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## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

MONDAY, 14TH AUGUST, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on MONDAY, 14TH AUGUST, 2017 at 2.00 PM

#### PRESENT:

Chair - Councillor Andrea Robinson

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

Invitee: - Lorna Foster (Unison)

#### ALSO IN ATTENDANCE:

From Doncaster Council;

Damian Allen - Director of People, Learning and Opportunities: Children and Young People/Adults Health and Wellbeing Directorates  
Rupert Suckling – Director of Public Health  
Ian Campbell – Head of Service Commissioning  
Howard Monk - Head of Service - Strategy and Performance  
Karen Johnson – Assistant Director of Adult Social Care

NHS CCG;

Jackie Pederson - Chief Officer  
Kayleigh Wastnage - Primary Care Manager  
Carolyn Ogle - Primary Care Contract Manager

Doncaster Healthwatch;

Andrew Goodhall - Chief Operating Officer  
Debbie Hilditch

Other Councillors:

Councillor Kevin Rodgers

		<u>ACTION</u>
36	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors George Derx and Cynthia Ransome.	

37	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
38	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 15TH MARCH, 2017.</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny held on 15 <sup>th</sup> March 2017 was agreed as a true record.	
39	<u>PUBLIC STATEMENTS</u>	
	<p>Mr Doug Wright attended the meeting and made a statement about the Sustainable Transformation Plan, a document which explained what was happening with South Yorkshire and Bassetlaw in the future. In respect of the structure of the organisation, reference was made to the top tier level which was a collaborative partnership board. Mr Wright expressed his concern that the board undertook meetings which could not be attended by the public in order to listen to the discussions and also that the minutes were not yet available online therefore it was felt that decisions were being made in secret.</p> <p>Mr Wright stated that the concept of Integrated Care Services was a principal that can't be argued with, however, he raised concern about its financial aspect and how the funding was going to be found by 2021. Mr Wright spoke about the rapid response function ran by the Doncaster CCG, which sounded excellent and working in practice. Mr Wright stated that he felt that finance was key to this and was concerned that two systems couldn't be run at once. Comments were made that Tunstall Healthcare in Sheffield ran the operation at night unit with only has the one vehicle working across Sheffield. He added that if this was true, funding needed to be set up to ensure that the right kind of social care was delivered.</p>	
40	<u>SUBSTANTIAL VARIATION - GP BRANCH SURGERY CLOSURE</u>	
	<p>It was explained that the purpose of the report was for the Doncaster's Clinical Commissioning Group (CCG) to provide an opportunity to Panel Members to be consulted on the closure of a Branch GP Surgery at Scawthorpe, Doncaster.</p> <p>It was explained that there were currently three sites within the Ransome Practice in the North West Locality. The main branch at the Health Centre in Bentley and another branch site at the Woodside Surgery at Woodlands. The Practice had requested approval to close their branch site, The Clinic on Amersall Road at Scawthorpe. It was reported that the Scawthorpe Clinic was the smallest surgery of the 3 and saw 22% of the practice population. The Panel was informed that reasons for the closure included difficulty in recruiting GPs (the branch</p>	

had only 2 partners now which had reduced from 4) and therefore spreading themselves thinly across the 3 sites. It was explained that there were also issues with the building and that the Practice will have a reduction in PMS funding. Alongside these issues there was also an imposed premises rent increase of 400 per cent by NHS Property Services and a reduction in ability to increase revenue at the practice.

Healthwatch assured the Panel that the Practice has gone through a robust consultation process. It was reported that the Practice Manager, a GP and representative from Healthwatch had attended all of the consultation meetings. Also, that the Practice had developed a patient leaflet available in each of the branches, informing patients of the changes and the reasons why the branch was closing. It was explained that there was a great deal of information that had been given to patients about the services operating through other practices and feedback had been received. Members were informed that issues had included the concerns of the travel of elderly between practices. It was outlined that once the consultation has ended further work would be done to consider the issues around the elderly, those housebound and how they will be addressed.

The Panel asked a range of questions and discussed the proposed closure in more detail. The issues included the following: -

Concerns around the elderly and other patient groups – Members were concerned about travel to the other practices as two separate bus journeys would be required to travel from Scawsby to Bentley. Members were also advised that the practice had undertaken an Equality Impact Assessment and understood that nothing had arisen from that.

Vacancies on patient list at other Practices – It was explained that both the other two Practices had open lists and where lists were open, the branch would accept any patient within the area who wished to transfer.

GP Recruitment – It was clarified that this issue was not just a problem within Doncaster but South Yorkshire wide. Members were informed that within the General Practice Forward View document, there was a commitment to investing in other clinical groups, upskilling other members of staff to take over the paper role of GPs as well as implementing a range of other initiatives. Members had also heard how the numbers of GPs had reduced and that pressures had been experienced from GPs covering different sites.

Increased Premises Rent – Concern was raised over the increase of the 400% rise in rent imposed by NHS Property Services. It was questioned whether the building in question, would be disposed of or whether it would continue to be used by other health services. It was explained that consideration was given to other uses for it and that it

	<p>would only be disposed of as a final resort. It was added that it was more difficult to encourage the likes of dentists to move into a building like it as they wouldn't get the costs reimbursed. In respect of other services using the premises, Members were assured that RDaSH, as mentioned in the report, hadn't used the premises for some time.</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. Furthermore, that if an 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"> <li>a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;</li> <li>b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or</li> <li>c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area.</li> </ul> <p>The Panel concluded that it was satisfied that consultation around the proposed closure of the Branch GP Surgery at Scawthorpe had been adequate. The Panel also wished to highlight their own concerns around the 400% increase in rent and growing problems around the recruitment of GPs and nurses.</p> <p>RESOLVED that the Panels discussion be noted and comments be forwarded to the NHS CCG.</p>	
41	<p><u>DONCASTER'S STRATEGIC HEALTH AND SOCIAL CARE PLANS (SUSTAINABILITY AND TRANSFORMATION PLAN, PLACE PLAN, ADULTS HEALTH &amp; WELLBEING TRANSFORMATION PROGRAMME).</u></p>	
	<p>Members were presented with an update on the progress of Doncaster's Strategic Health and Social Care Plans. The presentation focused on three high level strategic plans; the South Yorkshire and Bassetlaw Sustainability and Transformation Plan, the Doncaster Place Plan and the council's Adult Health &amp; Wellbeing Transformation Programme.</p> <p>It was explained in the presentation that the vision was that 'people are able to look after their own health and wellbeing, but knows that support is always available from (us) and the community'. Members were reminded of the several projects and their objectives that came under the Transformation Programme and included:</p>	

1. Customer Journey
2. Community Led Support
3. Transforming Commissioning
4. Digital and Technology
5. Performance Management and Continuous Improvement
6. Alternative Service Delivery Models
7. Health and Social Care Integration

Members were informed that there had been a great deal of engagement and communication with the customer to ensure that they were aware of what those projects were.

There was a discussion around Runwood Homes and concern was raised around the issues when transferring of staff to future providers. It was explained that there needed to be a mixed economy of providers to form an ecosystem of smaller providers such as DomCare that delivered a much wider voluntary and independent type of care. Comments were made about how we financially enable people and in turn reduce isolation (reference was made to costs of using a befriending service). It was explained that the purpose of the plan was about reaching people at a much earlier stage before issues escalated. In terms of volunteering, Members were told that there was a great deal of people wanting to volunteer although there would need to be a support infrastructure in place. It was explained that there was a community led support model that would need to be developed.

It was outlined that there was a great deal of work going on in terms of learning disabilities enabling those in long term hospital care to return to the home environment through supported living by the process becoming more person centred and achieving better outcomes. It was added that there were a number of actions to be done that would improve the offer. This included considering a joint strategy and that the Council was about to commission supported living

Performance - Members were told that results had improved and were still improving in the following areas:

- Residential care places – reduced from a high of 1,606 in 15/16 to 1,370 (as at 30th June) and with admissions (over 65s with figs improving).
- Admissions to residential care lowest since 2011.
- Direct Payments had increased from 504 to 715 in the past 12 months – it was recognised that the Council had been poor performers in the past, however figures were now improving.
- Governance was improving and on a positive trajectory reducing from around 80-90 down to around 20.

It was noted that such results demonstrated the best figures for 10 years. In respect of overspend it was explained that at £469,000 this

	<p>was a small amount compared to £4.7m in 2015/2016.</p> <p>It was seen that sickness was still quite high due to higher incidents of certain conditions occurring at certain ages. Members were informed that work was being undertaken with HR such as sickness absence clinics which had received good feedback and the use of compliments and rewards for good attendance. It was added there was also a delay in the system in respect of back to work interviews etc.</p> <p>It was stated that there had been a significance reduction of people going into care creating more of a challenge for the provider. Members were informed that vacancies had increased although not dramatically and that an eye was being kept on the residential care markets as well as other opportunities. In terms of agency staff, it was explained that there was a need for a flexible workforce to cover short term placements.</p> <p><u>Place Plan</u> - In respect of the place plan it was explained that they were moving to the implementation stage.</p> <p>It was noted that the approach was about trying bring partners and providers to work out how complicated a model was in reality then make it simpler. It was explained that the model depended on what service was being looked at and where changes had been made. For example, with falls there was now a single point of access to link in with rapid response to see the person at home for a full health and social care assessment rather than previous outcomes such as ending up in Accident and Emergency.</p> <p>In terms of making efficiencies, it was noted that this year there needed to be savings of £11m and then next year £8m.</p> <p>RESOLVED that the Panel noted the information presented.</p>	
42	<p><u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE.</u></p>	
	<p>It was explained to Members that this was a regular item on the workplan and set out to outline;</p> <ol style="list-style-type: none"> <li>1. What was happening to providers;</li> <li>2. The role of the Council;</li> <li>3. Recent government announcements around improved Better Care Fund (iBCF) with expectations against that. It was explained that it was about improving the customer journey and flow in system where availability wasn't there.</li> </ol> <p>Members were provided with information around the Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care.</p>	

The information summarised:

- Key findings from the CQCs recently published report on the state and quality of domiciliary care services and provision of care in a registered Care Home for adults for the period 2014 to 2017.
- Comparisons between the CQCs national key findings and the local data and intelligence in relation to the provision of adult social care in the Doncaster district.
- Contract monitoring, engagement and other improvements activity undertaken by commissioning staff to support and drive up standards and quality.
- Recently announced programme of Health and Social Care local system reviews to support those areas facing the greatest challenge to secure improvement.

Members questioned the Councils capacity to monitor contracts with providers, maintain standards and then prevent those standards from slipping. Members were told that the Council was undertaking its own review of commissioning and developing a Commissioning Strategy and Plan. Members were informed that the Doncaster provision was recognised as some of the best.

Members heard that the Council was presently looking for an interim Assistant Director, that two Heads of Service roles were still vacant and discussions were taking place with the NHS CCG regarding other vacant places.

It was explained that nationally, CCQ ratings and the grading system had been abandoned four to five years ago and was then reintroduced three years ago. It was added that the majority had since been inspected and that Doncaster had come out slightly higher than the national average. Across Yorkshire and Humber, Doncaster had required less improvement than other local authorities. Finally, it was explained that Doncaster was average in terms of pay to providers and that its approach consisted of 1. A 'pull-active' approach, 2. Protected resource in contract management and 3. Establishing strong relationships with CQC inspectors and providers.

Clarification was provided in terms of ratings, that although Doncaster did very well in respect of domiciliary care there were no outstanding services, however, they were no better than the England average. It was recognised that the aspiration was there to achieve outstanding although CQC handed it out very rarely.

Members requested that a breakdown of this information be provided.

Members were informed that where homes may receive unfavourable reviews that the Council would work with them to construct an action plan to reach standard. It was further explained that where homes had

	<p>been closed, action would be needed, and that for the few that have been closed this had been handled successfully through positive relationships and policies.</p> <p>RESOLVED that the Panel noted the report.</p>	
43	<p><u>OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE.</u></p>	
	<p>The Panel received a report updating Members on the Panels work plan for 2017/18. A copy of the work plan was attached at Appendix A to the report taking account of issues considered at the Health and Adult Social Care Overview and Scrutiny workplanning meeting held on the 21st June, 2017.</p> <p>Members were also presented with an update following meetings held of the Joint Regional Health Overview and Scrutiny Committees.</p> <p>RESOLVED that the Panel note the Health and Adult Social Care Overview and Scrutiny Panel report.</p>	