

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

TUESDAY, 23RD JANUARY, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on TUESDAY, 23RD JANUARY, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith

ALSO IN ATTENDANCE:

Councillors Nigel Cannings, Kevin Rodgers, Neil Gethin and Nikki McDonald (observers)

Dr John Woodhouse, Independent Chair, Doncaster Safeguarding Adults Board  
Angelique Choppin, Safeguarding Adults Board Manager  
Jackie Pederson, Chief Officer, Doncaster Clinical Commissioning Group (CCG)  
Caroline Ogle, Associate Director of Primary Care, DCCG  
Kayleigh Wastnage, Primary Care Manager, DCCG  
Richard Fawcett, Head of Children's Social Care Services (North) DCST  
David Eckersley, Head of Service (Adults and Communities) DMBC  
Gerry Kelly, Team Manager, Children with Disabilities Team DCST  
Debbie John-Lewis, Assistant Director, Communities  
Alan Wiltshire, Head of Policy and Partnerships.

APOLOGIES:

Apologies for absence were received from the Vice Chair, Councillor Cynthia Ransome and Councillors Linda Curran and Sean Gibbons.

		<u>ACTION</u>
61	<u>DECLARATIONS OF INTEREST, IF ANY.</u>	
	There were no declarations of the meeting.	
62	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 22ND NOVEMBER, 2017.</u>	
	<u>RESOLVED</u> that the minutes of the Health and Adult Social Care	All to note

	Overview and Scrutiny Panel held on 22nd November, 2017 be approved as a correct record and signed by the Chair.	
63	<u>PUBLIC STATEMENTS.</u>	
	There were no public statements made at the meeting.	
64	<u>DONCASTER SAFEGUARDING ADULTS ANNUAL REPORT 2016-17.</u>	
	<p>The Panel received the Doncaster Safeguarding Adults Annual Report 2016-17. It was reported that the Board had continued to pursue its engagement agenda with great focus through a 'Keeping Safe Campaign' helping communities to identify and respond to abuse and neglect. It was noted that it had worked with the Doncaster Keeping Safe Forum, a community based forum that has been supported by the Board to grow in capacity and membership with the primary aim of getting the message out in Doncaster that abuse will not be tolerated.</p> <p>Members were advised that in 2016, the Board had requested a stocktake review be undertaken to assess the Boards progress since the Peer Review undertaken in November 2015. The review proved positive overall with further recommendations identified to ensure the continuing development of the partnership.</p> <p>It was noted that the Board had continued to meet on a quarterly basis and had been well attended by a range of agencies with commitment to working in partnership to safeguard adults at risk. The Board had also had its annual away day in February to assess progress against its strategic objectives, refresh the strategic plan and revise the Board structure to ensure it is fit for the future. The day proved productive with a refreshed Strategic Plan 2016-19 outlining future direction.</p> <p>Dr John Woodhouse, the Independent Chair of the Safeguarding Board also wished to point out to the Panel in moving forward there was an increased need to reinforce making safeguarding personal and support the development of a robust front door.</p> <p>Following the presentation of the report, Members were afforded the opportunity to make comments and ask questions as follows:-</p> <ul style="list-style-type: none"> <li>• In relation to attendance of partners at the Board, an explanation was sought as to why attendance was low and what can be done to encourage partners to attend. It was noted that whilst some partners had found it difficult to attend some meetings, it was acknowledged there were justified reasons for this. It was also noted that it was encouraging to see that attendance by the prison service had improved and recently all 4 prisons had been represented.</li> </ul>	

	<ul style="list-style-type: none"> <li>• With regard to the reporting of safeguarding concerns, it was asked what the response rate was. It was reported that when a concern is raised these are screened and prioritised within 24 hours. The response rate would depend on the priority of the piece of work. Members also noted that work was continuing in relation to the arrangements for the review and strengthening of the front door and the suitability and effectiveness of the IT System which was also under review.</li> <li>• It was also noted that this would be a multi-agency response and whilst the team have the availability to respond on the same day, if there was an emergency, the Police as the emergency service would respond initially. It was emphasised that it was a much greater priority for people to be safe and there may be a number of reasons such as confidentiality as to why some cases take longer to respond to.</li> <li>• It was asked whether there were any concerns around capacity and resources to cope with the work. Members were advised that there were a number of agency staff within the team and a new recruitment process had been carried out giving the team sufficient resources to carry out the roles required. It was stated that the service were in the process of considering devolving some responsibilities to partners as they foresee their role as being more of a facilitator which will create more capacity within the team.</li> <li>• In relation to the achievements of the Board highlighted on page 22 and 23 of the report, clarification was sought as to why there were no time lines/targets presented. It was reported that the current progress is revised against the plan to ensure that each section is still strategic and robust timelines were in place although had not been carried forward into this report. These can be made available.</li> <li>• It was acknowledged by Members that they can't doubt the importance of safeguarding. However, it was felt that sometimes it can be seen as a barrier. Two examples were provided. In response to the cases mentioned it was clear that the measures put in place have to work for the person and also what is important for that person creating a good centre person planning process. Members were also advised that further work needed to be carried out in embedding the Mental Capacity Act. It was reported that in the 2 cases identified, the outcomes may have been the safest option at that time and this is expected by practitioners.</li> <li>• A query was raised with regard to homelessness and whether this would be included. It was reported that this specific issue was now managed through the complex lives project, which had</li> </ul>	
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	<p>been in operation for 18 months of which Pat Hagen was the lead. Extensive work had been undertaken in identifying vulnerable people and engaging with them to provide the support needed to enable them to move forward. However there were still some engagement issues but the team were continuing in trying to provide that support. Members were advised of the introduction of the PSPO's within the town centre. It was suggested that a further report on this specific issue encompassing Veterans and the impact that PSPO's has had outside of the town centre be submitted to a future meeting of the Panel.</p> <p><u>RESOLVED</u> that the Panel noted the progress achieved by the Doncaster Safeguarding Adults Board in the relation to the safeguarding adults agenda and noted the information within it.</p>	<p>Debbie John-Lewis</p> <p>All to note</p>
65	<p><u>SUBSTANCIAL VARIATION - MERGER OF THE PHOENIX MEDICAL PRACTICE AND THE FLYING SCOTSMAN HEALTH CENTRE</u></p>	
	<p>The Panel were presented with a report detailing the proposed transitional merger of The Phoenix Medical Practice (TPMP) and The Flying Scotsman Health Centre (FSHC).</p> <p>It was reported that the Primary Care Commissioning Committee had asked for a full options appraisal which was presented at its November's meeting and option 6, 'transitional merger' was approved. Legal and procurement advice was sought by the CCG regarding the risks previously identified and influenced the options paper considered. A copy of the options appraisal document was attached at Appendix A to the report along with the minute extract of the Committee's discussion attached at Appendix B.</p> <p>It was advised that the transitional merger was a stepped approach as follows:-</p> <ul style="list-style-type: none"> <li>• Step one – the FSHC joins Dr Khan in his PMS Agreement for TPMP</li> <li>• Step two – Dr Khan resigns from the PMS Agreement for TPMP and is employed by the FHSC as a salaried GP; and</li> <li>• Step 3 – the FHSC request to close TPMP surgery and the PMS Agreement.</li> </ul> <p>It was noted that all three steps will be undertaken in as short a timeframe as possible and each step is reliant on the previous step having been agreed and undertaken. Details of the risks associated with a stepped approach were outlined within paragraph 8 of the report. Members were advised that patients were very supportive of the merger.</p>	

	<p>Following the presentation of the report, Members were given the opportunity to make comments and ask questions. The Panel were pleased that patients were very supportive of the merger and didn't foresee any reasons why it shouldn't go ahead. Members were advised that whilst this practice didn't happen often, it was acknowledged that this would be the direction of travel in the future which provides a much more sustainable model. It was also noted that patients fully understood all the details.</p> <p>One query was raised with regard to the contract with the Flying Scotsman being up for renewal in 2020 and whether any concerns were envisaged with that. It was reported that whilst the contract would be up for renewal within that there was a clause attached which gave a further extension for 10 years.</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"> <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 supported the change and was satisfied on all three counts.</p> <p><u>RESOLVED</u> that the report be noted</p>	
66	<u>TRANSITION FROM CHILDREN'S TO ADULT SOCIAL CARE.</u>	
	<p>The Panel received a report providing information from Doncaster Children's Trust and Doncaster Adult Social Care in relation to the processes by which young people with disabilities who are in receipt of a service from the Trust are supported on their journey to adulthood in partnership.</p> <p>It was reported that it was crucial that when young people in care reach the age of 18 that they know what is happening regarding their future into adulthood.</p>	

Members were presented with details regarding the Government's SEND reforms as follows. The Government's SEND reforms came into force in September 2014 and created the 0-25 Education, Health and Care Plan. The key principles that underpin these reforms and this protocol are:-

- Services are delivered based on up to date and where necessary, joint assessments of need;
- Services are delivered in a timely way with a minimal disruption at the point of transition;
- There should be good planning for transition that commences when the young person becomes sixteen;
- Families who are receiving a service should have access to a single, lead professional who can act as their single point of contact for all social care matters during the transition planning phase; and
- Responsibility for funding post-18 should be agreed early in the transition process.

Further details regarding the current service and operations within the team were outlined to Members. It was also highlighted that as well as safeguarding being the responsibility for all, the same needs to be said with regard to transition. It was reported that the people that work within the Children with Disabilities Team deal with some of the most complex young people and should be commended for what they do albeit there was still some way to go.

Following the presentation of the report, members were afforded the opportunity to make comments and ask questions including the following:-

- In reference to paragraph 33 of the report, clarification was sought as to who the Adults workers would be allocated within schools and whether this would be teacher at the school or a resource supplied by the team. It was reported that this matter would need further investigation and it wasn't foreseen that this person would be provided by the team, it may be a teacher or a perhaps a SENCO within the school who could be the link.
- It was felt that there wasn't sufficient provision for people with disabilities when they reach the age of 18 and above. It was reported that this can also be said for older people with disabilities and required specialist input also meant that they have to go out of the borough to find that support within a specialist all in one provision usually at a high cost, therefore not

supplying a mixed choice. Members noted that Doncaster Children's Services Trust had received a Good from its recent Ofsted Inspection and it was stated that Leisure passes had been extended to all young people. It was felt that passes should also be given to those with extended needs.

- A question was asked in relation to what happens to the young people post 25 particularly those who have little support. It was reported that it isn't the intention for that support to come to an end, support will be available through locality teams. It was noted that whilst some would enter employment or further education, there would be others which employment wouldn't be feasible due to severe disabilities. It was also reported that the Day Centre service offer was also under review to establish what people really want as a service and providing a service which was much more lifestyle focussed. Members also noted that a wider review of the strategy which will feed into Doncaster Growing Together.
- Concern was raised in relation to the lack of providers of services in the market and therefore services are not always deliverable within the borough. It was suggested that the Localism Act be used as a tool for the Council along with its partners to create a market for this service. It was reported that within the Council there wouldn't be capacity for this but community partnerships could be formed to provide this service. Work was being undertaken with commissioning on how a market can be developed through the Doncaster Place Plan. It was also noted that there are well-being officers within communities and those discussions are taking place on what support is needed within each community.
- With regard to paragraph 33 and the Schools being able to offer assistance, it was asked how this would work with academies. It was stated that engagement with academies will need to take place.
- In relation to employment, it was stated that for those people with severe and profound disabilities employment would not be on the agenda. However, it appears that this is where the biggest gap in provision was. It was asked how these people would be supported. Members were advised that the Direct Payments scheme could be a way forward for some people. It was stated that for those with dependent high level needs a more building based provision is required. However, there is a requirement for buildings to be brought up to standard. Discussion also took place with regard to community assets and the need to consult with Planning regarding better use of S106 agreements.

	<ul style="list-style-type: none"> <li>A query was made in relation to paragraph 32 of the report regarding the new build accommodation within Norton. It was reported that negotiations and clarity was still being undertaken to identify the most suitable location for the new build development and the Panel would be notified upon that decision.</li> </ul> <p><u>RESOLVED</u> that the report be noted and officer be thanked for their attendance and contributions to the meeting.</p>	<p>All to note</p> <p>All to note</p>
67	<u>HEALTH AND WELL BEING STRATEGY UPDATE - OUTCOMES FRAMEWORK FOR HEALTH AND WELL BEING BOARD.</u>	
	<p>The Panel considered a report which provided an update on the potential outcomes framework for the Health and Wellbeing Board. The Outcomes Framework, once agreed, will allow the board to drive delivery and be sighted on key information identified as important for the board. It will also allow the board to understand and delegate where appropriate to other parts of the Team Doncaster partnership leaving the board to focus on the key areas that don't have the same level of focus.</p> <p>It was advised that the outcomes framework had been developed with the Health and Wellbeing Board Steering Group and also discussed at a Health and Wellbeing Board workshop in October 2017. It was noted that the outcomes framework needs to connect to other parts of the Team Doncaster Partnership to ensure there is no duplication but also to maximise the reach and impact the board can have on improving people's quality of life in Doncaster.</p> <p>Following the presentation of the report, Members were given the opportunity to make comments and ask questions as follows:-</p> <ul style="list-style-type: none"> <li>Clarification was sought with regard to benchmarking and who had the Council used. It was reported that a number of different groups were able to be benchmarked such as CIPFA authorities. However, national benchmarks had been used for this report but it was recognised that liaison with other similar authorities to Doncaster should take place.</li> <li>Discussion took place in relation to whether there was any duplication of work. It was reported that the outcomes framework was a long term project and requires all partners to work collaboratively over a 20-30 year timeframe. Members expressed that they appreciated the traffic light system which had proved useful when obtaining data for their ward duties. It was also suggested that rather than using colour, symbols be used in future reports.</li> <li>It was asked how the Health and Well-being Board would</li> </ul>	<p>Alan Wiltshire</p>



	<p>monitor the progress. It was reported that the information would be provided to the Board as part of an update report.</p> <p><u>RESOLVED</u> that the Panel note the proposed Outcomes Framework for 2018-2021 and thanked the officer for their contributions to the meeting.</p>	All to note
68	<p><u>THE INSPECTION AND REGULATION OF ADULT SOCIAL CARE - IN HOUSE COMMUNITY SERVICES.</u></p>	
	<p>The Panel considered a report and presentation on the Inspection and Regulation of Adult Social Care with a particular focus on Doncaster Council's In house Community Provision and summaries:-</p> <ul style="list-style-type: none"> <li>• Introduction to the inspection and regulation framework applied to In-House Community Provision;</li> <li>• Key findings from CQC's inspection reports on the compliance and quality of all services;</li> <li>• Key findings from DMBC's Contract Monitoring Audit reports on the performance and quality of services;</li> <li>• Specific focus on the CQC Inspection report from September 2017 for Steps and Night Visiting Service; and</li> <li>• Planning to secure continuous improvement.</li> </ul> <p>A copy of the presentation slides were attached at Appendix A to the report.</p> <p>Discussion took place in relation to the Contract Inspection results for 2017 at page 110 of the report stating that whilst for Amersall Court and Eden Lodge the initial rating was given as partially compliant, following the action taken the final rating was given as complaint. It was stated that the reason for the initial rating were issues around the insufficient recording of information, which had now been resolved. In addition, the picture for Doncaster was very positive and this was reflected in the comments made by the service users. Further details were also provided to Members on the STEPS service.</p> <p>Following the presentation of the report, members made the following comments:-</p> <ul style="list-style-type: none"> <li>• The Panel commended the report and was pleased to see the encouraging comments made by service users on the in-house service provision.</li> <li>• Discussion took place with regard to Day Centre Services and the sustainability of this provision. It was reported that the service was under review and a move to a more community led provision was envisaged. It was advised that Mexborough already had a good example of this type of provision and a</li> </ul>	

	<p>similar model was being looked at within Rossington, which will be an inter-generational project. It was suggested that a report be submitted to a future meeting of the Panel.</p> <p><u>RESOLVED</u> that the report be noted and the outcomes of each inspection and rating going forward are considered and included as part of the overall inspection and compliance report.</p>	<p>Debbie John-Lewis</p> <p>All to note</p>
69	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE.</u></p>	
	<p>The Panel received a report updating Members on the Panel work plan for 2017/18. A copy of the work plan was attached at Appendix A to the report taking into the issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on 21st June, 2017 and Overview and Scrutiny Management Committee on 29th June, 2017.</p> <p>Members discussed the possibility of adding the following to the Panel's work plan for a future meeting. It was suggested that the options of how the items were to be added be presented to the Director and the Panel be advised in due course:-</p> <ol style="list-style-type: none"> <li>1. Veterans Plan; and</li> <li>2. Residential Care</li> </ol> <p><u>RESOLVED</u> that:-</p> <ol style="list-style-type: none"> <li>(1) the Health and Adult Social Care Overview and Scrutiny work plan and update for 2017/18 attached at Appendix A to the report be noted;</li> <li>(2) the correspondence made since the last meeting of the Panel to the Executive be noted; and</li> <li>(3) noted that the work plan is a living document 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.</li> </ol>	<p>Caroline Martin/ Damian Allen</p> <p>All to note</p> <p>All to note</p> <p>All to note</p>