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## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 2ND FEBRUARY, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 2ND FEBRUARY, 2017 at 12.30 PM

#### PRESENT:

Chair - Councillor Rachael Blake

Councillors George Derx, Sean Gibbons and Sue Knowles

#### ALSO IN ATTENDANCE:

Deputy Mayor, Councillor Glyn Jones  
Kim Curry, Director Adults, Health and Wellbeing  
Karen Johnson, Assistant Director Communities  
Pat Higgs, Assistant Director Adult Social Care  
Jon Tomlinson, Interim Assistant Director Commissioning  
Ian Campbell, Interim Head of Service, Commissioning  
Lee Golze, Doncaster Clinical Commissioning Group

#### APOLOGIES:

Apologies for absence were received from Councillors Cynthia Ransome, Elsie Butler, Jessie Credland, Linda Curran and Pat Haith

		<u>ACTION</u>
21	<u>DECLARATION OF INTEREST, IF ANY.</u>	
	There were no declarations made at the meeting.	
22	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 23RD NOVEMBER, 2016.</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on the 23rd November, 2016 were agreed as a true record.  Further to a request made at the September meeting, Councillor Sean Gibbons requested updates be provided from Director of Regeneration and Housing on Welfare Assistance and Third Sector Strategy.	All to note

23	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made at the meeting.	
24	<u>THE ADULTS, HEALTH AND WELLBEING TRANSFORMATION PROGRAMME.</u>	
	<p>The Panel received a presentation by Kim Curry, Director of Adults, Health and Wellbeing and Patrick Birch, Improvement Director on the Transformation Programme considered at Cabinet on 29th November, 2016. Members were provided with a copy of the presentation at the meeting. Details of progress so far and the programme of work was highlighted within the presentation.</p> <p>Following the presentation, Members were afforded the opportunity to make comments and ask questions. The Chair, Councillor Rachel Blake thanked officers for the presentation and stated that it was pleasing to see the improvements so far.</p> <p>The following areas were discussed:-</p> <p>It was asked how the Council would ensure that the Community Lead would remain fit for purpose. Members were advised that the projects would be led by local communities and each locality would be tasked with engaging with the public within that area. It was advised that Thorne was being used as a pilot for the project and a launch had taken place. Around 40 people attended the launch expressing their views and concerns regarding the area. It was advised that a good response to the scheme had been received and it was the intension to undergo intensive work with families within the Thorne area. It should also be noted that whilst the scheme would be starting within the eastern part of the borough this would eventually be rolled out to other areas of Doncaster.</p> <p>It was noted that existing buildings would be used. It was envisaged that communities would coordinate the search for premises. Some suggestions were provided, such as GP surgeries, community centres etc. Members were advised that a mapping exercise had been carried out and identified possible premises for the Hubs throughout the whole of the borough.</p> <p>An update was sought with regard to Direct Payments. Members were advised that significant work had been carried out with regard to direct payments with up to 565 people now using the system. It was envisaged that this would be increased to over 600 by the end of March. It was noted that whilst there was still more to be done particularly with regard to money management there had been a positive increase and the Council were in a much better position now than last year. It was also noted that staff were feeling much more confident with the system which in turn had made the process much</p>	

swifter.

Discussion took place with regard to savings and investment figures highlighted within the presentation and an explanation was provided to Members on the details of what some of the services were. With regard to Housing related support, Members were notified it was envisaged that these savings could be found. However, if the savings were not achievable they will need to be identified from elsewhere, but members were assured that these were informed estimates.

Although staffing costs were covered within customer journey and other savings, Members felt that there needed to be more information and explanation for staffing costs.

Clarification was sought as to what the definition was for “meaningful conversation” and it was requested that plain language needed to be used when talking to service users to ensure that they understand what they were being told. It was advised that it would be beneficial for a further briefing to Members on this subject. It was hoped that staff were not just undertaking a tick box exercise rather than seeing the person.

It was advised that all of the 7 projects highlighted within the presentation were independent and the process would be managed by Patrick Birch, Improvement Director, Adults, Health and Wellbeing.

Further discussion took place with regard to Telecare and the Tunstall pendent alarms, a service still offered by the Council to residents of the borough. Members were advised that there was now an opportunity for the Council to offer more products for service users which were cheaper to enable people to stay at home for longer.

Concern was raised with regard to the computer software not being compatible. It was advised that this issue had not yet been resolved. However the contract for the computer system was due for renewal and it was clear that there was a need for computer systems to talk to each other. Members were advised that Doncaster was not unique and other Authorities experienced some the same problems.

The Chair queried why Thorne had been chosen for the pilot. It was advised that the decision was made purely on greatest social care need and whilst areas of deprivation was highlighted as a high need issue to be addressed in other areas across the borough, it was stressed they would also be looked at in future.

It was asked whether there would be any funding available for groups to enable them to meet the costs of renting buildings. It was advised that within the Transformation Plan it was clearly noted that there was a need to invest. There may be opportunities available through the better care fund and existing groups applying for grant funding but further work would need to be done on this. It was also advised that further liaison with Commissioning was needed to identify where the

	<p>needs were.</p> <p>In addition, the Chair asked officers for their opinion on how the Council would know if this had been a success. It was reported that the Council do carry out yearly surveys and this was a question to be asked and were there areas requiring improvements. It was also highlighted that personal stories from service users were also an excellent way of identifying any concerns or required improvements. It was also advised that if Members had any concerns then these could be emailed to any officers within the directorate.</p> <p><u>RESOLVED</u> that the presentation and update on the Adults, Health and Wellbeing Transformation Programme be noted.</p>	All to note
25	<p><u>COMMISSIONED CARE AND SUPPORT AT HOME (CCASH) UPDATE.</u></p>	
	<p>The Panel considered an update report on the commissioned care and support at home. It was reported that on 24th May 2016, Cabinet noted an update report on the transformation of Adult Health and Wellbeing Services in Doncaster specifically referring to the Commissioned Care and Support at Home (CCASH) Service.</p> <p>The report outlined that the proposed new model of service to address current failings in the local market, provide greater stability, improve local connections and provide the platform for further transformational change. The new contracts were awarded on the 1st November, 2016 to significantly contribute towards the following objectives:-</p> <ul style="list-style-type: none"> <li>• Supporting more people to be helped to live at home as an alternative to residential care.</li> <li>• Developing robust strategic relationships with the new Strategic Lead Providers in order to provide a platform for on-going transformational change of the service.</li> <li>• Greater market sustainability through zoning</li> <li>• A commissioning for outcomes focus underpinned by an asset and strength based approach to assessment and care management.</li> </ul> <p>Details of the main characteristics and features of the new service were also identified within the report.</p> <p>Members noted the report presented to them and comments made by the Deputy Mayor Councillor Glyn Jones.</p> <p><u>RESOLVED</u> that the update of the CCASH Service be noted.</p>	All to note
26	<p><u>OVERVIEW OF MENTAL HEALTH SERVICES FOR CHILDREN.</u></p>	

The Panel received a presentation from Lee Golze, Doncaster Clinical Commissioning Group (CCG) promoting, protecting and improving our children and young people's emotional well-being and mental health. It was outlined to the Panel that the CCG had a five year vision to transform the whole system. The Local Transformation Plan had recently been refreshed and signed off by the Health and Well-being Board. Provision covered four tiers from early intervention, for example support in schools for emotional health issues, to the need for long term psychiatric beds.

The following areas were discussed:

Good outcomes for children and young people – it had been found that children reacted more positively to people and settings they were familiar with or a professional.

New model of provision – would include key officers in school where symptoms of emotional health or mental health could be identified by people who know the children and young people well. It was hoped that such intervention could provide earlier and correct access to support services in their own communities rather than through the traditional GP route.

Accident and Emergency – A Paediatric nurse was now based in the department to help young people who were entering Accident and Emergency on Friday evenings, for example, due to self-harming. The nurse would be more equipped to deal with children and young people leading or suffering from chaotic lifestyles.

Foster Carers – with specialised knowledge were providing temporary short term care to ensure that children and young people in crisis with mental/emotional health issues were ensuring the right care package was in place.

Eating disorders – wrap around support was currently available for young people 0 to 19 years but there was aspiration that it the service be commissioned for 0 to 25 years. It was noted that obesity was also being addressed with Public Health as part of the 5 year plan. Members highlighted the positives from the Active Kids programme in school holidays and the HENRY programme that had been developed to tackle early years obesity prevention.

Family Therapeutic Service – it was confirmed that the service looked at families as a whole and, working with partners, provided the correct support package.

Emotional well-being questionnaires – following Members concern it was noted that if children and young people were asked to complete the same style of questionnaire as an adult it would only provide a snapshot of their emotional/mental state on a particular day and would

	<p>not give support services a true picture. Members acknowledged that when professionals work with children and young people they can raise a variety of issues that provides information about the root of the problem. When dealing with cases, quality reports are provided to ensure Commissioners can gain a better understanding of the mental health.</p> <p>Consultation and Advice Locality Workers – it was noted that academisation did not have an impact on provision of the service and there had been no difficulty working with the schools. 81% of Doncaster’s schools had provided the CCG with a school lead contact for emotional well-being. It was recognised that a small number of schools already had excellent pastoral support, but this was a service schools had been requesting for a long period of time and therefore had been easy to embed.</p> <p>It was important that such a support service was available as children and young people suffering with anxiety/mental health would hide events that happen at home.</p> <p><u>RESOLVED</u> that the report and presentation be noted.</p>	All to note
27	<p><u>OVERVIEW AND SCRUTINY WORK PLAN REPORT 2016/17 UPDATE.</u></p>	
	<p>The Panel gave consideration to the Panel’s work plan and following earlier discussions on the agenda, the Chair proposed that the next meeting of the Scrutiny Panel (15th March, 2017) be held at the Vermuyden Centre, and at the same time take the opportunity to have a look at the new assistive technology/telecare items available.</p> <p>The Panel considered that the 15th March, meeting take the following format:</p> <ol style="list-style-type: none"> <li>1. Public Health Protection/Air Pollution – Victor Joseph and Ian kellet</li> <li>2. “Your Life Local” Community led support – discussion with Karen Johnson</li> <li>3. Hold an assistive technology demonstration.</li> </ol> <p>The item relating to Intermediate care be removed from the agenda.</p> <p><u>RESOLVED</u> that:-</p> <ol style="list-style-type: none"> <li>1. the report be noted;</li> <li>2. the Panel at its meeting on 15<sup>th</sup> March, consider the following: <ul style="list-style-type: none"> <li>Public Health Protection/Air Pollution – Victor Joseph and Ian kellet</li> </ul> </li> </ol>	<p>All to note</p> <p>All to note</p>

	<p>“Your Life Local” Community led support – discussion with Karen Johnson Have a look at new assistive technology available and a look around the Vermuyden Centre building; and</p> <p>3. intermediate care, be removed from the agenda.</p>	All to note
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