

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 28TH NOVEMBER, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 28TH NOVEMBER, 2019 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors John Gilliver, Martin Greenhalgh and Pat Haith

ALSO IN ATTENDANCE:

DMBC: -

- Phil Holmes - Director of Adults Health and Wellbeing
- Rupert Suckling - Director of Public Health

Other: -

- Richard Parker – Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- Emma Shaheen, Head of Communications and Engagement
- Jackie Pederson - Chief Officer, Doncaster Clinical Commissioning Group
- Rebecca Joyce – Chief Operating Officer of the Doncaster and Bassetlaw NHS Foundation Trust.

		<u>ACTION</u>
16	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors George Derx, Derek Smith and Sean Gibbons.	
17	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
18	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 26TH SEPTEMBER, 2019</u>	
	The minutes were agreed as a correct record.	
19	<u>PUBLIC STATEMENTS</u>	

	There were no public statements made.	
20	<u>UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS</u>	
	<p>The Panel was provided with a presentation from the Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on the following areas;</p> <ul style="list-style-type: none"> • Strategic issues including future aspirations; • Future challenges and impacts; • Cancer Care waiting times; • Maternity Care – Hospital Services Review • Setting the scene • Our True North • Our Workforce • Our Estate • Patients 2018/2019 • People 2018/2019 • Performance 2018/2019 • Prevention 2018/2019 • Partners 2018/2019 • Quality Improvement 2018/2019 • Future Challenges 2018/2019 • Cancer Waiting Times • Maternity Times <p>There was a discussion held and the following issues were raised;</p> <p>CQC Inspection – A Member raised concern that the last published CQC Inspection report deemed the inspected Urgent and Emergency Care Services as ‘requiring improvement’. Members were informed that a more recent CQC Inspection had taken place in October 2019 (as part of the inspection cycle the Trust undertakes with core services lines including: - Accident and Emergency, Maternity, Children and Outpatient Services) which was to be made public in January 2020. It was explained that it was hoped that the outcome would show progress and potentially raise the current rating to ‘good’. Members were told how following this, it was the intention of the Trust that 2 years forward they would look to achieve an improved rating of ‘outstanding’. It was also commented that inspections taking place during the autumn/winter period often presented their own challenges. It was added that part of the rating assessment considered how resources were utilised to their best potential.</p> <p>Estate – Reference was made to the age of the buildings that formed part of the estate and were now requiring significant costs to modernise, refresh and rebuild as necessary.</p>	

Workforce – A Member asked about the potential of individuals being able to become fully qualified nurses within Doncaster. It was stated by the Chief Executive of the Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust, that the Trust wished to provide an educational facility within Doncaster to further enable this to happen, and were strategic intentions to work with Partners in order to achieve this. In terms of timescales, the Panel was informed that the Trust was already working with partners to consider how quickly this could be taken forward.

Members were informed that workforce retention was higher in Doncaster than the national average (although it was recognised that there were still challenges within certain fields). For example, it was explained that there were vacancies in Pathology in Yorkshire and the Humber. However, the South Yorkshire and Bassetlaw Pathology programme was in place to support the development of pathology services. It was commented that in light of increasing demand, NHS services were performing well and specific challenges were being worked through. Members heard that historically Doncaster had employed staff from wider fields across the commonwealth, it was emphasised that the focus was on recruiting good staff from wherever the opportunity arises. References were made to those employees who had benefited from working overseas, although it was stressed that there was a desire to make sure that those individuals returned back to the NHS.

In terms of what was in place for children and young people around education and careers opportunities, it was explained that there was a Foundation School for Health with Hallcross Academy in place. This aimed to benefit student's education through close links working with health professionals as well as helping to develop the skills and experience for a future local workforce in the NHS. Members were informed how through this opening, students could be supported with job prospects post 16 and this work demonstrated how opportunities could be delivered locally with involvement from higher education.

It was explained that all professional training was university based involving a high level of skilled technical knowledge. Members were informed that there was a desire to attract mature students through providing the right opportunities at the right time.

Performance – It was explained that there were challenges around performance, particularly in relation to certain cancer care targets. Members were informed that patients in this type of care were on complex pathways that involved two elements of standards, which required the care to be co-ordinated between providers. This meant that there was shared ownership of the target with one part needing to be undertaken on time so that the other part could be completed within its own timescale. It was also acknowledged that this target could be challenged by other factors such as responses to national awareness

campaigns and the tests involved.

Never Events – It was explained that ‘Never Events’ related to unexpected issues where the aim was for the event to never happen. The information on Serious Incidents and Never Events was reported nationally and locally. It was noted that over the previous 4 years, 1 ‘Never Event’ had been recorded annually and the aim was to drive to ensure that a ‘Never Event’ did not occur. It was explained that there were national learning reviews available, and that the Trust reported on ‘Never Events’ within its monthly performance report. It was explained that NHS providers were encouraged to learn from mistakes and that any organisation that reported a ‘Never Event’ was expected to conduct an investigation in order to learn from it and take action on the underlying causes.

Prevention - Reference was made to how the Trust was moving forward with partners to look at what prevention measures could be put in place to support prevention and screening and implement the best service model for the patient, for example the Hyper Acute Stroke Services.

Prisoners attending Accident and Emergency – Concern was raised around prisoners who attended Accident and Emergency departments. Members were assured that the prison population was not a significant factor affecting performance and that there was a great deal of successful work being undertaken with prisons in Doncaster through the use of technology in preventing conveyance. It was further explained that a project was underway to ensure that prisoners were only conveyed when they really needed treatment at hospital. Reference was made to incidents experienced by staff and the police within Accident and Emergency departments. It was recognised that there could be certain limitations in relation to the environment across the estate when dealing with particular patient groups. Members heard that there was a challenge about treating people in order of presentation so they did not differentiate. Members were informed that new initiatives had been introduced, such as floorwalkers. A Member felt that further improvements could be made within Accident and Emergency.

It was requested that a briefing be supplied to Members providing an overview. The Chief Executive of the Trust offered to provide information on the types and number of incidents of staff effected and update from project taking place with prison service.

Smoking Cessation – Members were informed that the Trust had implemented a no smoking site for all facilities. It was explained that there were significantly less people smoking at the main entrances mainly due to new signage placed in the entrance.

The Chair of the Panel thanked the Chief Executive of the Trust for

Chief
Executive,
Doncaster and
Bassetlaw
Teaching
Hospitals NHS
Foundation
Trust.

	<p>their time and the positive work taking place.</p> <p>It was requested that an update be presented to the Panel on an annual basis, with a focus in 2020 on Accident and Emergency, Nurses and education.</p> <p>RESOLVED that the;</p> <ol style="list-style-type: none"> I. Report be noted; and II. That as part of the Health and Adult Social Care Overview and Scrutiny Panel workplan 2020/21 that there be a future update on the Doncaster Royal Infirmary with a focus on Accident and Emergency, Nurses and education. 	<p>Senior Governance Officer</p>
<p>21</p>	<p><u>STRATEGIC ISSUES AND CHALLENGES - WINTER PLANNING IN PARTNERSHIP</u></p>	
	<p>The Panel was provided with a presentation from the Chief Executive of Doncaster NHS CCG and the Chief Operating Officer of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, which focused on;</p> <ul style="list-style-type: none"> • Winter Planning Context • Approach to Winter Planning/Managing Winter <p>It was reported that there was a well-established system in Doncaster through joint planning undertaken across health and social care involving partners from both the public and private sector.</p> <p>Members were informed that specific activities had been commissioned although resources could be an issue when planning. It was explained that there had been a focus on different topics throughout the year using major communication campaigns (including the use of social media).</p> <p>It was explained that there had been a winter 2018/19 review and evaluation to understand the impact of schemes on the urgent and emergency care system with a demand and capacity analysis for local urgent care system as a whole.</p> <p>Members were informed about areas being taken forward as the part of the approach to managing winter that included;</p> <ul style="list-style-type: none"> • Established approach to system escalation • Planned proactively for Christmas and the New Year period. • Commissioned changes. • Additional staff and beds plus strengthened processes of DBTH. • Use of the LA Winter Pressures Fund <p>Members were assured that a Doncaster Winter Plan document set to</p>	

ensure that all actions were aligned and that the urgent care system was sighted on the risks and associated contingencies as a whole.

In terms of continuity, Members were advised that the same grant had been rolled forward from last year. It was commented that it would be useful to have long term funding within Adult Social Care to be able to plan effectively. Members were informed that greater investments had been made in independent home care and short stay approaches in care homes to ensure that there was the correct provisions in place.

It was reported that it was a challenging context with unpredictability over the winter period and therefore vital to remain strong to be able to address any future challenges that may arise.

There was a discussion held and the following issues were raised;

Water born viruses arising from the recent floods within Doncaster – Members were informed that at this time of year there tended to be a rise in cases of norovirus and influenza that generally resulted from the seasonally cold weather. It was explained that data collected did not always include the causes of such viruses and therefore would be difficult to determine whether a rise in cases would have been due to the recent flooding in Doncaster. Members were assured that Public Health England would monitor data over that time and investigate any increases arising from geographical data. A Member commented that groups within emergency services such as the fire service had been effected in the past and recorded statistical information as a result. It was suggested that this could be considered as part of the recovery work going forward.

Chaperoning people who are elderly or with dementia (needing support) - Members were informed that there was a positive navigation service for patients with dementia within the NHS. It was outlined that this set out to provide navigation through services through accessing a person to provide support. In terms of social care, it was considered that more could be achieved and with better coordination for people in certain high dependency groups, however, it was noted that this was a similar story to other areas outside of Doncaster.

It was also explained that work had been undertaken to help improve the skills of staff across the board through a Dementia Specialist Nurse who provided inductions to other staff. There was also a practice where case studies were reviewed when something had not worked well.

NHS 'Apps' – It was stated that there was a NHS 'app' that could be downloaded and it was questioned what could be done to install confidence in the public to use this and other modern technology effectively. A Member raised their concern that the development of an NHS 'app' was at the expense of other areas. Concern was also

	<p>raised about the ability of those who were elderly or with dementia when using it. It was commented that new technology provides a range of potential benefits including for example, allowing the individual to view information to help them make real decisions. It was added by the Chief Operating Officer of the Doncaster and Bassetlaw NHS Foundation Trust, that the standards applied in technological and health care had received positive experiences.</p> <p>The Director of Public Health suggested that this could be a potential topic for a future overview and scrutiny to consider the use of technology in health and social care and how people were not excluded.</p> <p>Members were informed that although the NHS CCG considered best practice outside of Doncaster, the partnership in place was one of maturity that had become stronger since the new Emergency Care Model had been introduced 4 years ago. The Director of Adult Health and Wellbeing commented that it was not about being complacent but about understanding the day-to-day challenges. The Chief Executive of Doncaster NHS CCG commented that the CCG constantly questioned what more could be undertaken to improve what was already in place.</p> <p>There was a brief discussion about the increasing demand of those individuals who attended Accident and Emergency Departments (who did not need to be there) and the possible reasons behind it.</p> <p>It was noted that GP data was not collected nationally, but recognised that there were frustrations with GPs working within Primary Care.</p> <p>RESOLVED that the Panel note the report and update provided.</p>	<p>Senior Governance Officer</p>
<p>22</p>	<p><u>SUICIDE PREVENTION</u></p>	
	<p>The Panel was provided with a presentation from the Public Health Theme Lead which focused on;</p> <ul style="list-style-type: none"> • 2016 – 2018 Data Release (Males/Persons/Females) • Patterns and Trends • Wave 1 Funding, local Doncaster Delivery/South Yorkshire and Bassetlaw <p>There was a discussion held and the following issues were raised;</p> <p>Community Facilities – Concern was raised about the impact caused as a result of the reduction in traditional community facilities such as Working Men’s Clubs. It was noted that causes behind suicides were so complex than such socioeconomic factors were likely to have an influence. Reference was made to small grants available in communities to enable them to undertake more within their areas to</p>	

	<p>address this.</p> <p>It was commented that suicide was ultimately a result of a chain of factors and with 'at risk' areas including those with high levels of poverty and debt and family breakdown being more likely to experience higher rates. It was explained that the challenge was to work as far upstream as possible. It was outlined that there were opportunities through the Integrated Care System to address this and that nationally the Local Governance Association was looking at prevention plans to work backwards through public mental health. It was explained that the Health and Wellbeing Board concordat work were assessing this issue looking at the resource activity in that area and the flex in spending Public Health Grant money.</p> <p>Samaritans – A Member requested an update on the role of the Samaritans and it was outlined that they were considered as a key partner in the local Suicide Prevention Group who consistently provided a great deal of support throughout the process.</p> <p>Public Health Grant (Budget) - In terms of the budget, it was explained that there was guidance in place with statutory instruments guiding where resources should be spent. Members were informed that the Government was minded to remove the ring-fence from the Public Health grant to become part of business rates retention. It was explained that there were advantages and disadvantages in undertaking this.</p> <p>At the same time as proposing changes to the national financial regime there are discussions about how national oversight by Public Health England would work, which could be an OFSTED like regulator or rely on existing Sector Led Improvement methods. It was acknowledged that there was a good process in place in Doncaster. There were also potential risks around additional burdens for local authorities.</p> <p>RESOLVED that the Panel note the report and update provided.</p>	
23	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	
	<p>The Senior Governance Officer presented the 2019/20 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>Members acknowledged the outline of areas that had come out of the Members briefing on Fees and Charges and update that had been circulated separately to Panel Members. The Senior Governance Officer updated the Panel that the item would be further considered by OSMC with an invite to Health and Adult Social Care Overview and Scrutiny Panel Members, to ensure that there was full consideration of the impact of health services to those effected. The update of</p>	

	<p>meetings included that future Fees and Charges meetings would take place on the;</p> <ul style="list-style-type: none">• 22nd January 2020 – Members Briefing• 21st February 2020 – OSMC <p>There was a brief discussion around future items for the Overview and Scrutiny workplans following the meeting’s discussions.</p> <p>RESOLVED that:-</p> <ol style="list-style-type: none">1. The Overview and Scrutiny Work Plan 2019/20 and Forward Plan of key decisions be noted; and2. It was agreed that it be suggested for the following to be added to the respective Overview and Scrutiny workplans;<ul style="list-style-type: none">• Communities and Environment Overview and Scrutiny Panel - Flooding – lessons learnt – health impacts LA NHS and emergency services exposure to flood water.• Health and Adults Social Care Overview and Scrutiny Panel - Ageing well March 2020 – Dementia – navigation around services, use of technology	<p>Senior Governance Officer</p>
--	---	--