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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 29TH NOVEMBER, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 29TH NOVEMBER, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, John Gilliver, Martin Greenhalgh, Pat Haith, Mark Houlbrook and Derek Smith

ALSO IN ATTENDANCE:

Other Councillors;

Councillor Majid Khan

DMBC;

Damian Allen – Director of People
Rupert Suckling – Director of Public Health
Helen Conroy – Public Health Consultant
Angela Waite - Carer's Strategic Lead
Lisa Swainston - Stronger Communities Wellbeing Manager
Tracy Davill-Kellett - Deputy Contract Manager
Kate Anderson-Bratt - Head of Service - Commissioning and Contracts

		ACTION
16	APOLOGIES FOR ABSENCE	
	Apologies were received from Councillor Sean Gibbons	
17	DECLARATIONS OF INTEREST, IF ANY	
	Councillor Derek Smith declared a nonpecuniary interest in Agenda Items No.6 and 7, by virtue of his wife who works for RDasH but not directly involved in any services to be discussed. Cllr Mark Houlbrook declared a nonpecuniary interest in Agenda Items No.6 and 7, by virtue of his employment within the prison service when discussing mental health or suicide prevention within a prison environment.	
18	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW	

	AND SCRUTINY PANEL HELD ON 27TH SEPTEMBER 2018	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on the 27th September 2018 was agreed as a true record with the following changes; Page 5, Paragraph 5 – that “late” be changed to “line” Page 6, under “Children and Young People’s Mental Health: Eating Disorders”, to include the following sentence; “A Member asked the question on why obesity wasn’t treated with the same parity as bulimia and anorexia in terms of focus and funding. Is Obesity not an eating disorder?” Page 8, change of paragraph under “Day Opportunities” to read; “Members were assured that there was a focus on investment as well as on the improvement of quality. Members recognised that steps were still being taken to consider different models and business needs.”	
19	PUBLIC STATEMENTS	
	There were no public statements made.	
20	MENTAL HEALTH PREVENTION	
	DONCASTER CARING The Panel received a presentation that provided an overview of a model for approaches to mental health prevention in Doncaster. The areas covered included the following; • A prevention framework for Doncaster • Assets and strengths • Create the conditions • Community infrastructure • Health and care services • What needs assessment tells us about mental health in Doncaster? • Prevention Concordat for Better Mental Health The Panel held a discussion that covered the following areas; **Well North** – A Member asked whether this scheme was going to be expanded into other geographical areas. Members were informed that this was being considered to see if it would add any more value to what was already being done within communities. **Suicide and Peer Support** - A Member talked about their own personal experience of a family member who had committed suicide and how it was felt that the persons spouse had not received enough	

	peer support. The Panel was informed that this area was being looked into and conversations were at an early stage. **Gambling** – Members were informed that public health were formally consulted to advise on the health and well-being implications of any proposed premises where licensed gambling would take place. **Community Structure** – References were made to the support and co-creation of alliances to address specific challenges such as a Mental Health Alliance. It was explained that MIND (in partnership with Changing Lives) had been commissioned to deliver a community crisis support service from April 2019. Members were also informed about the social café model with hubs being located in Mexborough, Thorne, Bentley and Doncaster town centre. It was commented that this model provided an alternative for individuals to go to and work was being undertaken with local communities to identify suitable premises to mobilise that project. **Doncaster Practice Model and Guidelines** – This was about using strength based approaches, motivational interviewing, asset based community development, trauma informed practice, Making Every Contact Count together with life course specific approaches including patient activation and self-management. **Access to Services** - A Member raised concerns about lengthy waiting times to access professional services which could prove demoralising for individuals who needed that support. Members were informed that there were a number of proposals being considered by RDasH to improve front end access and waiting times **Training** - A Member stressed the importance of supporting arm's length organisations. Members were assured that targeted training was viewed as a priority and would be made available to contracted staff as well as Council employed staff. It was added that low level training provided by SAFETALK and Mental Health First Aid training would be offered to a diverse group of people to ensure that they were trained to a certain level. **Data and Information** - It was commented that the Joint Strategic Needs Assessment showed that Doncaster was average and it was about identifying risk factors and any underlying issues. Members were informed that the Doncaster Mental Health Needs Assessment should be completed by December 2018 and would drill down into the available data. A Member commented that they would like Doncaster to strive for more than averages. It was responded that it was about investigating further to see what was driving the figures as averages could hide many challenges.	

	Members were informed that the Council was committed to working towards a Mental Health comprehensive plan. Members agreed that they would like to see the plan at a meeting of the Panel in March 2019. It was continued that the Council were looking to sign up to the Prevention Concordat in 2020. A Member stated how there was a great deal of evidence available through different reports, groups being set up and money being spent in different places. **Long Term Unemployment** (**Risk Factor) –**- Members felt that individuals with mental health problems needed to feel self-worth and that any financial pressures could be added to during such a time of austerity if they faced unemployment. It was responded that those experiencing long term unemployment had been identified as a risk factor under suicide prevention. It was supported by the Director of Public Health that the wider economic situation could negatively impact on those with mental health problems. It was recognised that it was unlikely that Council would find themselves in a position where employment could be increased, however, work was being done to look at the diversity of the workforce. It was stressed that work had been undertaken with Doncaster Chamber around addressing the mental health of staff within larger organisations; it was shared that challenges were presented around smaller organisations who employed 5 or less. It was also mentioned that work was being done with GPs around this issue. Concern was raised around the bureaucracy in the system, decisions not being made on time and the impact that could have on people's lives. It was commented that if the support network was not in place then more tension could be created within families. It was felt that action was needed, there needed to be more focus on service delivery, that charters and concordats needed to be signed up to and for those organisations to be held to account. A Member supported the progress of physical and social regeneration going forward. Members were reminded of the Inclusive Growth Strategy which included six areas of challenge. It was noted there was likely to be a correlation between austerity and data which would be reviewed shortly. It was supported that there was a need to create conditions and find motivations for people to identify self-worth through contribution. RESOLVED that the Panel noted the report.	
21	<u>SUICIDE PREVENTION</u>	

DONCASTER CARING

A report was provided to Members alongside South Yorkshire and Bassetlaw data that gave an update on suicide prevention work in Doncaster in 2018, following a previous report to Overview and Scrutiny in 2017.

It was outlined that the suicide rate in Doncaster had remained more or less stable since 2001; however, since 2013 the suicide rate for men had risen slightly, whilst for women the rate has fallen. There were approximately 20 to 30 suicides in Doncaster per year and the Doncaster rate was similar to the national rate, at 10.1 per 100,000 of population. In an update to the Panel, it was explained that there had been 4 suicides of young women under 18 across Yorkshire which were extremely rare and that a rapid response meeting had taken place that would engage with public health.

A Member raised concern around the impact of bullying and social media. Members were informed that the challenge would be taking forward a life course approach whilst taking into consideration social media and emerging trends.

There was a brief discussion around South Yorkshire and Bassetlaw comparison table that indicated where Doncaster was in comparison to Doncaster's compartments. It was reported that Yorkshire and Humber average was 10.4 and Doncaster was in the middle at 10.1.

Areas where Doncaster was worse in significant to England included;

- Emergency hospital admissions for self-harm,
- Successful completion rate of drug users – opiate users and other drugs with the individual ageing whilst within the service, the alternative was that if users came out of the system they could overdose and die as a result. It was added that Doncaster was positioned better than the Yorkshire and Humber average.

Risk Factors that were worse than Yorkshire and Humber average included the following:

- Looked after children (under 18 population)
- Children in the youth justice system aged 10 to 18
- Long term unemployment: proportion of working age population

Of the above risk factor "children in the youth justice system aged 10 to 18", reference was made to the work being undertaken within the Youth Justice Plan, in particular, with first time entrants.

And finally, better than Yorkshire and Humber average;

- Statutory homelessness

	• Adult carers who have as much social contact as they would like A Member commented that similar to adult carers having as much social contact as they would like, that young people also needed further encouragement to have this and should be treated with the same parity as with adult carers. It was added that the Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) group could be more adversely affected. Members were provided with assurances that the LBTQ group was well-attended and had demonstrated some positive views about this issue. Regarding adult carers, it was felt that there were links to those in long term unemployment and mental health problems. A Member commented that within the workplace, individual contracts of employment and staff handbooks provided organisational support for domestic crisis and special leave, however, it was recognised that this might not be offered in all organisations. It was questioned whether different types of work patterns could be taken into consideration. It was commented that working families were trying to maintain a worklife balance. Members were informed that colleagues were looking at a healthy workplace accreditation scheme where employees could be more supported. A Member raised his concern that there were mixed messages and attitudes around death, particularly, when individuals felt that it would provide certain solutions. Members were reminded of the three year plan in place to address suicide prevention and the additional money that Doncaster would be receiving. **Data and Further Research** - Members were informed that more in-depth research would be undertaken around 2015-2017, taking into consideration qualitative factors mapping where suicides had occurred. It was added that a clusters of suicides had taken place around urban centres. It was explained that the % of bereavement by suicide, mainly applied to white British. **Training** - It was highlighted from the presentation that Papyrus had undertaken the prevention of young suicide training with 211 schools/colleges. Members were informed that RDaSH provided STORM training to other frontline workers. Finally, reference was made to training being undertaken in prison with those prisoners due for release. Members were informed that Bradford was sharing its protocol with their Coroner Services office to ensure that those affected were offered support as they could potentially be at risk. It was considered essential that a positive relationship could be developed with the local media to ensure that reporting could be done be responsibility at both a regional and a local level.	

	Veterans - Members welcomed the support that was being provided. Reference was made to when the Ministry of Defence had previously provided a package of training through certain organisations. Concern was raised around ex-forces personnel that had experienced post-traumatic stress and it was questioned what was in place now. The Stronger Communities Wellbeing Manager commented that this provision of support to ex-forces personnel might not have changed a great deal. Members were reminded that a report on the Veteran Plan was going to the Health and Adult Social Care Panel in January 2019. It was commented that there was a great deal of work being undertaken at a local level. **Gambling** - A Member raised concern around debt and its links to gambling, suicide and mental health. Reference was made to the work of the Financial Inclusion Group and the gambling policy. It was suggested that it may be included as a strand in the next iteration of the plan. It was commented that there wasn't one consistent means to target suicide prevention, therefore, there was a need to start looking at data more closely. One approach was looking at individual case records for issues such as debt. **Doncaster Suicide Prevention Plan** - The main aim of the Suicide Prevention Plan was to reduce suicide by 10% across SYB by 2020/2. It was explained that there would be £84,000 of the £500,000 to spend and additional money would be made available in 2019/2020. Reporting would be taken to the Suicide Prevention group on how the plan would be delivered and how money has been spent with an evaluation undertaken as to whether it has worked or not. A Member raised concern that £84,000 may not go a long way taking into consideration all areas of concern and that perhaps there should be a more targeted approach. Members heard that some activities undertaken had included a local men's campaign that encouraged people to talk to one other and a film that had been created by local people around men's mental health. It was also added that work was taking place with all four prison establishments, in particular, with those at risk. Members were assured that a significant amount had been invested in mental health prevention including children's mental health with work taking place within organisations. A Member raised concern that individuals with mental health as well as substance misuse problems were not dealt with until the individual was no longer misusing. In terms of those who were socially isolated and lonely, it was recognised that those individuals were at a greater risk. It was shared	

	that there was a great deal being done nationally to promote mental health through sport. Members commended the presentation and work being undertaken to address this issue. RESOLVED that the Panel; I. note the report and presentation provided; and II. that the Children and Young People Overview and Scrutiny Workplan be made aware of the suicide risk factor around children in the youth justice system aged 10 to 18 (which is currently worse than Yorkshire and Humber average) and that this be considered further as part its own future workplan.	Senior Governance Officer
22	<u>ALL AGE CARERS' CHARTER</u>	
	DONCASTER CARING Members were informed how the Doncaster All Age Carers' Charter was to enable Team Doncaster to publicly show and reaffirm their commitment to carers. Members were informed that in Doncaster there were 33,000 carers (of all ages) as reported in Doncaster's Carers Strategy (census 2011), however, in reality only approximately 4,000 was known about at this present time. This was because individuals did not always identify themselves as a carer and on that basis it was considered that it was easily double that figure. Members were told how engagement of the proposal had taken place with voluntary community sector groups and carers. It was explained that carers who wanted to be involved in the process had wanted something simple producing and this had been taken on board. Members were pleased to hear that engagement of the proposal had taken place with the voluntary and community sector and was currently being shared out in the public domain as well as through partners. Members heard that the charter was being taken through the Doncaster Chamber to ensure that further engagement takes place with businesses as 1 in 9 workers were identified as carers. It was also stated that carers needed to be further identified through the workforce so that they could access the available support. In terms of Veterans, it was stated that they were often the carers or being cared for and it was questioned how they could holistically be supported within the community.	

	Further to Doncaster Council signing up to the Motor Neurone Disease (MND) Charter, a Member stated that they would like to see other areas rolled out to ensure that a wider reach was undertaken. A Member requested a breakdown of ward data of carers, it was explained that such information might not necessarily represent all carers. It was added that as the Council started to build preventative services, there was now a point of contact for carers. It was commented that the Charter would reinforce the commitment to carers across all ages, which would allow the Council to understand carers more. **Young Carers** - A Member referred to the number of 700 young carers and enquired about pastoral care in schools and academies. Assurances were sought that those young carers had access to services. Members heard how the Young Carers Card might incorporate a traffic light system to reflect where the young person was emotionally on that particular day through a visual means without having to articulate it further. It was explained that it was a new development which would go out to every school. A Member asked whether the card could be used for people in the workplace. Members were advised that the card needed to be rolled out for young people successfully first before being considered for use in the workplace for employees who were carers. During the meeting, a Member questioned how carers known to services were monitored, maintained or identified as no longer requiring support as a carer. Members were informed that carers needed to be empowered to have a voice and be able to report what they felt was not working or what support they needed. Enquiries were made about what pastoral care was available in schools and academies and assurances were sought that young carers had access to those services. Members were pleased to hear that the Cabinet Member for Children, Young People and Schools, as part of her role, had endeavoured to visit all schools and raise awareness of the charter. It was reported that the Cabinet Member had spoken passionately about support from Officers, and issued a mandate to challenge secondary schools. It was therefore felt that Headteachers should sign up to the charter to further endorse this. A Member raised concern that young carers with parents who did not speak English often became their translators when communicating with services. Members were advised that those children were generally known to the authority or would be where they had identified themselves as a young carer. It was therefore felt that those young carers (who also acted as translators) needed to sit within the spectrum	

	of the All Age Charter It was felt that as a Councillor, their role could help ensuring that the carer was placed at the forefront whether through decision making or council services and be able to have a voice. Members were provided with a Doncaster "Care to Chat Pack" developed to celebrate Carers Rights Day on 30th November 2018. Members commented that the information provided in the report and discussion had been very concise and informative. RESOLVED that the Panel; I. Note the report and put forward the following recommendations; I. That the Young Carers Card once successfully rolled out, be considered for use in the workplace for employees who are carers. II. That Headteachers sign up to the Doncaster Carers Charter. III. To ensure that those young carers with parents who did not speak English (and therefore needed to act as translators) sits within the spectrum of the All Age Charter.	
23	<u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE</u>	
	DONCASTER CARING This report provided an update of the Compares Doncaster's Care Quality Commission (CQC) ratings published on the 12th September 2018, for regulated services against the national and regional picture of performance. It also outlined current contract monitoring activity to support providers with less than an adequate CQC rating. There was a brief discussion around the national home care provider, Allied Healthcare who had appeared in the media. Concerns had been raised around whether Allied Healthcare was financially viable and what was the impact of recent events on the delivery of its services. It was reported that Doncaster Council and the Doncaster NHS CCG worked closely together during this period of uncertainty. It was explained that the organisation was now in a stable position, although there were no guarantees around what may happen later. Members were also informed that contingency plans were currently in place It was outlined that Allied Healthcare would not be continuing its services and that the Council had been able to look at a transition plan. Assurances were provided that packages were still being continued	

	and that staff will TUPE to the strategic lead provider which was being facilitated by the Council. It was explained that the report did not include day services that were not regulated by CQC. **The number, percentage and outcome of all active Adult Social Care Services by South Yorkshire Authorities -** The following areas were highlighted to Members; • Positive that there has been an increase in providers that had been rated as outstanding and good. • Doncaster continued to have the lowest percentage of providers rated as "requires improvement". • Doncaster had the highest percentage of Providers rated as "Good" by CQC. • Three Providers in Doncaster had been rated as inadequate, all of which were care homes. It was explained that of these 3, 1 was inactive as they had not had any residents for over a year, however, the CQC would not re-inspect that home for that reason. **The number, percentage and outcome of Community Adult Social Care Services by South Yorkshire Authorities:** The information provided for Community Services included domiciliary care, supported living and extra care services. There had been some positive increases and decreases across South Yorkshire Community Services. It was recognised that although information around community services was largely positive. Members were informed that of Doncaster contracted providers that 25 (86.2%) were considered as good. Members were assured that the Council would maintain oversight of those services by continuing to offer support, advice and guidance. **The number, percentage and outcome of Residential & Nursing Care Homes in Adult Social Care Services by South Yorkshire Authorities** – It was reported that one nursing home was classed as being inadequate and that Doncaster had the highest percentage of nursing homes achieving good, an increase from the previous CQC report. Members were informed that there had been an increase in homes classed as inadequate and the Council provided support to those providers. **CQC** - It was commented that the CQC was under pressure nationally to maintain their role. Although this had not impacted on Doncaster, there was concern for those providers that had not yet been rated. It was explained that a new service once set up could take up to 12 months before that service was inspected and where re-inspections took place (that could also take a while). It was reported that providers could find themselves in a vulnerable situation and this was where the Council provided support and advice.	

	In regards with how the CQC communicated with residents, it was noted that open afternoons took place as well as an ongoing dialogue with residents and their families. With investigations of deaths in homes, it was reported that in Doncaster there were reportable incidents around safeguarding and as a contract provider the Council received notification of it. It was added that monitoring would be undertaken and that there was a shared agreement in place with the coroner. Members were informed that work took place with health partners such as the NHS CCG and the nursing element side. Following such incidents, it was commented that there was an expectation that appropriate care plans and actions should be in place. It was explained that where there were no published rates in the charts, this was generally because that home not been inspected or it may be because the home had been inspected recently but it would then take some considerable time to reach the end of the process. Reference was made to the negative impact that larger employers e.g. Amazon had in the Borough on the recruitment of social care staff when comparing levels of pay. It was recognised that the Council was not able to fund services at the same level during such times of austerity. In terms of domiciliary services supported care, a Member raised concern that companies competing for tenders were looking to reduce costs in order to be more competitive and that those cuts might then be passed onto staff. Concern was raised that the cuts may demoralise staff and place them under increased pressure. In terms of what influence the Council has, Members were informed that they could be mindful of pay rate and set a rate in the tender. It was explained that services could set an hourly rate or a floor and ceiling rate (with the view that organisations may then bid in-between). It was acknowledged that even though there were good quality staff in place there were even more added pressures at work. It was shared that there were fewer numbers of staff undertaking more calls. It was explained that more was being done around monitoring to see what the delivery of services should look like. This was supported through the introduction of electrical monitoring which would provide real time records. Members were assured that steps were being taken to monitor current staffing levels, as staff were the main component of the business. It was recognised that there were challenges around how to build up a career pathway, ensure staff feel valued and all up against financial pressures and a lack of investment. A Member asked about employment and recruitment as a driver which	

	may be affected by social economic conditions affecting performance and delivery. Reference was also made to the uncertainty of Brexit on the freedom of movement of individuals to fill vacancies. Officers noted that they would be maintaining a close eye on the impact of Brexit on services. Concern was raised around the impact of terms and conditions and that without staff; organisations were at risk of not being able to deliver its service, whether in a private or public market. RESOLVED that the Panel note the report.	
24	<u>OVERVIEW AND SCRUTINY WORKPLAN 2018/2019 - NOVEMBER 2018</u>	
	The Panel received a report updating Members on the Panels work plan for 2018/19. A copy of the work plan was attached at Appendix A of the report taking account of issues considered at the Health and Adults Social Care Overview and Scrutiny workplanning meeting held on the 11th June, 2018. Members were advised of the following changes to the Overview and Scrutiny Workplan; • March – addition of Better Mental Health Plan on workplan • JHOSC – will be later than the proposed date of 28th Jan 2019 RESOLVED that the Panel note the Health and Adult Social Care Overview and Scrutiny Workplan 18/19 - November 2018 update.	

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