

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 21ST MARCH, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held in the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 21ST MARCH, 2019 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Martin Greenhalgh, Pat Haith and Derek Smith

ALSO IN ATTENDANCE:

Councillors N Cannings and F Tyas

Patrick Birch, Strategic Lead for Adults and Transformation

Victor Joseph, Consultant in Public Health

Dr Philip Kirby, Public Health England and NHS England

Louise Robson, Public Health Theme Lead

Anthony Fitzgerald, Director of Strategy and Delivery, Doncaster Clinical Commissioning Group (CCG)

Stephen Emmerson, Head of Strategy and Delivery, Doncaster CCG

Jo Forrestall, Head of Strategy and Delivery – Community Services Doncaster CCG

Michelle Clarke, Strategy and Delivery Manager, Doncaster CCG

APOLOGIES:

Apologies for absence were received from Councillors George Derx, Sean Gibbons, John Gilliver and Mark Houlbrook

| | | <u>ACTION</u> |
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| 33 | <u>DECLARATIONS OF INTEREST, IF ANY</u> | |
| | There were no declarations of interest made. | |
| 34 | <u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 31ST JANUARY 2019</u> | |
| | The minutes of the Meeting held on 31 st January, 2019 were agreed as a correct record. | |
| 35 | <u>PUBLIC STATEMENTS</u> | |

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| | <p>Mr Doug Wright – resident of Doncaster made the following statement:</p> <p>He stressed that the NHS needed prioritising for consideration by this Scrutiny Panel as change in the organisation was moving rapidly.</p> <p>He continued to explain that his main reason for attendance at this meeting was to address the opportunity for making statements or asking questions at meetings. He was of the opinion that questions should be allowed rather than statements.</p> <p>In the past, he explained that he had raised on a number of occasions whether public could attend the Joint Commissioning Management Board (JCMB) and be allowed to ask questions. He thought that this was being considered later in the month by the Board.</p> <p>To conclude he queried why questions could be asked at regional scrutiny meetings but only statements allowed at local scrutiny.</p> <p>The Chair thanked Mr Wright for his statement.</p> | |
| 36 | <p><u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2018/19</u></p> | |
| | <p>The Panel was provided with a presentation and presented with a report on the annual health protection assurance in Doncaster for the period 2017/18. It was noted that through effective health protection governance structures and service plans sustained progress had been made.</p> <p>The Presentation to the Panel covered the following areas:</p> <ul style="list-style-type: none"> • Progress from last year – good news stories; • Tobacco Control in Doncaster; • Smoking indicators; • Immunisation indicators; • Screening indicators; • Other health protection indicators; and • Recommendations for 2019/20. <p>Dr Kirkby, Public Health and NHS England wished to highlight to the Panel that Doncaster had an excellent system of working in partnership, a strong established means of working, good links into communities and gave a warm endorsement to the work recommended for the future year.</p> <p>The Panel addressed the following issues in more detail:</p> <p><u>The links between mental health and smoking</u> – it was noted that smoking was common for people who suffered with mental health</p> | |

issues and was an area that required more detailed work being undertaken.

Smoke Free Doncaster – in response to a query relating to the illicit sale of tobacco, it was noted that Public Health worked closely with the Enforcement Team ensuring the problem was addressed. The work undertaken by Trading Standards was intelligence driven, so any information, no matter how small, always helped to build a case.

It was reported that an initiative to reduce smoking was promoted at the Christmas Lights event with simultaneous consultation being undertaken on the issue, encouraging smoke free homes, town centres and parks. The initiative received broad support therefore it was an area that required further work to translate into practice. With regard to timeframes, the proposals would require consideration by the Health and Well-being Board before taking forward its implementation.

With regard to reversing the trend of women who continued to smoke during pregnancy, the Panel was informed that a pathway for improvement to be undertaken by health visitors and hospitals was being developed. This was a commissioning priority with a joint support approach being undertaken with a full pathway for pregnant ladies from GP's through to hospital support.

Through a contract with SWIFT (mental health foundation for South and West Yorkshire) the provision of a smoking cessation service was being delivered. The contract was currently in year 1 of a 4 year period. It was recognised that the Borough comprised of many cultures, where smoking was possibly accepted as the "norm", therefore many groups would be targeted through the network of clinics across the Borough.

Cannabis use – Following a Member reporting that roots from home grown cannabis were regularly found at the side of the road in rural communities, it was noted that cannabis continued to be an issue for the drug using community for Doncaster, particularly a drug of choice for younger people. It was stressed that preventative programmes were delivered across the borough to reduce the use and prevent serious addiction.

Pregnancies – A Member outlined that anecdotal information seemed to show that mothers were not presenting themselves to a doctor when they became pregnant and it was noted that the CCG was addressing this issue through a "Better Births" initiative over the next few years.

Flu immunisation – In response to concern expressed about the low numbers of people receiving the flu immunisation, it was stressed that it was a myth that the vaccination would make you ill. The Panel noted that the vaccination had been made available for Council Staff on site rather than having to visit their GP or pharmacy, with uptake improving.

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| | <p>Provision of the immunisation programme had also been rolled out to care homes.</p> <p><u>Clean Air Day</u> – staff were congratulated for work that had been undertaken.</p> <p><u>Late stage of HIV</u> – concern was expressed that people were presenting themselves to GPs with the illness at a late stage. It was explained that the challenge was identification of the condition, to ensure correct support and treatment was available. It was discussed that the illness still had a stigma, however, outreach clubs had been established through the community to ensure successful visits to nurses and GP’s were being undertaken to increase diagnosis.</p> <p>RESOLVED that:-</p> <ol style="list-style-type: none"> i. the report, be supported; ii. the Action Plan for a Smoke Free Doncaster be added to the Panel’s work programme for 2019/20; and iii. the CCG be asked to consider building into quality contracts that the flu vaccination be recommended for staff or all organisations. | |
| 37 | <p><u>PREVENTION CONCORDAT AND THE BETTER MENTAL HEALTH (ADULTS) IMPROVEMENT PLAN 2018/21</u></p> | |
| | <p>The Panel gave consideration to a report and presentation outlining the development and content of the Prevention Concordat and the Better Mental Health (Adults) Improvement Plan 2018/21.</p> <p>It was noted that the Improvement Plan comprised the following themes:</p> <ul style="list-style-type: none"> • Living well-community led support and low level early intervention; • Access to appropriate services; • Caring well – holistic care and support; • People with complex/bespoke needs and their access to services; • Suicide prevention; • Outcomes and success; • Partnerships and governance; and • Needs and asset management. <p>During discussion the following issues were addressed:</p> | |

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| | <p><u>Front end modernisation of mental health access</u> - it was confirmed that this issue had been addressed in depth and where services were required they would be readily accessible and responsively matched to people’s level of need.</p> <p>In connection with a <u>psychiatric decision unit</u> it was stressed that the right patient treatment pathway would be better identified in a care setting away from busy emergency department or section 136 detention suites, but available 24 hours 7 days a week.</p> <p>Work was being undertaken with all partners to ensure intervention in community settings for <u>alcohol and substance misuse</u>.</p> <p><u>Elimination of inappropriate out of the area placements</u> – It was acknowledged that each individual required an assessment for complexity and specialist need. It was noted that Doncaster now only required 25 out of area day beds for people who need an acute patient bed (non specialised) in the 3 month period to December 2018 which represented a significant improvement from the start of 2018.</p> <p><u>Performance indicators</u> – with regard to outcomes 5 to 10 local indicators had been established to measure against throughout the life of the improvement plan.</p> <p><u>Expenditure</u> – there would be a targeted 6.3% increase in mental health expenditure for 2019/20.</p> <p>RESOLVED that: an update be provided to the Panel in 2019/20 outlining outcomes and success from the improvement plan.</p> | |
| 38 | <p><u>OVERVIEW OF DEMENTIA COMMISSIONING IN DONCASTER</u></p> | |
| | <p>The Panel gave consideration to a report and presentation relating to the Government’s key aspirations for Dementia by the year 2020.</p> <p>It was acknowledged that the UK’s population of older people was increasing and it was estimated that 850,000 people were living with dementia with 38% of the population knowing a family member or close friend who suffers with the condition. In Doncaster there were estimated to be 4050 people with dementia with 2,700 having received a formal diagnosis.</p> <p>The presentation focused on:</p> <ul style="list-style-type: none"> • Diagnosing, referral pathways and care planning; • Post diagnostic care and support; • Urgent and emergency care; and | |

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| | <ul style="list-style-type: none"> • Raising awareness, reducing stigma and proactively promoting prevention. <p>Following the presentation Members focused on the following areas:</p> <p><u>Prevention</u> – health checks were being undertaken and opportunities were being built when talking to people, particularly those that may be showing signs and symptoms. Wider health improvement was being promoted, for example, exercise, not smoking and drinking sensibly which were primary prevention options.</p> <p>It was stressed that what was good for the heart was good for the brain.</p> <p><u>Diagnosis</u> - Members were of the opinion that a number of people were in denial, hiding their symptoms therefore would be struggling to access support. The long term plan would include actions for GP’s and carers to identify someone who may need a diagnosis and long term support.</p> <p><u>Care Planning</u> – it was confirmed that best practice was promoted and challenged when not adopted. Work had been undertaken with the most vulnerable members of the community to ensure best practice was in place. It was accepted that improvements were required in some areas.</p> <p>It was noted that GP’s were paid for each individual patient’s care plan and there was the need for improved performance monitoring to identify where better care was required. It was noted that the care offer was multi-disciplinary and partners were working well together to try and achieve this.</p> <p><u>Dementia Awareness Week</u> – would be used to promote access to local services through a number of activities</p> <p>RESOLVED that: the update be noted.</p> | |
| 39 | <u>END OF LIFE CARE</u> | |
| | <p>A presentation was provided to the Panel addressing how the CCG planned for End of Life Care by using discussions with stakeholders, patient stories and the information local data was providing.</p> <p>The presentation addressed:</p> <ul style="list-style-type: none"> • Background to the local position; • Progress with Strategic and Service developments, education and documentation; • ReSPECT – a person’s recommended summary plan in an emergency; | |

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| | <ul style="list-style-type: none"> • National and local monitoring and assurance; • Next steps – education and service delivery. <p><u>Faith and spirituality</u> – a pilot was in place to ensure an individual's faith remained important during their end of life care.</p> <p><u>ReSPECT</u> – the Panel supported this as an excellent idea and looked forward to the programme being rolled out. Currently the forms must be completed with a nurse or GP and would be some years before the system worked in the same manner as donor cards.</p> <p><u>End of Life Provision</u> - It was noted that priority areas had started to show improvement, but reports of poor end of life cases were generally because the advanced care plan not being acted upon, no record sharing and there being a general lack of understanding. There was confidence that mechanisms in place would ensure improvements.</p> <p><u>Equipment provision</u> – It was noted that a lot of equipment was provided through the private sector. Team Doncaster addressed procurement with any improvement issues being taken into account, however, it was recognised this would not happen immediately.</p> <p><u>Preferred place of death</u> – concern was expressed that people were not fully informed of their choices and plans, and to also ensure that they were pain free if their choice was to die at home. Requirements for the quality of care for someone choosing their home as their preferred option was addressed, for example, mattress provision was the same quality as that provided in a residential home or hospital.</p> <p><u>Members seminar</u> – a Members seminar was proposed to ensure Councillors were aware of end of life choices for residents.</p> <p>RESOLVED that a Members seminar be proposed on End of Life Care choices.</p> | |
| 40 | <p><u>OVERVIEW & SCRUTINY WORKPLAN - MARCH 2019 UPDATE</u></p> | |
| | <p>The Senior Governance Officer presented the Scrutiny Work Plan and Forward Plan of Key Decisions for the Panel's consideration.</p> <p>The Chair updated the Panel on the work being undertaken by the Joint Health Overview and Scrutiny Committee for South Yorkshire, Wakefield, Derbyshire and Nottinghamshire. The most recent meeting was hosted by Doncaster and addressed:-</p> <ul style="list-style-type: none"> • Governance Arrangements for South Yorkshire and Bassetlaw Integrated Care System for 2019/13; • NHS Long Term Plan | |

- Transformation Work stream Programme within the South Yorkshire and Bassetlaw integrated Care System.

To conclude Members expressed the wish for the following items to be added to the 2019/20 draft work programme for consideration:

- Personal Payments;
- Shared care for disabled people; and
- Tooth decay in 0 – 5 year olds.

RESOLVED that the following items be proposed for consideration during the 2019/20 Scrutiny work plan: