together at the front of services. <u>Engaging with Hard to Reach Groups</u> In relation to engaging with hard to reach groups, Members were informed that the plan from the NHS perspective outlined what more the NHS could do particularly through utilising better risk assessment tools within social care practise. It was added that it wasn't just about undertaking a health assessment but about a social care assessment, looking at other issues such as loneliness and isolation, food, home and transport and taking an approach that it's simpler and easier to signpost individuals. It was recognised that there was a need to work collectively together which included Health and Wellbeing Boards and Team Doncaster having a role in the planning for Doncaster and being able to create the right environment. Regarding people being able to live in a safe environment, Members were informed how, for example, the Fire Service was now doing a fall service when they did prevention visits. It was explained that consideration was being given to personnel who might identify those who are vulnerable but not present within the adult and social care system. In relation to changing roles, concern was raised regarding what effect such changes would have on our GPs and pharmacies. Concern was also raised whether ambulance staffs were becoming more of an administrator type role. It was explained that staff looked at how the number of patients being taken to hospital could be reduced within the ambulance service, by undertaking an assessment at home which was better for the patient. It was explained that professionals need to facilitate a better way of working together and begin to use the same documentation and technology. It was admitted that there was a long way to go but the ambition is there and steps will be taken to integrate them to be able to see the journey of that person. <u>Health Inequalities</u>	

	In regards to health inequalities, it was recognised that some gaps were widening and it was questioned what were the blockages in addressing them. It was believed that there was a tendency for health inequalities to be seen as a health system responsibility when certain areas fall outside of it. Opinions were expressed that no one should get left behind or slip through services. <u>Engagement and Participation</u> A Member questioned the existence of an engagement strategy when previous mechanisms no longer existed including forums and places where agencies could attend to obtain feedback from communities. Members heard that engagement was taking place on a number of levels as part of a Communication and Engagement Strategy. Members were pleased to hear that officers across communication streams were meeting with each other more and that there would be a great deal of engagement work to be undertaken with individuals before work takes place. In respect of joining up, Members were assured that experts would be brought in to ensure that messages and the methodology is more than a document and that different mediums are considered. That new ways of engaging with the public are looked at such as workshops, particularly to engage with those individuals who have complex needs. It was also explained that discussions were taking place with HealthWatch about how high level engagement can be undertaken as they have national presence. It was recognised that engagement work needed to link with Team Doncaster It was also commented that change would only be achieved when society stops seeing older people in a negative way. It was added that Members were of the opinion that no major change in this respect had been made. Action: Intermediate Care Engagement Strategy to be circulated RESOLVED that the Panel; i. Note the information presented; and ii. Supports the overall direction of travel within the Doncaster place plan and notes that the plan will be subject to changes; And that consideration is given to; iii. The whole of Team Doncaster embracing Health Inequalities as a priority; and iv. What can be done to ensure that engagement strands across health and Team Doncaster are effectively pulled together.	Intermediate Care Project Manager, NHS CCG

20	HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN - UPDATE	
	Members received a report updating them on the Panels work plan for 2016/17. A copy of the work plan was attached at Appendix A to the report which took account of the issues considered at the informal Health and Adult Social Care Overview and Scrutiny planning meeting held on the 6th June, 2016. Members were also presented with an update on the workplan and of the Joint Regional Health Overview and Scrutiny Committee. Members were informed about the impact of proposed changes locally in comparison to other local authority areas. RESOLVED that the Panel; i. Note the Health and Adult Social Care Overview and Scrutiny work plan for 2016/17; and ii. Note that the work plan is a living document which is subject to change and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;	