

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 27TH SEPTEMBER, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 27TH SEPTEMBER, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

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

ALSO IN ATTENDANCE:

Other Councillors;

Councillor Nigel Canning
Councillor Frank Tyas

DMBC;

Damian Allen – Director of People
Debbie John-Lewis – Assistant Director Communities
Patrick Birch - Strategic Lead for Adults Transformation
Simon Walker - Head of Service - Programme Management Office (Your Life Doncaster)
Helen Conroy - Public Health Specialist

Other;

Jackie Pederson – Chief Officer (NHS Doncaster Clinical Commissioning Group)
Emily Roseigh - Strategy and Delivery Manager for Children and Young People (NHS Doncaster Clinical Commissioning Group)
Stephen Emmerson - Head of Strategy & Delivery – Mental Health (NHS Doncaster Clinical Commissioning Group)

		<u>ACTION</u>
9	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were made by Councillor Cynthia Ransome and Councillor Sean Gibbons	
10	<u>DECLARATIONS OF INTEREST, IF ANY</u>	

	<p>Councillor Derek Smith declared a nonpecuniary interest in Agenda Item No.13, by virtue of his wife who works for RDash but not directly involved in any services to be discussed.</p> <p>Cllr Mark Houlbrook declared a nonpecuniary interest in Agenda Item No.13, by virtue of his employment within the prison service that may use mental health services.</p> <p>Cllr J Gilliver declared a nonpecuniary interest in Agenda Item No 14 by virtue of his son who uses such services.</p>	
11	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 2ND JULY 2018.</u>	
	<p>The minutes were agreed subject to the inclusion of the following paragraph;</p> <p>“A Member queried the current position in relation to Doncaster residents waiting on occupational therapy assessments for re-housing into fully accessible Council owned properties. Officers acknowledged that this was an issue being addressed as a matter of priority.”</p>	
12	<u>PUBLIC STATEMENTS</u>	
	<p>Mr Doug Wright attended the meeting and made a public statement. He commented on how NHS suppliers were legally bound to consult with the public as part of the Social Act 2012. He raised concern around what was going to happen further down the line, in particular, with areas such as mental health which were underfunded. He commented that a good example of such problems were outlined on Page 14 under Financial Implications which stated “referring to the changes proposed or arising from the measures outlined in the report will need to be considered and reported on as appropriate in due course”. He commented that it cannot or will not be stated how much within the Mental Health section of the NHS had been reduced financially bearing in mind £135m within Doncaster Place, and a £12m reduction of funding out of £25m referred to by the Mayor at the Council meeting that took place the week before. It was commented that this Council should state where it constitutes £12m out of a total of £25m. A question had been raised around the criteria of the Panel/Board and Mr Wright expressed his concern that meetings were being held in secret and that no one knew what was going on. Mr Wright questioned what the role of the Panel was and commented that he felt that the regional Joint Health Overview and Scrutiny Committee (JHOSC) was not properly represented. Mr Wright commented that the remit of the JHOSC was very narrow only relating to the Hospital Services Review and Paediatric Report. It was also questioned why Health and Social Care Joint Commissioning Management Board (JCMB) do not hold their meetings in public when they drive forward</p>	

	<p>remodelling that moves services into private services.</p> <p>Reference was made to the meeting held on the 12th June 2018 when the Committee was of the view that 80% of matters were resolved at the local Overview and Scrutiny Panel or the Health and Wellbeing Board.</p>	
13	<p><u>MENTAL HEALTH</u></p>	
	<p>A report and presentation provided an overview of Mental Health Commissioning in Doncaster. It was explained that the Panel had requested to focus on Mental Health for 2018/19 and were looking to identify focused topics and themes for future Panel meetings.</p> <p>An outline was presented on the following areas as part of the 5 Year Forward View;</p> <ul style="list-style-type: none"> • Background • Children and Young People’s mental health • Children and Young People’s mental health: The Green Paper • Children and Young People’s mental health: Eating Disorders • Perinatal mental health • Adult mental health: common mental health problems • Adult mental health: community and acute • Physical Health Improvement for people with Severe Mental Illness (SMI) in Primary Care • Adult Mental Health: secure care pathway and health and justice • Adult/Older People’s mental health: Dementia <p>Children and Young People’s Mental Health - It was explained that the NHS Five Year Forward View for Mental Health had consolidated national mental health policy into a cohesive investment and development package.</p> <p>Reference was made to a recent Panorama programme ‘Britain’s Mental Health Crisis’ around access to crisis care for young people. It was explained that in the Doncaster area, setting tiers had been removed and that Advice Workers were now based in all localities. Members were informed that it was critical to commence work with young people from 14 years of age and vital that intensive treatment could be undertaken to help them remain with their families. It was explained that the biggest challenge was around the workforce and steps were being taken to address the weakest areas by working with partners within the Immediate Care Service footprint.</p> <p>It was outlined that Doncaster had been involved in a pilot mental health competency framework with the aim to influence the national model. Members were told how in every school and college there would be a Mental Health lead who would undertake low-level mental</p>	

health work. It was noted that funding was in place to provide the necessary training and support needed within the infrastructure.

It was stated that workforce development was being carried out so that local authorities were not competing against each other although more work needed to be done across partner agencies.

Concern was raised in relation to the LGBTQ group as it was felt that they were a particularly vulnerable group. In terms of LGBTQ, it was explained that Young Minds had been commissioned to engage with young people and find out more about how it felt to work in Doncaster. From this work undertaken, the aim was for schools to develop a more consistent and positive message about diversity.

Concern was raised about young people aged between 15 and 19 years of age, transitioning across secondary school to college. Members were informed that this was a significant area for development and that further work needed to be undertaken with providers and partners.

Members were informed that young people had raised mental health as a priority area. It was raised that there needed to be more investment in those services. Members were reminded that £160,000 had been invested to look at the transition from primary to secondary school.

In terms of waiting times, it was explained that on average there was a 24-hour wait, however, in an emergency RDash could see an individual within 4 hours.

Perinatal - Members had been informed that £1.2 Million had been invested in this area mobilising a Sheffield, Rotherham and Doncaster hub approach and providing specialist support for pregnant women as well as in the year following the birth.

Additionally, Members heard that there had been value through low level psychological intervention being provided as part of the physical health care packages with Attention Deficit Hyperactivity Disorder (ADHD) as one of the transition areas.

Acute Crisis Care - It was explained that multi-agency user groups and the voluntary sector were working to better understand issues within mental health crisis and access response. Members were informed that proposals were being built for Doncaster that moved away from a blue light response based on a police use of Mental Health Act Section powers or attendance through Accident and Emergency services. It was explained that a mapping exercise was being undertaken around the voluntary sector, peer support and places of safety to help build more resilience within community services to prevent hospital admissions.

A Member raised concerns that some individuals were waiting a long time to be allocated a Mental Health worker and that language used was often difficult to understand and to be used to navigate around the different services.

Colleagues from Doncaster NHS CCG commented that they recognised the need for modernisation around acute response to crisis. There was a brief discussion around alternative places of safety where an individual could be detained by police or Accident and Emergency, to have a safe assessment of their needs. It was felt that there wasn't a great deal of flexibility available and it was more about having a variety of different options depending on the degree of presentation and need.

Concern was raised that mental health and other services needed to be specific to the need of the individual, for example, substance misuse.

In response to what was being done to improve partnership working, it was explained that when the individual presented themselves to Accident and Emergency, a Section 136 (part of the Mental Health Act) could be issued and then the individual would receive an assessment. Members were informed that timescales depended upon the needs of the individual, their circumstances and where that person was in terms of their needs being met. It was explained that RDASH providers of mental health services were there to develop alternatives and part of that was the liaison that takes place between providers and flows through systems.

A Member stressed that it was essential to look at the causes and ensure that prevention was in place to stop problems from reoccurring further down the line. Members were assured that there was a significant amount of prevention work being undertaken across Health and Social Care.

Members heard that the Health and Wellbeing Board had considered progress against the 10 areas for development identified in the Place Plan

Wellness Recovery And Action Plan - Reference was made to the power of the community and its neighbourhoods within an individual's recovery pathway and that there was a need to integrate with voluntary networks. Members were also informed of the importance of the Council and Doncaster NHS CCG working together especially within a challenging funding environment. Members were assured that prevention was considered as key in addressing this.

The Director of Public Health spoke about the impact of Adverse Childhood conditions on mental health and how consideration was being given to such things as parenting skills, having an available

adult, maintaining strong relationships with adults, mindfulness and physical activity. It was further commented that other leavers included community infrastructure, community wellbeing, community navigators and communities addressing challenges.

Children and Young People's Mental Health: Eating Disorders - Members spoke about Children's and Young People's Mental Health eating disorders and it was questioned what could be done to address the route of the causes such as bullying. Members were informed that anxiety, stress and self-harm were the top three issues faced by children. It was commented that there may be a way of making children more resilient through a local level campaign, raising awareness of bullying and aspirations. It was added that South Yorkshire Eating Disorder Association (SYEDA) had been successful in receiving funding to develop eating disorder services for adults.

In terms of numbers of children affected, Members were informed that according to a national survey this ranged between 3000 to 4000 children. Members were told that a survey had been undertaken last year and the Public Health team were waiting for those results to be able to identify gaps in the community and of those accessing services.

It was added that although the admission of children to hospital with an eating disorder was avoided, that on occasion the physical element might override that.

In respect of obesity, Members were informed that health colleagues worked more closely with Public Health colleagues on prevention by being healthy. A Member asked the question on why obesity wasn't treated with the same parity as bulimia and anorexia in terms of focus and funding. Is Obesity not an eating disorder?

Suicide Prevention - It was explained that forming part of mental health, suicide prevention was both a public health and local authority responsibility. Members heard how two years ago, a local suicide conference had taken place to move forward with the local Suicide Prevention Plan. For information, priority areas identified included men, self-harm, children and young people, acute mental health care, high frequency, reducing isolation and data and intervention.

It was further explained that a suicide audit undertaken between 2015 and 2017 revealed that a third of suicides had been of individuals bereaved by suicide or bereaved in another way. Members were advised that a report could be made available once further work had been undertaken with colleagues.

Reference was made to reduced resources although it was acknowledged that NHS England had pushed back cuts to Public Health. It was further explained that £500,000 had been made available within the South Yorkshire and Bassetlaw Intermediate Care

Services area for suicide prevention, with Sheffield NHS CCG as the lead and an estimate of £90,000 to spend in Doncaster on suicide prevention actions (available for the remainder of the financial year). It was continued that money would be made available in 2020 and although it was part of a modest investment, national areas were striving to reduce suicide areas where possible.

Veterans - A Member raised their concern around veterans in terms of mental health and suicide prevention. Members were informed that work was being undertaken with the Stronger Communities Wellbeing Manager and specific services were being offered to veterans.

A Member queried whether specific funding could be made available by organisations who had been involved with veterans during their working life. Although it was felt that this might not be feasible, it was commented that it was in local planning to look at veterans and consider further actions as part of a local prevention plan. The Public Health Specialist offered to cooperate with the Stronger Communities Wellbeing Manager to consider how the funding offer could be further enhanced. Members were also reminded that it was a target of the Mayor to provide support to veterans.

Adult Mental Health - There was a brief conversation around the Adult Mental Health Improvement Plan drafted from various stakeholder input.

A Councillor commented that the Council was a large employer within Doncaster, and that according to statistics 1 in 4 people were affected by mental health and was therefore concerned about Council employees affected by stress. Members were informed that discussions had taken place over the past year around Mental Health First Aiders within the Council. It was explained that Public Health was looking at a model of first aid and had put out an expression of interest for a member of staff to be trained as a Mental Health First Aider. Reference was also made to World Suicide Prevention Day where the Council had a stall in the atrium that had been approached by members of staff looking for support.

RESOLVED That the Panel

1. Note the information provided ; and
2. Identified the following Mental Health topics for consideration at future Panel meetings, to include;
 - Suicide Prevention
 - Mental Health Prevention
 - Dementia
 - Veterans Plan

Senior
Governance
Officer

14	<p><u>THE ADULTS HEALTH AND WELLBEING TRANSFORMATION PROGRAMME - UPDATE.</u></p>	
	<p>A report was provided Members with an update on the council’s Adults Health and Wellbeing Transformation Programme. A presentation was provided at the meeting and covered the following aspects of the programme:</p> <ul style="list-style-type: none"> a) Operational, governance and resources arrangements: b) The alternative care model for Day Opportunities. <p>It was explained that there was a need to review the customer journey to work on prevention and be able to make longer term savings. In terms of capacity, it was felt that more was needed and therefore specific expertise had been brought in to undertake this. It was stated that the product would be further developed over future months.</p> <p>Members heard how the Placement Strategy would result in investment into other services. It was about reducing enablement and transitioning people to a more improved level, intervening at different times and therefore assisting demand management. It was reported that there had been a positive response as well as it being better financially.</p> <p>Rapid Improvement Projects - Members were updated that these projects covered the following areas;</p> <ul style="list-style-type: none"> • Safeguarding • Occupational Therapy • Direct Payments • Section 117 and CHC Spend • DoLS • Quality Assurance <p>Day Opportunities - Concerns were raised around how a quality service could be delivered with less money. Members were informed that a debate was taking place in Doncaster and at a national level about what the right level of funding looked like at a time when demand was rising and some services were oversubscribing. It was added that developments with day centres were a positive example of what could be achieved.</p> <p>Members were assured that there was a focus on investment as well as on the improvement of quality. Members recognised that steps were still being taken to consider different models and business needs.</p> <p>Members were told that when reviewing services, a number of duplications were found which had resulted in having a negative impact on customer quality. It was recognised that there was a funding deficit and improvements had been made within services with an aim to work</p>	

more on preventative measures.

Members were informed that expectations had been broadened and feedback was indicating that more people were feeling more supported within their communities. A Member expressed the opinion that based on their personal experiences it was too early to see if the changed offer was providing a better outcome.

It was outlined using feedback from Mexborough Day Centre that clients were better linked into the community and had benefited from an intergenerational approach. Other positive examples included from the Bullcroft Memorial Hall in Carcroft, where clients had benefited from the reduction of time and money spent on transport and had become more independent as a result of the close location of the centre. A Member of the Panel also mentioned how a user who was now attending Rossington Day Centre, had expressed their contentment and looked forward to the new activities at the centre.

Members heard that there facilities and services needed to be utilised more and made more sustainable.

Transport - Members were informed that consideration was being given to how transport could be made more efficient. Concern was raised that costs should not be passed on if the numbers of users reduced.

A Member conveyed how in their own ward, transport costs had proved too expensive when using a local charity that supported older people. It was explained that as a result, the Town Council was now using taxis to access the same service as a cheaper form of transport. Members were informed that social isolation was a significant issue that the Council and partners were committed to addressing; this included undertaking work to consider how communities could provide further support.

A Member felt that the budget needed to be revisited to be more service not profit driven and provide a viable service to the elderly and vulnerable. It was commented that there should be parity across all of Doncaster and that everyone should have access to the same standard of facilities. It was recognised that everyone including partners were being challenged financially.

Clarification was sought as to how S106 money could be utilised for community benefit. It was felt that there was a need to consider other areas and services, sending a clear message that the Council was caring and connected. It was stressed that monies needed to be made available to maintain and continue services in the short-term while other ways of working were considered.

Reasoning the reduction in the number of users, it was explained that

	<p>the majority of them were older who had passed away or others that used alternative services or did not prefer mixed services.</p> <p>In terms of the future level of need for adults with Learning Disabilities, it was explained that projections were available through national databases including POPPI (Projecting Older People Population Information) and PANSI (Projecting Adult Needs and Service Information), which were able to drill down to local area level. It was stated that there had been a shift with level of referrals slowing down.</p> <p>Members to be forwarded details of this information.</p> <p>Direct Payments – It was explained that the Council did not possess data on whether individuals that received direct payments used it to employ support. It was considered that this was important information to have for the authority to be able to progress.</p> <p>Local Authority Training Companies – A Member expressed that their belief was that in-house was best as it was not dependent on profit. Members were advised that if the Council was to consider an external company, then it would only do if the offer was above and could add value to what the Council could provide.</p> <p>Occupational Therapists – It was questioned whether the Council was now satisfied about the length of waiting times and process for adapted housing. Concern was raised that individuals were still experiencing long delays with no offer; Members were informed that there was still a backlog which was being worked on.</p> <p>It was stated that there was a policy that sits behind allocations as people had in the past refused accommodation on a number of occasions and therefore remained longer on the list. Members asked for numbers of how many people were waiting and how long they were waiting for assessment before being provided with accommodation?</p> <p>RESOLVED that the Panel note the report and presentation made.</p>	<p>Assistant Director Communitie s</p> <p>Assistant Director Communitie s</p>
15	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN 2018/19 - SEPTEMBER 2018</u></p>	
	<p>The Panel received a report updating Members on the Panels work plan for 2018/19.</p> <p>A copy of the work plan was attached at Appendix A of the report taking account of issues considered at the Health and Adults Social Care Overview and Scrutiny workplanning meeting held on the 11th June, 2018.</p>	

	RESOLVED that the Panel note the Health and Adult Social Care Overview and Scrutiny Workplan 18/19 - October 2018 update.	
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