

CITY OF DONCASTER COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 11TH MAY, 2023

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the , DONCASTER on THURSDAY, 11TH MAY, 2023 at 10.00 AM

PRESENT:

Chair - Councillor Sarah Smith

Councillors Martin Greenhalgh, Laura Bluff, Linda Curran, Yetunde Elebuibon, Jake Kearsley, Sue Knowles and Glynis Smith

ALSO IN ATTENDANCE:

Anthony Fitzgerald, ICB  
Carolyn Ogle Deputy Director of Transformation South Yorkshire ICB  
Simon Barnes Interim Estates Lead ICB  
Rachael Leonard ICB

Rachael Leslie, Deputy Director Public Health  
Victor Joseph, Consultant in Public Health  
Carys Williams, Health Determinant Research Collaboration Public Health  
Kath Wakefield, NHS  
Sarah Gill, NHS  
Fran Joel, Healthwatch

APOLOGIES:

Apologies for absence were received from Councillor Sean Gibbons

		<u>ACTION</u>
31	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
32	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 2ND FEBRUARY 2023</u>	
	<b>RESOLVED:</b> That the minutes of the meeting held on 2 <sup>nd</sup> February 2023, be agreed as a correct record and signed by the Chair.	

33	<u>PUBLIC STATEMENTS</u>	
	There were no public statements.	
34	<u>SUBSTANTIAL VARIATION - BENTLEY AND ROSSINGTON COMMUNITY HUBS - INTEGRATED CARE BOARD (ICB)</u>	
	<p>The Deputy Director of Transformation, Integrated Care Board (ICB), presented a report relating to the outcome of the public consultation on the new health centres / community hubs at Bentley and Rossington. The Panel was requested to confirm that it was satisfied that the ICB had met its statutory duties in relation to public involvement and consultation in accordance with the NHS Act.</p> <p>The Chair of the Panel thanked the Deputy Director for early involvement with the proposals and the following questions and queries were addressed:-</p> <p>Following a request from the Chair it was clarified that £57.5m had been secured by the South Yorkshire ICB for primary care estates. £15.5m was dedicated to 4 schemes in Doncaster, two of which would be used for new building in Bentley and Rossington, This proposed that the Bentley Surgery on Bentley High Street and Ransome Practice at the Bentley Health Centre would be moving to the new build site where the library was once to be sited. The branch GP sites at Woodlands and Sprotbrough would remain and not affected. In Rossington the West End Clinic and Rossington practice would move further up West End Lane to the edge of the new housing estate. It was confirmed there would be no closure of GP practices.</p> <p><u>Easy read consultation document</u> – In response to concern expressed with regard to this material, it was explained that the proposed document was considered and advised on by Mencap. The ICB explained that it relied on the GP practices to liaise with all patients and comments received from the different groups were combined.</p> <p>In the next phase of development a lot of addition work would be undertaken with patients with regard to how the building will look, feel and navigated to ensure the design was suitable for all people with a disability. It was noted that the building had been sized for all eventualities and wayfinding workshops would be offered to patient groups. It was explained that the Panel's comments, particularly relating to photo stories to communicate and access for people who could find entering such a large building difficult, would be taken on board moving forward.</p> <p>The Panel noted that the consultation had primarily addressed the siting of the building and there was much more work to be undertaken with regard to how the practices run and welcomed the discussion at this meeting.</p>	

Pharmacy Location – It was noted that there were two pharmacies to the Bentley site within walking distance and an internet based pharmacy was within 500 meters walk of the Rossington site. It was explained that discussions were currently ongoing with Weldricks Chemist for a possible community pharmacy.

With regard to internet based pharmacies, concern was expressed that not everyone had access to or was comfortable with using online facilities. In response, it was explained that the ICB was aware of digital exclusion within Doncaster and work was currently being undertaken to increase and encourage online use. Capacity was also being increased for people who regularly used internet services. A Member offered to discuss connecting with local communities and IT access to such services, with the officers following the meeting.

Group/event access – in response to the communities' comments relating to space for events, it was stressed that during the face to face community consultation they had used a building that the community had not been aware of. The ICB stressed that they were continually making every contact count and something they wished to build on.

It was reported that the Integrated care operational model had the opportunity for use of the building to be expanded, for example, additional clinics, moving into the future and not just for current need.

Future communication – It was noted that communication with patients and residents would continue through GP practices, the local newspapers, radio, social media and any other method appropriate to the community. It was suggested that local sports clubs could also be used to communicate through.

Travel and access – concern was expressed with regard to people who did not have transport and would be required to walk further to the GP surgery, people from less affluent areas having to pay for a taxis adding to the current cost of living crisis but also in contrast people doing longer car journeys impacting on the environment. It was noted that a travel plan had been undertaken prior to the consultation plus a survey open to anyone.

Parking was raised as an issue with a mix and match of responses detailing people either drove or got a lift to their GP and further work was required to address comments in the consultation but also from people who did not respond to consultation to ascertain barriers to access. It was noted that people would travel for good quality care however, it would not mean that travel plans and transport would not be addressed further, for example on specific days where need demands.

A member suggested investigating the commissioning of taxi services

	<p>across the Borough to assist with access and transport costs. It was acknowledged that contracts were already in place with Firefly. Conversations with regard to such proposals would be undertaken prior to the business case being finalised.</p> <p>The following parking had been allocated:</p> <table><tr><td>Bentley</td><td>21 spaces 10 for clinicians 11 for patients</td></tr><tr><td>Rossington</td><td>73 spaces</td></tr></table> <p>With regard to environmental impacts it was stressed that as part of the planning application the travel plan was required and staff were strongly encouraged to cycle or use alternative modes of transport to travel to work.</p> <p><u>Health Watch</u> – a representative explained that it had been consulted on the issue and had full access to all documentation including the easy read document. Health Watch’s comments, with regard to the survey, resulted in changes being made.</p> <p>With regard to consultation with the Gypsy and Traveller community it was clarified that work had been undertaken with the 2 Gypsy and Traveller link workers who had held conversations with 40 members of the local population, but this information had been unfortunately omitted from the paper presented because it had been addressed at an earlier Scrutiny information briefing. It was noted that recently there had been concerns that the Gypsy and Traveller community was having difficulty registering with local GP surgeries therefore further work and improvements were required.</p> <p>The Chair thanked the officers for involving the Scrutiny Panel at an early stage in the consultation and keeping Members informed throughout the full process.</p> <p><b>RESOLVED that:-</b></p> <ol style="list-style-type: none"><li>1. The proposed presented, be accepted; and</li><li>2. The ICB present to a future meeting use of IT for access to pharmacies and GP practices and an overview of the Access Recovery Plan for Primary Care within the Doncaster area.</li></ol>	Bentley	21 spaces 10 for clinicians 11 for patients	Rossington	73 spaces	
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35	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2022/23</u>					
	The Consultant in Public Health provided a presentation to accompany					

the report focusing on key areas of health protection, as follows:

- A Emergency preparedness, resilience and response;
- B Infection prevention and control;
- C Air quality;
- D Sexual health;
- E Substance misuse; and
- F Immunisation and screening programme.

It was stressed that there had been a continued response to the health protection challenges presented by Covid-19 however it had moved from core response to pre-pandemic levels of emergency planning, resilience and response.

The Panel thanked the officers for providing the information and discussed the following issues.

Bowel programme screening in learning disabilities – the Panel appreciated the work undertaken, including adapting the services for people with sensory issues, making the process much easier with good results. It was stressed that the NHS always sought ways to make reasonable adjustments when patients felt they were unable to seek assistance from neighbours or family. The Panel noted that an audit tool was used to measure access to all health screening programmes.

With regard to cervical screening work had been undertaken by Cancer Champions in GP practices to address low uptake with work also addressing lower performing GP practices. It was report that a patient survey was currently being developed seeking what would encourage people to attend a screening appointment.

Covid Fund – A Member outlined that whilst Covid was not as much as an issue as it has been in the last 3 years, but provided us with a new illness to which hospitals and everyone has to deal with, moving forward. In response to the Member's concern with regard to cutting the Covid Fund, it was explained that the temporary fund had been established to respond to the outbreak in different settings and the key challenge was to absorb continued support within the existing budget.

With regard to resources, mainly the large number of people who helped with the response had trained "on the job" and that expertise could be lost for any future pandemic. The Public Health role had reverted back to its pre-pandemic assurance role, it had resources across the system but it's capacity was limited whilst responding as best it could with all roles across NHS being moulded differently, particularly bearing in mind support for long Covid.

It was noted that in Doncaster had chosen to continue to fund an Infection Prevention Control service to promote prevention against Covid and other respiratory conditions. The wider work that

Environmental Health undertook to support safe food preparation and storage with premises, was noted.

The biggest lesson learnt was, a system approach being required to respond to any health threats, with a sustainable model of community infection prevention developed which would help with responding to any new health threat, for example, Avian Flu, that has recently been experienced.

A Member thanked the officers for reassurance and highlighted that Covid had shown how fragile life was, stressing not, but when the next health threat would arise.

MRSA – with regard to the zero figure set out in the report and relationship between this and Covid 19 it was explained that the whole point about infection prevention control measures was to ensure that no new infections occurred, eg. in hospitals. It was confirmed that preventative measures reduced incidence. For example to reduce the risk of further spread of covid, face coverings were implemented and continued to be used in hospitals, followed by vaccinations to suppress severe infection, therefore preventative measures had an impact on the wider health in communities.

With regard to infections such as C.difficile it was explained that a person could be admitted with the infection acquired within their community eg. care homes, therefore the need to ensure no-one was infected when admitted to hospital was paramount. If someone was infected with MRSA then it would be investigated to find the root cause, with lessons learnt taken on board. The same would take place if infections were found in communities across the borough. Control measures were in place within hospitals and care home settings. It was explained that the threshold for MRSA was low and this was historical to ensure that no-one admitted to hospital would subsequently be infected.

In relation to the statistics particularly general reduction due to Covid, it was explained that during the pandemic, hospital data was one source of information used but also from Community testing systems and Office for National Statistics to give a good understanding of the current position. Within a hospital setting it tended to impact on respiratory ward due to its nature but for example Strep A could be developed in the paediatric wards.

With regard to specific reductions in certain infections, a breakdown across the hospital department was unavailable at the meeting but could be shared following the meeting.

Covid vaccinations – it was stated that work had been undertaken and close partnership working with regard to inequalities in specific communities ensuring flexible access for all communities.

Asymptomatic chlamydia – in response to the position with regard to only testing asymptomatic females, even though males would be a core spreader, it was explained that the rational by Public Health England could be shared following the meeting. However in a much broader sense all screening programmes would be evidence based and introduced through Government Policy. It was noted that the impact for women was much higher for example infertility and associated infections, than for men. It was stressed that men would be tested if linked to a person.

Screening programmes – The previous policy was to screen people in a specific age category and were undertaken in many community settings including nightclubs. Screening programmes were reviewed and recommendations subsequently made. It was noted that a person of any age was eligible to have a full sexual health screen through Sexual Health Services.

Additional to screening programmes there was the wish to reduce the time from screening to treatment to reduce the risk of additional people being exposed, strengthening partner notification and retesting following treatment to ensure infection has cleared.

Syphilis data – A Member highlighted the work undertaken locally with sex workers but questioned if the downward trend of increased infection would reduce significantly. It was explained that the overall data direction was showing a decrease however noted that this infection could be a bit “sneaky” and confused with other things, therefore not coming to light early in some cases. It was also challenging for some men in same sex relationships not to disclose who they could have been exposed to. Continued monitoring would be undertaken in Doncaster, but noted there could be an up and down data flow.

5 to 19 support website - the timeline to see the website fully functioning was questioned and explained that it had been delayed but the Panel was asked to bear in mind that this was a relatively new recommissioned service for the Local Authority. It was reported that the website was now live with full advice and guidance promoted through social media channels, school nurses and in 5 to 19 year service parents and young people were being sign posted to the service. The triage and webchat function was taking a little longer to finalise but being progressed.

Environmental auditing of older people care homes – it was confirmed that the audit had been completed ensuring that standards were met with action plans customised to individual care homes, where required. It was suggested that the report be circulated when available.

Doncaster Breast Screening Service – in response to concerns raised

about the loss of two staff, it was explained that the Business Manager post had already been filled and the process of appointing to the programme manager was underway.

Learning from the unprecedented weather conditions during summer 2022 – It was explained that the heatwave plan had to be actioned on two occasions last year, followed by a review.

With regard to national communications, it highlighted that they did not meet the needs of local communities and lessons learnt from Covid helped get messages out to the most vulnerable, these were embedded into plans for future unprecedented weather events. Adult social care teams undertook calls to vulnerable people and were well received. With regard to cold weather a preventative approach was undertaken, ensuring as many people as possible were vaccinated against flu and getting staff into hospital in heavy snow conditions were all been taken account of.

It was noted that heading into last winter was more of a humanitarian response rather than emergency planning response. For example, the establishment of welcoming spaces for people, work undertaken by faith groups and household support funds, bearing in mind the rise in fuel costs. It was noted that recently new national adverse weather guidance had been published with local plans due for review in line with the guidance.

The concern was expressed, with regard to children still wearing full school uniform during the heatwave was acknowledged. It was explained to the Panel that advice had been provided to some schools but many schools took really good action ensuring plenty of water was available and lessons undertaken outside in the shade. Public Health would always provide advice and options relating to uniform. It was explained that the new national guidance contained up to date information for schools and colleges and education colleagues had measures in place to relay the messages.

Audiology Services – in response to a Member's concern, a response could be provided following the meeting about access, waiting lists and shortage of equipment.

Commissioned service for General Health checks – in response to the query raised by a Member it was explained that the service had still not been secured for Doncaster. A third attempt to secure a provider with the marketing event scheduled for the week following this meeting. For this round costs had been reviewed to ensure they were reasonable and the service specification has been addressed. It was noted that South Yorkshire as a region had generally experienced a problem with securing a provider but one areas had now been successful and it was hoped this would continue.



	RESOLVED: That the report and discussion, be noted.	
36	<u>OVERVIEW AND SCRUTINY WORK PLAN AND COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u>	
	<p>The Senior Governance Officer introduced the report and requested Members give consideration to items they may wish to add to the 2023/24 Scrutiny work plan. Members highlighted the following areas:</p> <p>Housing – across all scrutiny areas details of which would need to be agreed by OSMC and take into account all scrutiny work plans;  Dentistry;  Speech and language therapy;  Annual health checks for people with learning difficulties; and  Consultations - Dementia and Autism (Adults).</p> <p><b><u>RESOLVED:</u></b> That the report and discussion, be noted.</p> <p>SIGNED _____  CHAIR</p> <p>DATED: _____</p>	