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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 20TH SEPTEMBER, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on WEDNESDAY, 20TH SEPTEMBER, 2017 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson
Vice-Chair – Councillor Cynthia Ransome

Councillors Cynthia Ransome, Linda Curran, George Derx, Martin Greenhalgh, Pat Haith and Derek Smith

Invitee: - Lorna Foster, UNISON

ALSO IN ATTENDANCE:

Doncaster Council;

Damian Allen, Director of People
Karen Johnson, Assistant Director of Adult Social Care
Howard Monk, Head of Service, Strategy & Performance Unit
Lisa Swainston, Stronger Communities Manager for Wellbeing
Angela Waite, Carers Lead Officer.
Ian Campbell, Head of Service, Commissioning

Doncaster CCG

Jackie Pederson, Chief Officer
Debbie Aitchison
Jo Forrestall, Head of Strategy and Delivery, Community Services

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons and John Gilliver.

		ACTION
44	DECLARATIONS OF INTEREST, IF ANY	
	No declarations were reported at the meeting.	
45	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW	

	AND SCRUTINY PANEL HELD ON 14TH AUGUST, 2017	
	RESOLVED that the minutes of the meeting held on 14th August, 2017 be approved as a correct record and signed by the Chair subject to the following amendment:- Minute No 39 Public Statements, the word sustainable be amended to sustainability, to read Sustainability Transformation Plan.	All to note
46	PUBLIC STATEMENTS	
	There were no public statements made at the meeting.	
47	DONCASTER'S STRATEGIC HEALTH AND SOCIAL CARE PLANS.	
	The Panel received a verbal update from Jackie Pederson, Doncaster CCG and Damian Allen, Director of People on progress made on Doncaster's Strategic Health and Social Care Plans which are the Doncaster Place Plan and the Councils' Adults Health and Wellbeing Transformation Programme. The Chief Officer provided Members with an overview of the work carried out to date and stated that they were working together and commissioning with respective organisations to set up a joint committee with delegated authority from the Local Authority and CCG. She indicated that it was the intention to have delegated pooled budgets to commission and provide as one service. The Director of People highlighted to Members that there was a need to be clear that the ambition was significant. However, the bigger challenge was the cultural issue and behaviour challenge. He stated that the programme of change would test out the key areas and although the service was being optimistic for the future, eyes were open for the challenge ahead. He pointed out to Members that there would be risks as change rarely happened without risks being associated, these would be dealt with as they arose. He also stated that there may be a need to re-specify areas, particularly those with more complex adult needs. Damian reported that it was important to understand the dynamics of the change and there was also the need to be accountable to those changes. He stated that a report would be submitted to Cabinet in October which will consider the commissioning agreements. For example Section 75 Agreements for pooled budgets. He stated that he envisaged that the Agreements would be signed off by the end of the financial year. The Director further explained that the Adults Transformation Plan was being reviewed to align with the Doncaster Place Plan. He stated that the Mayor and Council would be considering the Doncaster Growing Together at Full Council on Thursday which covered a number of key aims, one of which was Doncaster Caring, part of the delivery	

programme for the Doncaster Place Plan.

Following the update, Members were afforded the opportunity to make comments and ask questions as follows:-

A Member stated that whilst it was a Mayoral priority to protect Doncaster Services, it appeared that the Daycare service within Mexborough had now been closed and staff asked to provide services in an alternative way. He asked officers to supply Members with a further explanation on how arrangements had impacted the service users and carers and whether there were future plans for Mexborough centre and staff. The Director of People reported that Daycare Services sits within the Adults Transformation Programme. However, there was a need to focus on the service and not the facility/building. He indicated that regular 6 weekly meetings were taking place with Mexborough Ward Members to keep them up to date on any progress made. He pointed out that there was a desire to see much more community led service provision.

The Assistant Director of Adult Social Care suggested that the Daycare Strategy be placed on a future agenda for the Panel to consider. It was reported that it had been evidenced that the day centre hadn't been meeting the needs of the residents in the way that was needed. It was clear that from examining the service provision looking more at the people's individual needs and desires was required. She indicated that now within Mexborough there were a series of different outlets where people go to and this had supported smaller organisations that were struggling. Although from what had looked like a negative situation, there had been some very positive outcomes for residents. Karen stated that she would provide Members with further details on specific issues outside of the meeting.

Clarity was sought with regard to the risks and opportunities outlined within the verbal update. The Chief Officer, CCG gave a few examples of risks associated with the new way of working which were as follows:-

- Some of the models had not been tested;
- The new way of working requires organisations to work together rather than competing; and
- Some organisations may benefit and others may not.

She indicated that there was a need to think carefully about budgets and undertake preparatory work to ensure the right direction was being taken. She also stated that it was imperative that organisations worked together to ensure the best model was secured and the most efficient pathways were identified. She pointed out that she felt that the risk was worth taking and by working together in partnership those risks can be mitigated. The Director of People echoed comments made and stated that there was always a challenge when moving away from the traditional style service. There were risks associated with collaboration

	of organisations and the comfort factor played its part. Damian also pointed out that the scheme was also heavily reliant on funding from the Better Care Fund which had a finite line and there was the added risk of the programme management delivering on time and within budget. A Member stated that with the timescales being relatively tight, were there any substantial training programmes for the staff affected by the changes. The Director of People stated that there would be training available to staff, although there may be some compromise along the way when looking at the requirements for individuals. He stated that there was a desire for staff to have enhanced skill set to enable them to be more mobile and resilient over the change in landscape. RESOLVED that the verbal update and report, be noted.	All to note
48	UPDATE ON INTERMEDIATE CARE.	
	Following its request, the Panel received a report and presentation from Debbie Aitchison, Head of Strategy and Delivery, Intermediate Care, CCG detailing the current position relating to intermediate care. It was reported that the proposed changes were being currently tested, the model was being refined and staff were being prepared for transition. Initially this phase was due to run to May 2017 when the Council was due to have agreed a new joint health and social care model for commissioning. However, testing had been extended until October 2017 to align with place plan timeline and the new arrangements for joint commissioning were implemented. A series of test projects had been established which were as follows:- • Rapid Response pathway; • Proof of concept for a shared digital care record; • Closer alignment of the social care reablement service (STEPs) and health's reablement service (CICT); and • Simplifying access. Members were presented with an update on Rapid response activity and the involvement of carers in developing the new model. In response to the findings a number of recommendations had been proposed as follows:- (1) Development of a trusted assessor model so that a range of practitioners can routinely carry out carers assessments when someone is referred to intermediate care; (2) Ensure two way communication with carers is built into any new pathways;	

	(3) Develop further links with carer support services and other voluntary sector services e.g. AGE UK; and (4) Provide opportunities for on-going involvement of carers in evaluation and development of services. Following the presentation, Members were given the opportunity to make comments and ask questions as follows:- It was questioned whether any feedback had been received following the trial with GP's. It was reported that positive feedback had been received and whilst there was an aim to reduce the amount of GP call outs on some occasions it is appropriate but where they can ECP's would be used. A Member queried the meaning of the statement made by the paramedic. It was reported that prior to the rapid response there wasn't a clear process put in place. However, following its introduction there was now a tool that has been developed and was being tested. It was noted that previously paramedics would have been making referrals but in a less structured way whereas now there is more conversation and dialogue with the patient and their family. The Panel welcomed the user feedback on page 24 but queried how the process would work for a person with mental health problems. It was reported that simple interventions may be all that is required to make bigger differences. However each individual may require different approaches. It was highlighted that work with Mental Health Services had only just commenced and it was recognised that there was more that can be done. A Member stated that in the current climate, it had been noted that there was a need to reduce the number of people entering residential care. However, there was great pressure on that service and on the professionals making those decisions. He asked how the Council could be confident that for those people who require residential care were getting that service. It was reported that for some people residential care was the right solution, with the Council processing and examining each individual case. It was noted that the Council approved a significant number of cases and some cases were immediately obvious that residential care was required. Members were advised that 1027 people were accessing the services and there were many groups of people looking through the cases, which is why something needed to change and partners to work collectively. In some cases a patient may not need a referral to hospital and by working collaboratively that patient could obtain the support needed to enable them to stay independent within their own home. From a fire prevention perspective, it was asked whether the Fire	

	Service had been consulted on the changes in intermediate care. It was noted that the Fire Service had been involved from the start of the process. It was noted that there was a role to play from Elected Members and leaders and an all Members workshop had been scheduled to take place on the 10th October. RESOLVED that the presentation and update report be noted.	All to note
49	END OF LIFE CARE.	
	The Panel received a presentation and report from the Head of Strategy and Delivery-Community Services NHS Doncaster CCG which provided Members with the opportunity to have an overview and to consider End of Life Care. It was reported that care as someone approaches their end of life matters to everyone. The first national End of Life Strategy (2008) identified three key insights as follows:- (1) people didn't die in their place of choice; (2) that services need to be scaled up to be prepared to support people dying; and (3) not everybody received high quality of care. Members were advised that the strategy generated significant momentum and energy which had led to significant improvements in end of life care. Since that time national guidance further highlighted the principles for ensuring a health and social care system wide approach to improving the care for all residents. It was noted that the CCG direction of travel was based on the progress of discussions both internally and with stakeholders, patient stories, what data is telling us and the best available evidence on models of end of life care. Members were presented with progress to date which highlighted that end of life care was a priority area for the CCG and clinical leadership comes from the CCG Board Member. She stated that some of the performance indicators had been aligned with a method called CQUIN which will support joint working. However performance information had been limited. It was further highlighted that the service developments within the following areas:- • Woodfield 24; • Community Nursing; • Specialist palliative care inc Hospice; • Community equipment; and • Assess to medicine. In addition, it was reported that within education and training, the CCG	

	had funded through GP practices a gold standard framework and 63% had taken up the offer of training and Doncaster Royal Infirmary/RDaSH were to undertake training of all relevant staff in their 123 approach. Following the presentation Members were afforded the opportunity to make comments and ask questions as follows:- In response to whether there would be a cost associated with the use of Woodfield 24, it was reported that when a patient reaches 3 months before death it becomes a health cost would not be charged to the client. It was noted that the district nurse would act on behalf of the individual and work closely with Woodfield 24 and the family to agree a care plan. Members were advised that this process provides a much more flexible approach and more value for money. A Member was passionate about and wished to raise an issue that had not been mentioned, which was approaching a funeral director following the death of a family member which can be very distressing. He suggested that although this was a commercial issue it may be useful to include a recognised local firm for simpler funerals. It was reported that although this had not be raised in consultations a strategic approach could be undertaken to provide an easy guide of what to ask for. The Panel noted that not all people have the same pre-planning in place for their death and there was a debate to be had. It was clear that dying well with dignity was a fundamental conversation that happens too late. It was noted that the Council do have those difficult conversations where a person has no relatives and their repressed wish was in will form. <u>RESOLVED</u> that the presentation and report be noted.	All to note
50	<u>CARERS STRATEGY PROGRESS REPORT 2017.</u>	
	The Stronger Communities Manager for Well-being presented a report which outlined progress made with the Carers Strategy 2017. In 2015-16, the Council, in partnership, created a vision for Carers in Doncaster. Carers of all ages in Doncaster were recognised for the vital contribution they make, have a strong voice that influences improvement, are respected as partners in care and are able to tap into support they need, when they need it in a way that they choose. Young carers would not be expected to provide care but if they choose to do so they will be supported to prevent negative impact on their life chances. The vision led to a co-produced Doncaster Carers Strategy 2015-2020 which was attached at Appendix 1 to the report. It was reported that since that time a collaborative Carers Strategic Oversight Group	

	(CSOG) had been established to structure, drive and challenge the Council and partners approach and support in delivering the vision and was co-chaired by representatives of carer groups, which was attached at Appendix 2 to the report. Members were advised that the Carers Strategic Oversight Group and the supporting delivery structure of themed task groups attached at Appendix 3 of the report had been working towards establishing a robust partnership plan to focus and target improvements for Doncaster carers. It was noted that at Appendix 4 of the report a one-year report had been compiled in November 2016 highlighting some of the key steps taken during this first year of partnership. A draft action plan, covering the previous 2016 actions and the next steps for further improvements through 2017-2018 was currently under consideration by the Carers Strategic Oversight Group attached at Appendix 5 of the report. It was further noted that Doncaster were waiting for confirmation of this year's annual Carers Survey to determine the impact of changes made on carers themselves, which is due in September 2017 to re-prioritise the action plan as appropriate. The Stronger Communities Manager presented a small example from a care user to the Panel, which presented positive outcomes for the patient and their family. She stated that the aim was to have a positive story for all patients. Following the brief presentation, Members sought clarity and asked questions on a number of issues as follows:- In response to whether there would be extra support given to those people receiving Universal Credit, it was reported that that extra support would be given and those people were being targeted by DWP and the Benefits Service. Members noted that a flexible short-breaks scheme was in operation, and questioned how the Council was meeting the level of need. It was reported that this area had been identified of needing improvement to ensure users could access one-off payments. It was noted that there was a need to have a more person centred approach and a desire to have more bespoke packages available. An example from a Member with regard to a young carer whose parent suffered with MS and had experienced problems with his attendance at school, he stated that although the issues around his education were now concluded he was experiencing difficulty in paying broadband fees. He asked whether there were any ways in which he could be assisted financially. The Director reported to the Panel that this was a particular passion of the responsible Cabinet Member and it was clear to see the disadvantages for young carers which need addressing. In	

	the first instance, it was hoped that young people wouldn't find themselves in this position, schools being aware and having knowledge of problems incurred by young carers. It was felt that this was currently varied and inconsistent. He explained that the Children and Young Peoples Plan aimed to address these issues and it was noted there was a need for packages of education to be developed. A Panel Member indicated to the Panel that she had had some experiences of working in this field and knew too well of the impact financial constraints had on young carers. She asked whether the Young Carers organisation was still active. The Director stated that he felt that the care family and support community contract which had now been re-let to Barnados didn't do as much as it should do and the voice of the young carers required escalating as a priority. He also stated that he would be challenging academies principles for abilities and achievement of young carers. It was reported that the Council had a moral obligation to meet the needs of young carers and suggested that an update on young carers be placed on the work plan for a future meeting. With regard to tips or best practice guidance, it was questioned whether anything was available for those employers that currently need help in supporting carers. It was reported that there was currently 1200 carers who were employment fit but were unable to work because of their caring responsibilities. Members were advised that there was a significant % of employers signing up to progress and implementing changes. It was noted that work would be carried out with Team Doncaster Partnership through the Chamber. <u>RESOLVED</u> that the current work on the Carers Strategy be noted and support be given to increasing the focus and challenge to partnerships to effectively progress this work for Doncaster.	All to note All to note
51	<u>OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE.</u>	
	The Panel received a report updating Members on the Panel work plan for 2017/18. A copy of the work plan was attached at Appendix A to the report taking account of issues considered at the Health and Adult Social Care Overview and Scrutiny meeting held on 21 June and OSMC meeting held on 29 June 2017. <u>RESOLVED</u> that the Health and Adult Social Care Overview and Scrutiny work plan for 2017/18 at Appendix A, be noted	All to note

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