

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 30TH JANUARY, 2020

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 30TH JANUARY, 2020 at 1.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, Martin Greenhalgh and Derek Smith

ALSO IN ATTENDANCE:

NHS Doncaster Clinical Commissioning Group

- Anthony Fitzgerald - Director of Strategy and Delivery
- Jo Forrestall - Head of Strategy and Delivery-Community Services

Yorkshire Ambulance Service NHS Trust

- Stephen Segasby, Deputy Director of Operations; and
- Beth Vernon, Locality Manager
- Elaine Gibson, Head of Corporate Communications (Yorkshire Ambulance Service NHS Trust)

Safeguarding Adults Board

- John Woodhouse - Independent Chair of the Safeguarding Adults Board

DMBC

- Phil Holmes - Director of Adults Health and Wellbeing
- Chris Marsh, Project Lead – Strategy Performance Unit
- Shabnum Amin - Safeguarding Adults Board Manager

		<u>ACTION</u>
24	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Sean Gibbons, Rachel Hodson and John Gilliver.	
25	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	

26	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 28TH NOVEMBER 2019</u>	
	The minutes were agreed as a correct record.	
27	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
28	<u>PRIMARY CARE NETWORKS (NHS CCG) AND INTEGRATED AREA BASED WORKING</u>	
	<p>The Panel was provided with a presentation from the Director of Strategy and Delivery and Head of Strategy and Delivery of Community Services (Doncaster NHS CCG) in conjunction with the Project Lead, Strategic Policy Unit (DMBC) on the following areas;</p> <ul style="list-style-type: none"> • Primary Care Networks (PCNs) • Investment 19/20 • New Services • Commissioning Intentions • 2020/21 onwards • PCNs and Neighbourhoods are the footprints • Integrated • Locality Working Prototypes • New Practice Model – built on relationships and the assets of people and communities • Neighbourhood Frailty – Thorne • Elizabeth’s Story – Case Study • What have we got? A new model of preventative, local partnership working. • Timescales, Phasing and Scaling – outline view <p>There was a discussion held and the following issues were raised;</p> <p>Model - A Member welcomed the principles of the model and suggested that they could be delivered through effective joint working and improvements being undertaken.</p> <p>It was acknowledged that these principles had been around for some time. It was acknowledged that it was the way the system had been created that had made achieving those principles more difficult. It was noted how in the past, those services that had been contracted and commissioned had been isolated and therefore prevented cross boundary working.</p> <p>Members were assured that this new way of working was key in addressing increasing populations and therefore growing demands through a multi-discipline approach.</p>	

It was further explained that adequate systems with schools and health depended upon having the ability to spot issues at a very early stage, develop better connections and provide more effective joined up support.

Concerns were raised around whether current levels of funding were adequate to meet increased needs (as a result of higher levels of population). It was explained that it was about ensuring that the person was at the right place at the right time although it was acknowledged that there was an issue in some places with access to social care.

Delivery of New Services - It was questioned whether delivering new services such as the Structured Medication Review and Medicines Optimisation (to be delivered in full 20/21) had realistic timescales. Members were informed that when the specification was first published, consultation with GPs and Primary Care Networks (PCNs) were in their infancy and it was now felt that on reflection those timescales were too ambitious. It was hoped that there would be further clarification around those timescales further down the line.

Resources - In terms of providing sufficient GP resources, the Panel was informed that fellow practices were considering how those resources could be shared. It was noted that this was what Primary Care Networks were about, for example, when expertise could be pooled across practices. It was recognised that this may result in additional travel for certain individuals and therefore further consideration maybe needed. It was continued that additional work was being undertaken in extended GP access encouraging further take-up. It was added that a significant piece of communication and engagement had recently been undertaken.

Members were informed that the core Multi-Discipline Teams included therapy, a Physical Health Nurse, pharmacy, community pharmacy, Social Worker and a Health and Wellbeing Officer. It was continued that the wider team consisted of a GP to GP practice, Older People's Mental Health, speech and language and Parkinson's nurses. It was recognised that the system needed to be changed to be able to work in a different way.

It was concluded that services had attempted to work in this way for some time. It was recognised that there needed to be a change of mind-set and culture that would develop better links through a neighbourhood based.

Members welcomed the update and expressed their wish that this model has future success.

RESOLVED to note the report

YORKSHIRE AMBULANCE SERVICE NHS TRUST - NEW DONCASTER HUB

The Panel was provided with a report and brief presentation that updated them on the new Hub and Spoke model of the Yorkshire Ambulance Service NHS Trust. The report and presentation covered the following areas;

- The new hub and spoke model.
- What future impact/benefits the new model will have.
- Information on handovers of patients from ambulances to emergency departments.

The Panel requested that the presentation be circulated to Panel Members following the meeting.

There was a discussion held and the following issues were raised;

New Hub and Spoke Model – A Member commented that the new model looked workable and practical. It was noted that response times were good and with further investment into the new Hub and Spoke model, there would be additional staffing and vehicles.

Recruitment and Staffing – Members were advised that the challenge when recruiting staff, was being reliant on individuals being educated to degree level through the University. Members were assured that this was being addressed by developing an internal programme to upskill staff already recruited into positions within the service. It was recognised that recruiting staff was therefore a challenge and efforts were being made to attract people into ambulance assistant roles through to paramedic and specialist paramedic and finally advanced practitioners. It was explained that 192 paramedics were required across Yorkshire and the Humber, in order to reach the desired level of staffing.

Members were advised that, at present, the use of prescribing paramedics was in its infancy. It was explained that there was a great deal of work taking place to broaden the scope of the role to ensure that patients were in the right place at the right time and receiving appropriate care.

It was noted that the Yorkshire Ambulance Service had previously worked with the armed forces (Catterick Garrison) although acknowledged that the skill set of military medics was slightly different between the roles (although the level of care was still there).

Resources - Members were informed that resources were often despatched outside of the area when work was dynamically deployed. It was explained that the new operating model and investment made, would enable the service to have the right level of resource in the right

place with better planning, in particular, with more specialised types of care for patients suffering from conditions such as stroke and heart attacks.

Use of Ambulances - It was clarified that there could be up to 10 ambulances waiting outside Doncaster Royal Infirmary (DRI) although not all were necessarily Doncaster-based ambulances. It was explained that some ambulance were from other areas which was unavoidable (with up to 16 ambulances during the day). It was recognised that this figure had increased over the last 12 months, with 3 additional ambulances compared to a year ago.

Hyper Acute Stroke - In terms of Hyper Acute Stroke, it was explained that there were pathways that provided direct access into specific hospital services. It was explained that access was in the right areas and the direct line facility in place was good.

Hospital Turnaround at DRI – Members expressed deep concerns in the information presented which included:

- Conveyance Demand
- Average Turnaround
- % handovers under 15 minutes

As part of the discussion, it was recognised that similar issues were being faced nationally, and that Doncaster Royal Infirmary (DRI) was not alone in this. It was explained how delays were a symptom of a wider system issue that could potentially work more effectively. It was added that a greater understanding of that system was needed and specific challenges were being faced by DRI. It was hoped that more could be done to identify and influence a more effective way of working with system partners to resolve those issues faced. It was commented that some hospitals were able to deal with this issue better than others.

Members agreed to write a letter of concern to Jackie Pederson, Chief Officer of the Doncaster Clinical Commissioning Group in her capacity as co-chair of the Accident and Emergency Delivery Board.

RESOLVED that the Panel;

- i. Note the report; and
- ii. Send a letter expressing their concern Hospital Turnaround at Doncaster Royal Infirmary (DRI) to Jackie Pederson, Chief Officer of the Doncaster Clinical Commissioning Group in her capacity as Co-Chair of the Doncaster and Bassetlaw Accident and Emergency Delivery Board

The Panel was provided with an annual report developed by the Doncaster Safeguarding Adults Board in video format. It detailed what had been done during the year 2018/2019, in order to achieve the Boards strategic objectives, and consider how its partners safeguarded adults at risk.

It was noted that it was the first time the report had been presented in video format and that feedback so far had been positive.

Members were told how more joint work had been undertaken with children's and adults.

As part of a discussion about safeguarding being everyone's responsibility, it was recognised that it needed to go wider, for example, to faith groups. It was explained that it was not about scrutinising the policies of such groups but about forming a better understanding of safeguarding.

There was a discussion held and the following issues were raised;

Communication and Engagement – Members were informed that the 'Doncaster Keeping Safe Forum' event had been opened up to children's services and had proved successful with good attendance,

It was commented that it had been a positive year with partnerships working well at a strategic level. It was also noted that work had been promoted further upstream and although that approach was proving difficult to measure, indications were showing that it had been worthwhile.

Performance - Reference was made to the performance section of the report, which stated that 290+ S42 Enquiries Undertaken had been made during the 2018-2019 period.

It was commented that there had been one safeguarding adult review in 2018 and one in 2017, with an increasing number of requests to look into more.

In reference to response times to initial referral data, it was explained that there would be an acknowledgement made within 24 hours of the individual being referred. It was acknowledged that safeguarding was not always the best form of response in some instances, as it would depend on the abuse and level of concern under investigation.

Reference was made to the locality work being undertaken across different disciplines ensuring that nobody was missed.

Members welcomed the information provided and the new format of the annual report.

	RESOLVED that the Panel note the Annual Report and information presented.	
31	<u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE</u>	
	<p>The Panel was provided with a report on a range of areas that included;</p> <ul style="list-style-type: none"> • The published Care Quality Commissions (CQC) ratings for Care Homes and Community Services as at 9th January 2020. • The local authority area data profile, regarding Doncaster’s provider performance (that included breaches to regulations across South Yorkshire Adult Social Care Services. • An overview of the learning and development in Adult Health and Wellbeing (AH&WB). • An analysis of the training offered by Doncaster Council Workforce team to external and internal providers, demonstrating how Doncaster supported providers in upskilling and retaining its workforce. • An outline of the current contract monitoring activity that supports providers in improving their performance <p>Breaches – It was reported that Doncaster had the second highest number of providers yet the lowest number of breaches. The main areas of breaches for Doncaster were in respect of good governance and safe care and treatment, as well as person-centred care.</p> <p>It was explained that work was undertaken with homes to ensure that they were of a good quality through providing them with adequate support. Reference was made to the level of support and work undertaken with providers as part of a rigorous approach.</p> <p>Training and Development – Members were advised that there was a proactive approach in respect of support, training and development when working with a workforce that included frontline staff. This approach included access to different training courses from an extensive list that providers could access through classroom based sessions as well as through E-learning courses. It was noted that certain elements of training were mandatory (as required by CQC and others) and were in place to support the delivery of a quality service.</p> <p>It was explained that a strong training approach had been achieved through having a good infrastructure in place and with a focus on continual improvement. It was noted that providers might also choose to use their own approach in quality as appropriate.</p> <p>Performance – It was reported that the Commissioning and Contracts team had worked jointly with other professionals and used the available information and data to identify who and how the authority could</p>	

support those services that had acquired an 'Inadequate' and 'Requires Improvement' rating.

In terms of those identified as having 'Inadequate Services', it was noted that both cases had mirrored each other in that they were new providers into Doncaster, who had purchased existing services with lessons being learnt. It was explained that efforts had been made to engage with providers earlier to identify those governance issues, support information and appropriate signposting.

Members were assured that further work was being undertaken jointly with a link nurse, nursing homes and domiciliary care. It was stated that feedback from the monitoring team had been very positive around feeling more supported from the clinical input in a wide range of areas, for example, medication. It was also confirmed that working was also taking place with Public Health colleagues around infection and prevention.

Concerns were raised by a Member of the Panel that staff were low paid, that there was an ongoing turnover of employment within residential homes and also challenges in recruiting quality and trained individuals.

Role of DMBC - Members were advised how the authorities' role was separate to that of the CQC although maintaining a strong relationship with them was recognised as important. It was commented that the authority's role was to support and improve the quality of providers as much as possible.

Localities - Reference was made to the work being undertaken within localities and the potential benefits through care homes being located alongside its residents. It was commented that this approach would present an opportunity to wrap around support for care homes through better engagement and locality working.

Resources - Members were informed that there were sufficient resources within the team that included experienced monitoring officers. It was explained that those officers each had an allocation of work in their portfolio and had developed positive relationships with providers ensuring that they were available if needed. It was noted that it was a continuously changing picture and a case would be put forward if it was deemed that further resources were required. It was also commented that resources in Doncaster were adequate when benchmarking against others local authorities.

Current Market - A query was raised about the impact on the market through the prevention agenda when supporting individuals to remain in their own homes. It was explained that at present, the market was relatively stable with a similar level of vacancies within care homes regionally and nationally.

	<p>Unannounced Visits – It was explained that unannounced visits only took place when a safeguarding or serious concern had been raised and provided an opportunity to observe what was happening at that point in time. It was added that announced monitoring visits formed part of an improvement plan</p> <p>RESOLVED that the Panel note the report and the information provided.</p>	
32	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN AND KEY DECISIONS.</u></p>	
	<p>The Senior Governance Officer presented the 2019/20 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>There was a brief discussion around future items for the Overview and Scrutiny workplans following the meeting’s discussions.</p> <p>RESOLVED that the Overview and Scrutiny Work Plan 2019/20 and Forward Plan of key decisions be noted.</p>	