

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 22ND NOVEMBER, 2017

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, 22ND NOVEMBER, 2017 at 10.00 AM

PRESENT:

Chair – Andrea Robinson
Vice Chair – Cynthia Robinson

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

ALSO IN ATTENDANCE:

DMBC

Rupert Suckling - Director of Public Health
Karen Johnson - Interim Assistant Director of Adult Social Care
Patrick Birch – Programme Manager – Commissioning and Contracts
Howard Monk - Head of Service - Strategy and Performance
Ian Campbell - Head of Service - Commissioning
Helen Conroy - Public Health Specialist
Sarah Smith - Public Health Improvement Coordinator

Other

Councillor Kevin Rodgers – Chair of Overview and Scrutiny Management Committee.
Jackie Pederson – Chief Officer - Doncaster NHS CCG

		<u>ACTION</u>
52	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Sean Gibbons and Linda Curran.	
53	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
54	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 20TH SEPTEMBER, 2017</u>	
	The minutes of the Health and Adult Social Care Overview and	

	Scrutiny held on 20th September 2017 was agreed as a true record.	
55	<u>PUBLIC STATEMENTS</u>	
	<p>The Chair paraphrased a public statement issued from Doug Wright that had been circulated and read out the following;</p> <p><u>MOU Concerns</u></p> <p>In my statement I wish to raise and develop in particular two key concerns around the implications of the MOU.</p> <p>Firstly, around the governance implications for Doncaster Council, including having key responsibilities, but not being party to decision making.</p> <p>Secondly, some of the financial implications for the Council within the proposed SYB reduction budget.</p> <p><u>Background</u></p> <p>Mayor Jones said at the January Council meeting, 'I have significant concerns about the budget pressures which will have to be accommodated with that'. (referring to STP now ACS)</p> <p>On 21st September 2017, the Mayor at the Council meeting responded to my MOU/STP question by saying 'we do have concerns in relation to the projected funding gap £571 million within the plan over the next 5 years and the implications of this on the care, health and wellbeing of local people'.</p> <p>NB: Around £570 million will be required by 2020/21, not over the next five years.</p> <p>It was noted that the Memorandum of Understanding would be considered as part on the first item on the agenda and would address the issues raised in Mr Wright's statement.</p>	
56	<u>THE SOUTH YORKSHIRE AND BASSETLAW ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING.</u>	
	<p>Members were provided with a report that gave them the opportunity to discuss and comment upon the South Yorkshire and Bassetlaw (SYB) Accountable Care System (ACS) Memorandum of Understanding (MOU).</p> <p>It was clarified that the MOU was an agreement, not a plan or a legally binding contract. It did not replace the legal framework or responsibilities of statutory organisations, yet sat alongside to complement and enhance them. It was explained that 27 partners were supporting the direction of travel, that there were implications around how those partners worked together and the agreement acted</p>	

as a commitment to resolve some of the issues.

It was stated that role of the NHS Clinical Commissioning Group's (NHS CCG) was to commission the right services at a high quality for people, something that they will continue to do. It was advised that resources would be used collectively for some services across that area, alongside the Place Plan in Doncaster.

It was explained that South Yorkshire and Bassetlaw had agreed to work collectively to do things in a different way. It was added that with an increase in demand and ageing population there was expected to be a health and social care funding gap of around £140M for Doncaster by 20/21.

It was outlined that the Accountable Care System (ACS) was the NHS England's current way of delivering improvements in care. Colleagues from the NHS were taking account of this new policy direction and were collectively taking precautionary and sensible steps to develop joint approaches to service delivery. It was noted that there has been no change in law and statutory responsibilities at an organisational level remain, therefore this is a coalition of the willing. It was shared that local authorities, without contribution or commitment had been invited to join the NHS as part of the journey, as what happens within the NHS impacts on local people and social care.

Governance – It was explained that there were no governance implications for the Council who were only supporting the agreement. It was clarified that the MOU does not supersede any statutory or legal responsibility where the Council was commissioning or providing services. That any changes would need a decision by Cabinet and services changes would be considered by the Council's Health and Adult Social Care Overview and Scrutiny or by the regional Joint Health Overview and Scrutiny Committee.

An example of recent service changes was a decision around hyper acute stroke services currently being considered by the regional health scrutiny group. The decision included a proposition that Doncaster became a hyper stroke service unit; one Member raised their own concerns about the impact from this on the overall availability of beds at Doncaster Royal Infirmary. It was explained that this this may mean an up to an additional 400 admissions and that work would be undertaken with the Trust to look at this.

Accountability - It was shared that there was a huge commitment from all those involved, that a governance structure was in place providing the right level of oversight which meets on a regular basis. It was added that commissioners would seek assurances through NHS England and providers through NHS improvement. Members were informed that there may be opportunities to have one regulator for both in the future and that this would be positive from a place perspective.

<p><u>Timeline</u> – Members were informed that new governance arrangements would be in place from April 2018 with a firm change from April 2019 when the South Yorkshire and Bassetlaw Accountable Care System would be formally established.</p> <p><u>Parties and Partners</u> - It was raised that under the list of Parties to this agreement as part of Section 2, there was no reference to any Arm's Length Bodies or commercial enterprises. Members were informed that this could be looked into and feedback would be provided.</p> <p><u>Minor Injuries</u> – In respect of minor injuries, Members were informed that there would be a review of existing urgent care centres, minor injury and walk in services. The review would look to establish the baseline position and develop a plan to have a model for urgent treatment centres across the system. Reference was made to the independent review of hospital services which would look at the model across South Yorkshire and Bassetlaw.</p> <p><u>Urgent And Emergency Care</u> - Members were informed that a programme of work was currently being developed to take account of national requirements. This involved delivery models developed at place with a joint focus on redesigning the urgent and emergency care system and developing out of hospital services to reduce demand on Accidents and Emergencies (A&E) and acute beds. It was explained that Accidents and Emergencies (A&E) all operated differently across the system.</p> <p><u>Transformation Priority Workstreams</u> - In respect of Transformation Priority Workstreams listed under Section 8. It was advised that workstreams were in place, led by clinicians. It was clarified that the majority should be maintained and that it would just be those services where it made sense to work across regions.</p> <p><u>Managing Demand and Optimising Care</u> – This covered the elective and diagnostic care workstream, responsible for the planning, oversight and governance of a regional or sub-regional elective and diagnostic care system. Concern was raised that that through focusing on the two priorities, by reducing system demand and improving efficiencies in delivering a service might in reality deter people from accessing services they really needed. It was explained that sometimes people accessed services that weren't needed at that time or would be better using alternative ones. Members were informed that it wasn't about deterring people, but more about ensuring that a consistent approach was being used.</p> <p><u>Mental Health</u> - Concern was raised that learning disabilities was not being treated as a priority and a Member questioned whether it could be separated from mental health. It was explained that the programme</p>	<p>Chief Officer - Doncaster NHS CCG</p>
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	<p>sat across South Yorkshire and Bassetlaw and Members were assured that the needs of people with a learning disability were considered to be as prominent as those of people with mental health disabilities. The Doncaster Clinical Commissioning Group Chief Officer offered to highlight it as a concern raised by the Panel.</p> <p>Members were reminded that local authorities were not being asked to delegate anything across South Yorkshire and Bassetlaw. It was explained that there was a joint committee consisting of NHS Clinical Commissioning Groups that worked across that area and had the delegated authority to make decisions on their behalf.</p> <p>It was shared that there was a real opportunity for Doncaster to work more in this way. It was added that with Sheffield and Doncaster were offering the two biggest sites and viewing it from a broader prospective, this could be seen as a potential opportunity for investment into Doncaster which may result in new jobs and better technology.</p> <p>Members were informed that there was a regular update received on the Accountable Care System that could be forwarded onto Members.</p> <p>RESOLVED that the Panel note the South Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding.</p>	Chief Officer - Doncaster NHS CCG
57	<p><u>DONCASTER'S STRATEGIC HEALTH AND SOCIAL CARE PLANS (SUSTAINABILITY AND TRANSFORMATION PLAN, PLACE PLAN, ADULTS HEALTH & WELLBEING TRANSFORMATION PROGRAMME).</u></p>	
	<p>A presentation was made to the Panel around Doncaster's Strategic Health and Social Care. The Panel received a verbal update on progress made on the Councils' Adults Health and Wellbeing Transformation Programme alongside Quarter 2 of the 2017/18 performance information.</p> <p>Members were informed how the programme was about enabling people to stay independent through providing a very different and more personalised offer. It was explained that this was something that needed to be achieved through integrated services involving health colleagues, as well as building up additional community capacity.</p> <p>After consideration of the report and details presented, the following areas were highlighted;</p> <p><u>Day Care Services</u> – It was outlined that this was about presenting a range of alternative community led day opportunities for people. It was stated that there needed to be best interest meetings starting with the individual, looking at their personal needs and that of the wider family to ensure the most appropriate offer.</p>	

It was commented that previously there had been concerns about centres in Mexborough that provided a combined service to individuals with learning disabilities alongside the elderly. Members were also informed that there had been reservations around facilities available to support adult's with higher dependency needs.

A Member who had recently visited the centre, commended staff and expressed that there was real warmth present, with happy people being well supported by staff who had an enthusiasm and willingness to embrace change. The Member praised the community involvement, engagement and interaction that were taking place with local groups using the facilities. It was recognised that this had been a big change which had resulted in a highly regarded model, with users receiving a better and more personalised service.

Short Stay and Respite Care - Members were informed that a focus was being placed on preventing admissions and there was an opportunity for this within the Place Plan. Members were told how there were currently four different admission routes to Intermediate Care and how they could be brought together was being reviewed. It was stated that sometimes individuals were placed in hospitals when they didn't need to be. It was added that there should be more of a focus on the outcomes of people to receive the necessary care and respite before being moved on appropriately dependent upon their needs.

Concern was raised regarding those with dementia who had been left and had found themselves in the emergency ward alone. Members were informed that the Rapid Response Services offered a chaperone facility which provided a mechanism for those in hospital at risk of harming themselves. It was commented that an effective handover point could be when someone was being transported over.

Home Care – Members heard that this was an area of challenge, where contracts were being looked at to see whether the right provision was in place moving forward.

Supported Living – Members were told that steps were being taken to review the current Supported Living offer to develop a more effective demand management led approach. It was added that the Council was looking to re-procure this offer by next August and were considering new ways of doing this.

Learning Disabilities – Some expressed that there was a need for a Learning Disability and Autism Strategy. Members were informed that this needed to be procured in a way that enabled the strategy to be more flexible.

Veterans – Concern was raised that there had been no mention of Veterans, a group that was at particular risk of mental health problems.

Members were informed that there was a specific action plan for veterans who were classed as an equality characteristic.

Carers – Members were informed that significant pieces of work were being done around carers.

Your Life - Reference was made to Your Life Doncaster, supporting a new approach to adult social care, through the development of a website which aimed to provide the necessary resources for Doncaster's residents to stay independent within their community. It was questioned whether this could be more localised and branded by town.

Members were informed that powers of general competency would need to be used when the market failed to pick up certain areas. It was added that interest had been expressed by staff to look at social enterprise models offering an alternative delivery model to provide extra support for a voluntary and community model. Reference was made to voluntary and community organisations who currently did not charge for their services and it was questioned whether this could be done differently, for example, using direct payments.

Members were informed that there was work being undertaken which could be brought back to the Panel in the future.

Performance Management - A presentation was provided to the Panel setting out the latest progress on Adults Health and Wellbeing transformation and quarterly performance highlights for Quarter 2. Areas covered included:

- Financial Position – projected Q2 overspend of £401K (£900k 2016/17, Q1 £469K)
- Residential Care Places
- Admissions To Residential Care (Over 65s)
- Direct Payment Agreements
- Staff Sickness
- Contracts
- Social Care Reviews

Members were informed that there had been 30 positions that had been vacant within adult social care and as a result, systems had not been where they should have been. Members were assured that that situation had been addressed and wouldn't be allowed to happen again.

Delayed Transfer of Care – Members considered information presented around delayed transfers of care where performance hadn't met set targets. Representatives from the NHS Clinical Commissioning Group commented that this was an issue that would be looked at collectively.

	<p>RESOLVED That the Panel;</p> <p>1. Notes the information presented and that consideration should be given to; and</p> <p>That consideration be given to;</p> <p>A secondary cooperative being established to support voluntary groups with administration functions.</p>	
58	<p><u>DONCASTER SUICIDE PREVENTION PLAN.</u></p>	
	<p>A report was presented to the Committee around the Doncaster Suicide Prevention Plan. It was explained that Local Authorities had a responsibility to have local suicide prevention plans in place. The report provided an overview of local suicide data and provided Members with the Doncaster Suicide Prevention Plan for their consideration.</p> <p>In relation of the data provided in relation to local suicides, it was explained that Doncaster's prevalence was 10.1 per 100,000 compared with Yorkshire and Humber whose prevalence of 10.7 per 100,000 was higher. It was outlined that between the years of 2013 and 2015, 65 males had taken their own life by suicide compared to 16 females and it was recognised that men were more at risk. It was explained that Doncaster was not an outlier and that it was the national picture issue that presented concern to all of us and in particular, males as a group.</p> <p>Members were informed that an action plan had been developed as the Public Health England (PHE) guidance made it clear that all Local Authorities required a local prevention plan. It was explained that the Suicide Prevention Plan contained a range of themed actions in accordance with national PHE guidance and that this contributed to the prevention of suicides in Doncaster as well as support for those affected. It was further explained that the new guidance challenged local partnerships about how they worked effectively together.</p> <p>It was added that the delivery of the plan was overseen by the multi-disciplinary Suicide Prevention Group which met bi-monthly and was chaired by Dr. Seddon from Doncaster NHS CCG with support from the Public Health team.</p> <p>It was outlined that in January 2017, a local conference had been held to refresh the local suicide prevention plan in accordance with the new Public Health England Guidance. Members were informed that over 80 professionals from a range of disciplines attended and workshops were conducted to define the actions for the refreshed plan in accordance with the nine themes of the national guidance, these included;</p>	

1. Reducing risk in men.
2. Preventing and responding to self-harm.
3. Mental health of children and young people.
4. Treatment of depression in primary care.
5. Acute mental health care.
6. Tackling high frequency locations.
7. Reducing isolation.
8. Bereavement support.
9. Data and intelligence.

Veterans – Concern was raised of what was in place for Veterans from this issue and that there were no figures within the report. Members were informed that this group was at risk and was classed as an equality characteristic. This group will therefore be audited and areas of concern picked up, in addition to that, real time data surveillance could be provided for the following year and this would allow for further investigation. It was also added that mortality data only presented information on the person's last occupation where for veterans, being a member of the armed services was often that person's first occupation and therefore that wouldn't have been picked up. In respect of the wider issues around Veterans, it was suggested that the Veterans plan should be added to the Panels workplan.

Suicide Prevention – In terms of prevention, it was recognised that this issue was often triggered by a major event and questioned what was being done to prevent suicides happening. Members were informed about the future commissioning of dementia cafes that would take place in 2018. Members were made aware of a small pot of funding of £5,000 per year available for areas within the action plan such as training and awareness campaigns.

Bereavement – Members were pleased to hear that further support would be made available for the bereavement service. A Member shared with the Panel that they had witnessed through their involvement with foodbanks, how individuals they engaged with were often at the end of their tether. For those individuals, bereavement was often raised as an issue and recognised as an unmet need. Members were informed that there was a procurement exercise/tender in place and that the Council would be involved in developing the specification to ensure that those effected by bereavement would access the right support.

Members were informed that attempts had been made to engage with Emergency and Social Care services to ensure that those at high risk were appropriately referred.

The Mental Health Challenge – Members were reminded of an email that had been recently circulated looking for Member Champions. It was explained that local authorities had been approached to take up

Senior
Governance
Officer

The Mental Health Challenge as it was felt that they have a key role promoting wellbeing and improving mental health in their communities.

Social Isolation – A Member raised concern that those who were based within rural areas were more prone to be socially isolated and therefore more affected by this issue.

Data and Information – Members were informed that the current database was able to search by postcode and could pick up significant patterns. It was reported that since the last audit the information has got stronger for all those areas. In respect of data recorded, it was clarified that there was no specific data on attempts as opposed to suicide.

It was explained that reviews of cases would be undertaken when a suicide occurred and would be treated as a child's death and learn from those cases. It was suggested that the same should be applied for those deaths classed as a 'misadventure'.

Children and Young People – A Member explained that in schools, where a child had responded that they had created a plan to take their own life, they could then be referred. It was explained that there was no evidence that suggested that there was any harm in asking. It was understood that asking this was intuitively very difficult.

Members were told about PAPYRUS, a national UK charity dedicated to the prevention of young suicide. Members were informed that training had been commissioned through them called 'Safetalk' and that 300 professionals (including teachers) had been trained. It was added that schools had been targeted and four had been invited to recent training from each locality. It was questioned whether the training could be opened to Governors and Members before it ended in February 2018.

It was added that this issue around Children and Young People was an area of focus at next prevention group meeting.

Broader Context - Concern was raised that this issue was not reflected in broader plans and policies. It was felt that this issue should be fed back into all areas.

RESOLVED that the Panel;

1. Note the data provided relating to local suicides, and assured of a robust Suicide Prevention Plan for Doncaster; and

That consideration be given to;

2. Undertaking case reviews on those suicides and sudden deaths registered as 'misadventures';

	<p>3. Widening SAFETALK training currently available for both School Governors and Members; and</p> <p>4. Further being done to explore what could be achieved across partnerships, picking up key plan and policies such as the Accountable Care Systems and mental health.</p>	
59	<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. The report provided an update and summarised:</p> <ul style="list-style-type: none"> • Key findings from CQC's ratings report on the state and quality of adult social care services as of August 2017. • Comparisons between the CQC's national, Yorkshire and Humber and South Yorkshire key findings as well as the local data and intelligence relating to provision of adult social care in the Doncaster district. • Contract monitoring, engagement and other improvement 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 challenges to secure improvement. <p>Members were reminded that the report applied information from a national report, localised it and considered lessons learnt.</p> <p>Members were informed that although there was some reliable data, work was being undertaken with the CQC on South Yorkshire wide information as further validation was required.</p> <p>It was clarified that the CQC was a national body who provide us with the data and that the methodology was to inspect less frequently with good providers although they do tend to re-inspect where there is evidence of poor providers. It was clarified that poor services were judged then re-judged. It was outlined that unannounced inspections took place at different times of day and where required an improvement plan with put in place with CQC in a supportive way.</p> <p>Concern was raised about care homes that were sold on or where management had changed. It was explained that when a company was sold, the CQC archived and removed the company's current rating. The rating was not given to the new owner but instead was earned through having another inspection. Also, there was a dispensation for care homes that were in liquidation where administration came in to run that alongside authorities before selling it on.</p>	

	<p>It was explained that 3% of residential care homes in the South Yorkshire region were rated as 'inadequate' compared to 2% in Doncaster. It was outlined that whilst there were 2 inadequate care homes in Doncaster, one was inactive and the other had recently been inspected by CQC.</p> <p>Members were reminded of the strategy in place to enable people to remain in their own homes and that people were living longer with complex conditions.</p> <p>RESOLVED that the report is noted and that the outcomes of each CQC inspection rating going forward are notified to future meetings.</p>	
60	<u>OVERVIEW AND SCRUTINY WORK PLAN 2017/18 - UPDATE</u>	
	<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 account of issues considered at the Health and Adult Social Care Overview and Scrutiny meeting held on 21 June and OSMC meeting held on 29 June 2017.</p> <p>RESOLVED that;</p> <ol style="list-style-type: none"> 1. The Health and Adult Social Care Overview and Scrutiny work plan for 2017/18 at Appendix A, be noted; and 2. That the following items should be added to the workplan for future consideration; <ul style="list-style-type: none"> • Continuing Health Panel • Clinical Waste – Environmental Health • Veteran's Plan 	