

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 4TH JULY, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 4TH JULY, 2019 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, John Gilliver, Martin Greenhalgh and Rachel Hodson

ALSO IN ATTENDANCE:

Councillor Nigel Cannings
Councillor David Nevett
Phil Holmes Director Director Adult Health and Wellbeing
Dr. Victor Joseph, Consultant in Public Health
Karen Johnson, Assistant Director Adult Social Care and Safeguarding
Laurie Mott, Senior Strategy and Performance Manager
Jon Gleek, Head of Service Strategy and Performance

APOLOGIES:

Apologies for absence were received from Councillors George Derx, Sean Gibbons and Pat Haith

		<u>ACTION</u>
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
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	There were no declarations of interest made.	
3	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 21ST MARCH 2019</u>	
	RESOLVED that the minutes were agreed as a correct record.	
4	<u>PUBLIC STATEMENTS</u>	

	There were no public statements made at the meeting.	
5	<u>2019 JOINT STRATEGIC NEEDS ASSESSMENT - STATE OF HEALTH AND 2019-20 JSNA WORK PLAN</u>	
	<p>Doncaster Caring/cross cutting all themes</p> <p>The Panel was presented with the 2019 Joint Strategic Needs Assessment (JNSA) report which is an assessment of the health, wellbeing and social care needs of Doncaster and its communities. The report highlighted areas of work delivered and those that were to be addressed over the forthcoming year, with the findings being reported within the annual State of the Health report.</p> <p>It was noted that work undertaken had highlighted a number of issues within Doncaster, as follows:</p> <ul style="list-style-type: none"> • The changing population; • Inequalities in childhood obesity; • Access to health services for people with learning disabilities; • The experiences of LGBT Year 10 pupils; and • Changes in life expectancy. <p>During consideration the Panel held detailed discussion on the following areas:</p> <p>Changing population – it was noted that the number of people living over the age of 85 was increasing due to older people being much healthier, and the figure would continue to rise for the foreseeable future, therefore there would be a continued increasing demand on services.</p> <p>Migration – the Panel acknowledged that there was now an increase in the number of people moving into the Doncaster area from around England, with a return flow of young people aged 22 and 23. There had been a reduction of people moving from abroad, with the Panel noting and nationally this had started to drop 3 years ago.</p> <p>Childhood Obesity – it was noted that the Doncaster position was not significantly different to the national picture but was an issue that Team Doncaster and the NHS were addressing to improve individuals health and a healthy environment to live.</p> <p>The Panel highlighted the temptation of people regularly using corner shops and takeaways particularly when they were sited close to residential areas and schools and therefore of the opinion that it was a contributing factor towards the problems some people faced with obesity. Concern was expressed particularly that children and young people were buying energy drinks and crisps for breakfast on the way</p>	

to school.

Members stressed the urgent need to look at this issue from a school perspective, particularly the environment around schools. Members expressed the wish to learn if the levy on high sugar drinks had made an impact but recognised that it may be too early and that further data would be required.

It was noted that Team Doncaster was working on the issue of obesity

Active Travel – Members were pleased to see that there had been an increase in people taking an interest in cycling in Doncaster compared to England as a whole where this had fallen.

Mental Health – it was stressed that each child was entitled to go through school healthily without stress or worry but concern was expressed that young people within the LGBT grouping had significantly lower levels of happiness than other pupils. The Doncaster pupil Lifestyle Survey revealed that in Doncaster there were higher levels of bullying within this grouping and young people found it more difficult to find people they felt confident to talk to. Members stressed that this was disturbing and concerning, therefore sought assurances that this group was being supported and asked that data and supporting information, including any hotspots, be shared with schools. It was suggested that if not being undertaken, schools be requested to address the issues as part of the school learning opportunities or curriculum.

Alcohol consumption – there was active intervention however it was noted that data measurements showed it was undertaken at the far end of the problem, for example, hospital admissions amongst the elderly or young people. A Member reported that some young people were choosing not to drink due to an attitudinal change and wished for the awareness of this shift in behaviour to be shared amongst Council colleagues and partners.

Additional to this discussion the Panel raised the Information Sharing Agreement between Local Authorities and GP Practices that enables them to extract data from clinical systems, to assist with understanding of the local populations health.

To conclude, it was stated that “the environment we live in influences how you live.”

RESOLVED that:

- a) The Panel receive a report at a future meeting following further work relating to the environmental areas around schools and that the data be shared with partners to ultimately influence the department of health.

	<p>b) The Executive investigate a possible information sharing agreement, similar to that established in other authorities in the region.</p> <p>c) The Executive request that the data and supporting information gathered through the JNSA be shared with schools, particularly in relation to LGBT bullying and childhood obesity.</p>	
6	<p><u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE</u></p>	
	<p>The Panel considered a report providing the CQC ratings as at 20th April, 2019 of Doncaster’s provider performance as well as the local authority area data profile for older people, whilst highlighting the areas below.</p> <p>The data was used to identify which providers need support to improve and the areas to focus on. The report identifies that Doncaster was in a stable position with only one inadequate service.</p> <p><u>Inadequate service provision</u> – service user feedback can identify patterns of inadequate provision. Additional to the CQC inspections, Doncaster Council has a separate responsibility to inspect a business and assess if there was good quality service.</p> <p><u>Unrated</u> – this category referred to if there had been a change in registration and a business is awaiting its first visit. For example, if a business had been sold and its old inspection had been archived or a new business was being provided</p> <p><u>Domiciliary care and salaries</u> – In response to Members concerns raised at this and previous meetings, it was reported that work had been undertaken to ensure salaries were paid on an inclusive hourly rate within the Doncaster area. This included travel time and expenses for the care worker. It was stressed that the minimum wage must be paid by providers and the HMRC had been undertaking checks to ensure that staff were being paid for all hours, not just contact time with their clients.</p> <p>It was explained that staff rotas were monitored to ensure stress was not being created by having to rush between clients with a minimum contact time of 15 minutes or 30 minutes if personal care was required for each client.</p> <p>It was confirmed that staff training was the responsibility of the company providing a service to clients and this was checked as part of the Doncaster MBC monitoring process. The Local Authority has an in-house development training team specifically looking at moving and</p>	

	<p>handling work with domiciliary care providers.</p> <p><u>Caring as a career choice</u> – It was acknowledged that competition was strong from within the retail and mass distribution sector who offered high salaries and able to attract more workers whether they were from other European Countries or within the Uk. However, it was noted that people were beginning to volunteer in the care field, including college students, who were being encouraged to pursue care as a vocational career. Work was also being undertaken with schools and colleges through a workforce development scheme. Additionally discussions were taking place with employers addressing initiatives to assist with staff retention. It was recognised that there was a need to expose care work to younger people through schools, colleges and universities.</p> <p>With regard to staff retention in Doncaster it was noted that it was comparable to the region and in line with the national average.</p> <p>To conclude, it was highlighted that Doncaster had been working effectively through the collaborative approach to continue to provide a good supportive service.</p> <p>RESOLVED that:</p> <ol style="list-style-type: none"> a) The report and discussion be noted; and b) The Executive be asked to investigate whether providers could promote health and social care careers with the opportunity to undertake voluntary and paid sessional work through 6th Form education establishments and report back to a future meeting of the Panel. 	
7	<p><u>YOUR LIFE DONCASTER TRANSFORMATION PROGRAMME - UPDATE</u></p>	
	<p>The Panel gave consideration to a report relating to the Your Life Doncaster Transformation Programme. Since the programme commenced in late 2016, it had been revised to embrace an all age approach wherever possible.</p> <p>The Panel therefore received information on the following areas which provided supporting evidence that ensured the people of Doncaster were safe within their environment and receiving the support they need:</p> <ul style="list-style-type: none"> • The revised programme scope; • Impact of the programme review; • Achievements to date; and • Benefits to the people of Doncaster. 	

The programme focused on maximising outcomes and demonstrating impact, therefore creating a stop and reflect culture to ensure those people were receiving the correct assistance when required.

Four all age mandates had therefore been developed as follows:

- Points of Access;
- Localities Working;
- Strategic Commissioning; and
- Strengths based practice.

How to access provision – Campaigns have been provided on how to access support. It was noted that over the past year there had been a 100% increase on the number searches made on line. Therefore further campaigns were being considered for the forthcoming year, including the use of new technology.

Team Members – A team of 20 people were working on the programme. An example of how the Rapid Response Teams were dealing with a number of issues was provided. The 3 conversation model was being used to ensure appropriate care was provided immediately enabling people to live at home as quickly as possible, rather than a referral being made after, for example, a short stay in hospital.

Conversation 1 – results in provision of information and how this could support with nothing further required.

Conversation 2 – results in low level support managed with the community; and

Conversation 3 – results in people receiving intervention.

The Panel acknowledged that resources were required to support this system and that it was providing the right results by ensuring people were cared for properly at home rather than being in a care home. Keeping people in hospital for long periods reduced their confidence together with an element of physical wasting, therefore providing the right support early delivered longer term benefits.

To achieve this a strength base practice model was being implemented across the whole system with staff training, including nursing staff and planning for a discharge as quickly as possible with professionals. Following discharge from hospital the majority of people required therapy services with the hospital marrying up with the Local Authority Occupational Therapists to provide the right care.

Service advertisements – it was confirmed that advertisements for the service were aimed only at the Local Authority's region.

	<p>RESOLVED that:</p> <p>a) That the Executive be asked to investigate whether a more generic advertising culture across South Yorkshire could be undertaken ensuring every opportunity for collaboration with partners.</p> <p>b) a briefing note be provided to the Panel in 6th months outlining the up to date position.</p>	
8	<p><u>OVERVIEW AND SCRUTINY WORK PROGRAMME 2019/20</u></p>	
	<p>The Senior Governance Officer presented the Scrutiny Work Plan for consideration. Attached to the report were details of the Council's Forward Plan of key decisions and Terms of Reference of the Joint health Overview and Scrutiny Committee for South Yorkshire, Derbyshire, Wakefield and Nottinghamshire (JHOSC)</p> <p>RESOLVED that:</p> <p>a) The Overview and Scrutiny Work Plan for the Panel, be approved;</p> <p>b) The Forward Plan of Key Decisions, be noted;</p> <p>c) The Terms of Reference for the JHOSC (South Yorkshire, Derbyshire, Wakefield and Nottinghamshire), be ratified; and</p> <p>d) The appointment of the Chair of the Panel to the JHOSC (South Yorkshire, Derbyshire, Wakefield and Nottinghamshire), be noted.</p>	