

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 29TH SEPTEMBER, 2022

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the , DONCASTER on THURSDAY, 29TH SEPTEMBER, 2022 at 10.00 AM.

PRESENT:

Councillors Martin Greenhalgh, Sue Knowles, Jake Kearsley, Glynis Smith and Linda Curran.

ALSO IN ATTENDANCE:

- Phil Holmes, Director Adults Health and Well-being.
- Geoffrey Johnson- (Former Carer & Co Chair of Carers Strategic Oversight Group).
- Glyn Butcher - People Focus Group (PFG)/Safe Space
- Campbell McNeil (NHSE - Leadership Support Manager/Commitment to Carers- North East and Yorkshire Region).
- Hayley Naish (Project Support Officer Strategy and Delivery).
- Cath Magee - Regional Head of Operations- Making Space/Doncaster Carers Wellbeing Service.
- Anthony Fitzgerald, Executive Place Director – Doncaster – NHS South Yorkshire Integrated Care Board
- Dr Nabeel Alsindi, Place Medical Director

		<u>ACTION</u>
7	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Laura Bluff and Sean Gibbons.	
8	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations made.	
9	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 18TH JULY 2022.</u>	
	RESOLVED: That the minutes of the meetings held on the 18 <sup>th</sup> July 2022 be agreed as a correct record and signed by the Chair.	

10	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
11	<u>CARER'S STRATEGY AND ACTION PLAN UPDATE</u>	
	<p>The meeting was attended by both people with lived experience and partner representatives. Those in attendance provided statements and an overview of the completed actions and next steps to be delivered across the partnership as part of the Carers' Strategy 2022-25 and Carers' Action Plan 2022-23.</p> <p>Geoffrey Johnson, a Former Carer and Co-Chair of the Carers Strategic Oversight Group provided an overview of his experience as a carer and involvement with the Carers Strategic Oversight Group. He informed the Panel of his support for the Doncaster All Age Carers Strategy 2022-2025 and the Carers Action Plan for 2022-23, which was approved by Cabinet on the 11th May 2022. The Panel also received from partners an update of the Carers Strategic Oversight Group and examples of Good Practice that have taken place.</p> <p>Members heard that all partners had now received the Doncaster All Age Carers Strategy 2022-2025 and the Carers Action Plan 2022-23, with measurable outcomes being discussed to be taken away and updated annually. Reference was made to the lack of attendance from some partners at Group meetings and a wish that they provided representation that would help send a message that Carers were valued. It was noted that carers have concerns of both carer recognition and discharge in hospitals</p> <p>It was continued that the Carers Action Group have co-produced along with the Communications Team, a Carers flyer, which would require further funding to be broadened to other languages.</p> <p>Finally, Mr Johnson passed his congratulations and thanks to Tommy Shaw, leaving Chair of the Young Carers Council, for supporting young carers in the Borough. He expressed his wish that such Carers who have stood down, should receive a letter of thanks after the contribution and time they have given to Doncaster Council.</p> <p>Glyn Butler, voice of a carer (and People Focus Group (PFG)/Safe Space), vocalised his experience of caring and its impact on mental health.</p> <p>The Director for Health and Wellbeing, then provided a presentation updating the Panel on the following areas</p> <ul style="list-style-type: none"> <li>• What Carer's Contribute.</li> </ul>	

- Doncaster's All Age Carers Strategy 2022 - 2025
- Doncaster Carer's Group Governance Structure
- Doncaster Carer's Strategy and Action Plan
- Progress So Far
- Doncaster Carers Action Group
- Next Steps

Further insights were provided by Campbell McNeil (Commitment to Carers Programme/NHS England), and Cath Magee (Making Space/Doncaster Carers Wellbeing Service), who provided overviews of what was currently taking place and what was available for carers.

The Director of Health and Wellbeing stated how there had been tangible developments although it was felt that larger organisations needed to scale up their involvement.

The Panel continued to address the following areas:

**Locality Working** – Concern was raised that there was still a disconnect between carers in the communities and what was taking place within localities. It was asked, what was available in terms of training and signposting to key organisations such as Making Space and Doncaster Carers Wellbeing Service

Cath MacGee spoke about how there was an aspiration to make locality areas more carer friendly and spoke about the training and learning opportunities available. It was recognised that there was still a lot to learn within localities to understand and be able to support carers effectively. An outline was provided about what communication and publicity had taken place to update and assist those out in communities.

Glyn Butler explained how there was an important message for carers in what was being made available. He spoke about the importance of training, opportunities arising from funding, people going into community groups, the power of the connection of organisations coming together and staff frontline being equipped. On a final note, Glyn stressed how carers were everyone's business.

**Carers and Hospitals** – Reference was made to the feedback received from carers, when the person they were caring for was being treated for in the hospital. Concern was raised that the action, that "Health services will align policies and practice to ensure that carers are recognised at every conversation from admission, within wards to hospital discharge", was not being addressed until 2023. Members sought clarification on what was currently taking place, particularly in view of the additional challenges that winter could bring. It was explained that this was about how the hospital could become more carer friendly and across the board, being clearer about what has been

	<p>done and what is being done.</p> <p>Members were assured that work would be taking place, although it was shared that at present it was not known what those actions were or who was leading on them. Members were reminded that two reports was coming to the Panel in November 2022 on Doncaster and Bassetlaw hospitals and Winter Planning. It was suggested that this opportunity could be used to look at how carers could be better supported this winter</p> <p>Gyn Butcher spoke about the different approaches that each organisation might take, from a GP, hospital, Council and communities perspective and how they value home carers and engage them in order to make services more carer friendly. Reference was made to John's Campaign for the right to stay with people with dementia (and for the right of people with dementia to be supported by their family carers).</p> <p><b>Information and Communication</b> – In terms of how the strategy was reaching out to carers more widely, it was felt that Easy Read documents had proved a useful tool in making strategies more understandable and accessible. A Member of the Panel commented that if more things were made mandatory, it would be simpler and make jobs more easier. Reference was made to the use of availability of hospital passports in helping carers.</p> <p>The Director of Health and Wellbeing supported comments made around the importance of Easy Read. Reference was made to the set of actions in place around communications and that it was considered important that these actions were properly resourced and connected. In addition, it was felt that communication activities should continue in line with the nature of caring, and not just take place once.</p> <p>The Chair commented that they were pleased to hear about the Primary Care Carers Package and would welcome an invite to the online launch event.</p> <p>RESOLVED that the Panel;</p> <ul style="list-style-type: none"> <li>i. Note and support the information provided by Carers and partners contained as part of the presentation content and delivery; and</li> <li>ii. Requested an update on the Carers' Strategy 2022-25 and Carers' Action Plan 2022-23 in approximately 12 months' time, as part of the Panel's workplan for 2023-2024.</li> </ul>	
12	<u>ACCESS TO PRIMARY CARE UPDATE</u>	
	The Panel was asked to give consideration to a presentation, which covered;	

- Findings of the latest GP Patient Survey;
- Current access to primary care across Doncaster;
- National, South Yorkshire and Local approaches to improvement; and
- Primary Care Estate development across Doncaster.

The Panel discussed the following areas:

**GP Survey** – Clarification was sought around information provided on the presentation showing results from the GP Survey. This related to green bars indicating experiences of Primary Care Networks to be lower than that of national and Integrated Care System levels. It was explained that there were a number of questions asked within the survey that formed part of a particular theme. Members heard how this was about tailoring the offer back as part of the support for quality, telephony, capacity and demand where it can be sought from other practices, tailoring to that particular Primary Care Network. It was acknowledged that this might be different in the south to what it was in the north.

It was explained that there could be 7/8 practices in a Primary Care Network. Members were informed that the survey had not brought up any areas that they were not already aware of. It was recognised that what was important was what was being done going forward.

It was added that many areas undertaken nationally, were still split on list size or numbers. It was explained that this had not yet moved towards a more needs based approach and it was felt that this was perhaps the national direction, from an inequalities point of view.

In relation to the Inverse Care Law, it was explained that when a practice was struggling, it could become a difficult place to work and therefore attracting new people became more challenging. Members heard that although this was the reason behind the new roles, there was a need to make those struggling practices (particularly those linked to areas of deprivation) a good place to work with the hope that people will remain.

A question was asked about the origin of the qualitative data. It was explained that the consultation around Enhanced Access was undertaken with the GP Federation working with HealthWatch. It was added that Primary Care Doncaster and North Primary Care Network, had also undertaken some initial engagement on what the local population wanted. It was continued that from a broader point of view around how they work with practices, a triangulation of evidence was brought together that included; the data, qualitative information and what the practices were providing. Finally, it was explained that work had been carried out to share intelligence from good practices to be used to support those practices that were struggling.

Glyn Butcher thanked Primary Care for what they do and explained his observations from the work that he had undertaken with communities and SafeSpace. It was felt that people often attended their GPs due to habits and intergenerational patterns and that the key to addressing demand included promotion and re-educating people to consider alternative routes and to change mind-sets. It was also noted that there was potential in what could be achieved within communities to provide alternative ways. Finally, Glyn spoke about the success of the mental health alliance, SafeSpace, Openminds and Mind and believed that a different approach was required with GPs and Primary Care.

The Director of Health and Wellbeing spoke about the Fuller review (by Dr Clare Fuller commissioned by NHS England to assess how newly formed Integrated Care Systems and primary care could work together to improve care for patients.), and that all Integrated Care Board leads (including South Yorkshire) had publicly co-signed a letter supporting the 15 recommendations made (8 of which were for the Integrated Care Boards).

Reference was made to a recommendation, which was to 'Enable all Primary Care Networks to evolve into integrated neighbourhood teams'. This was about thinking creatively with neighbourhood teams being a group of people that will listen to and understand the needs of local people. It was added that this was behind efforts being made by the Primary Care Network to bring Integrated Care more closely with the locality agenda. A second recommendation was highlighted to 'work alongside local people and communities and the planning and implementation process and ensure plans were appropriately tailored towards local needs taking into account demographic and cultural factors'. It was considered positive that we have an Integrated Care Board that was signed up to these recommendations and recognised these as clear issues that were in line with what the Panel would like to see happen.

The Chair welcomed an opportunity for local councillors or community members to a look at creative ways of integrating neighbourhood teams. The Executive Place Director also recognised the value of spending time with GP Practices.

**Role of Nurse Practitioners** – Concern was raised about the recent practice of including Nurse Practitioners within the GP:Patient ratio. It was questioned whether Nurse Practitioners taking a more central role, was being recognised and rewarded appropriately for their additional responsibilities and role within the practice. In terms of nurse roles, it was explained that nurse roles in general practice weren't typically 'Agenda for Change' and it was down to each practice, as an individual business, as to how much they paid, reflecting the achievement of a diploma to become an Advanced Nurse, level of expertise and autonomy that went with this role.

	<p><b>Impact of New Housing Developments</b> - Concern was raised around the impact of new housing developments on local GP Practices and how those practices would be able to meet increasing demands when they were already very busy.</p> <p>The Executive Place Director discussed the work taking place across the Borough that included Rossington, Bentley and Thorne. Members informed that there was an Estates Strategy in place for where such builds were being made. It was outlined that GP practices were paid by numbers on their lists and with increasing numbers, there should be the investment into their workforce to meet demand. It was noted that there continued to be ongoing challenges around recruiting individuals into such posts.</p> <p><b>Telecommunication Systems in GP Surgeries</b> – The Executive Place Director explained that they were waiting for the national response due to the complexities involved and were trying to take a Primary Care Network and practice-by-practice approach. It was noted that less than a third of practices had cloud-based solutions at their practices but that more were being included in this, as time progressed. It was commented that this was not the only solution and that one size did not fit all, for example, work was being undertaken on the digital triage of patients at Conisborough.</p> <p>It was added that the telephone system would continue to play a significant part for the foreseeable future.</p> <p>A Member of the Panel spoke about a local merger of practices and sought clarification on the process and consultation that would have taken place.</p> <p>A Member of the Panel raised concerns around the impact arising from cross county developments concerns in terms of increased demand. The Executive Place Director noted the benefits of a South Yorkshire Integrated Care Board, which would have sight of such things.</p> <p>RESOLVED that the Panel note and comment on the information provided by the NHS South Yorkshire Integrated Care Board around Access to Primary Care update.</p>	
13	<p><u>UPDATE ON DONCASTER JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)</u></p>	
	<p>The Panel received a presentation showcasing the work undertaken to date on the 2022 JSNA, the forward plan and the enabling infrastructure. This included:</p> <ul style="list-style-type: none"> <li>• Doncaster’s 2022 JSNA and Reports</li> </ul>	

- 2021 Census
- JSNA Outcomes framework
- Mortality Analysis
- Forward Plan
- Next Steps

It was reported that the JSNA provided an intelligence overview of health and wellbeing in the borough and should be used for strategic commissioning purposes to understand the needs and assets in communities as well as health and wellbeing outcomes. Members were informed that the Health and Well Being Board (HWBB) agreed a revised JSNA policy in June 2021 as a continuous process of investigations and outcomes monitoring rather than a static annual document.

There was a discussion and the following was raised;

**Future Challenges and Health Problems** – Concern was raised around the cost of living crisis that could create more health issues against the already present challenges around deprivation across the Borough. It was noted that food banks were now asking for food items that needed warming up rather than ingredients to be cooked. It was added that because dental health was so poor in deprived areas, softer and liquid type foods were easier to eat to digest.

Officers agreed that although the data was important, it was about understanding the drivers, for example, women's healthy life expectancy, and which headlines were important to target and monitor effectively. It was viewed essential that this information helps feed into the wider policy work and places that need it most. It was explained that it was also about understanding multiple deprivation and intersectionality between different policy drivers and how that reflects in the data, for example, the team was currently working within the next phase of Stronger Families, which was a significant piece of data driven work involving 35 data sets.

In respect of current concerns, it was explained that a response cell (similar to that created during the pandemic) could be established to monitor social and economic impacts (over the winter). This would help consider issues such as unemployment trends, business bankruptcy, empty shops, footfall in town and economic centres as well as health problems seen by Accident and Emergency departments. It was explained that it was particularly important what was taking place going forward.

The Chair thanked officers for providing this information and commented on how valuable it was for the Panel in identifying future issue to be addressed through the workplan.

RESOLVED that the Panel note the findings of the JSNA to date and

	the forward plan.	
14	<u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u>	
	<p>The Senior Governance Officer presented the Scrutiny Work Plan that had recently been agreed by the Overview and Scrutiny Management Committee and the Council's Forward Plan of Key Decisions.</p> <p>RESOLVED: That the update be noted.</p>	