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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 6TH AUGUST, 2020

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the MICROSOFT TEAMS - VIRTUAL MEETING, DONCASTER on THURSDAY, 6TH AUGUST, 2020 at 5.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, John Gilliver, Martin Greenhalgh and Derek Smith

ALSO IN ATTENDANCE:

NHS Doncaster

- Emma Price - Head of Strategy and Delivery, NHS Doncaster Clinical Commissioning Group

RDash

- Michelle Veitch - Chief Operating Officer, Rotherham Doncaster and South Humber NHS Foundation Trust
- Barbara Murray - Service Manager- CAMHS
- Alison Lancaster - Head of Mental Health Services, Doncaster Care Group, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)

DMBC

- Debbie John-Lewis - Assistant Director Communities
- Lee Golze - Assistant Director Partnerships, Early Intervention and Localities
- Annika Leyland Bolton, Head of Service Adult Social Care and Support
- Helen Conroy - Public Health Specialist
- Chris Rothwell – Senior Governance Officer
- Caroline Martin – Senior Governance Officer
- Marianne Zamgoni – Young Adviser

		<u>ACTION</u>
1	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillor Pat Haith, Councillor Rachel Hodson and Councillor George Derx. It was noted that Councillor Sean Gibbons was not expected to attend.	

	Councillor Blake as Cabinet Member for Adult Social Care also sent her apologies.	
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
3	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 30TH JANUARY, AND 19TH MARCH, 2020</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 30 th January 2020 and 19 th March 2020 were agreed as a true and accurate record.	
4	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
5	<u>ALL AGE EMOTIONAL WELLBEING AND MENTAL HEALTH RECOVERY PLAN</u>	
	<p>The Panel was provided with a presentation on the All Age Emotional Wellbeing and Mental Health approach and guiding principles that included the following areas:</p> <ul style="list-style-type: none"> • Doncaster Approach and Guiding Principles – what does it mean? • Question 1 - Impact of the pandemic on the emotional well-being of the health and social care workforce? • Question 2 - ‘Working collectively with partners to robustly monitor impact’ in very practical terms what exactly does this mean? • Question 3 - The SPA or single point of assessment, how are people made aware of this? Is the information accessible? <p>A brief explanation was given that further to managing the initial response, consideration was now being provided to the recovery phase. It was suggested that the strategy could be brought back to the Panel in the future at an appropriate time.</p> <p>Impact on Community Groups - Concern was raised by the Chair of the Overview and Scrutiny Management Committee that communities had been adversely impacted by Covid-19 and now had fewer volunteers. It was commented that participants of those groups (including those that managed them) were now quite vulnerable and more isolated. It was felt that this indicated one of many barriers now faced by community led groups and was hoped that these issues would be looked at to see how those barriers could be broken down.</p>	

Members were assured that partners recognised how important it was to engage with those communities, understand what those barriers were and identify how innovation and strengths out there could be better utilised.

Mental Health Provision and Resources - It was felt that support around mental health disorders had been under resourced for some time. It was explained that from a children's mental health services perspective, increased resources had been made obtainable through local transformation funding and this area was one of the first national trailblazers for mental health. It was recognised that there were now more resources available to support schools that had not been there 12 months previous. It was advised that going forward there would be a great deal of work undertaken closely with schools and education, which would be monitored to identify where those needs were to be addressed.

The Young Adviser in attendance used their own college as an example of what was also being made available. It was outlined that this included drop-in sessions, mental health support and teachers making themselves available to students. It was considered by the Young Advisor that during long periods spent at home, young people were quite isolated and had reached out to friends and family. It was felt that although support was available through various means, it was less available at weekends.

Members were informed that RDaSH had also benefitted from access to a crisis Covid fund that had helped address gaps in what provision had been made available. It was agreed that there was a change in need and partners were beginning to form an understanding in light of the pandemic. Members were advised how as part of the RDaSH recovery, reset and transformation work, there was a need to identify unmet needs and to quickly specify what that gap meant in terms of funding and needs. It was explained that this was around, for example, the enhanced offer to care homes and bridging gaps into schools. It was acknowledged that although there was more to be undertaken this was at the forefront of partner's minds.

Representatives from the NHS CCG added that they would be bidding for funds from the next phase early 2021.

Increased Use of Virtual Meetings - A Member raised concerns that new service users accessing support were being engaged with through virtual means when it was felt that face-to-face would itself provide invaluable information about the individual through non-verbal contact. Assurances were provided that assessments undertaken with patients through virtual means was just one of a suite of options available. It was also understood that some meetings were not always appropriate to be undertaken virtually. Members were told that organisations were considering which services could now be stepped up to include face-to-

face meetings (where safe to do so) and setting up clean clinic to enable patients and carers to access services through a safe environment e.g. memory services. It was acknowledged that virtual meetings would be kept as part of a suite of options for the future and how in some areas it had proven successful, for example, children and young people had demonstrated much better participation than experienced previously.

From an adult social care perspective, it was stated that a similar approach was undertaken to RDaSH with digital options forming part of the toolkit (although would not be suitable to everyone). It was continued that feedback had been provided from the Adult Learning Disability Team, that those with autism had indicated how they did not want a return to previous methods as they had found digital methods less stressful than home visits.

Assurances were provided that certain services had continued face-to-face with young people where there had been significant concerns.

Young Adviser Presentation – The Young Adviser presented an update on mental health work undertaken by Young Advisers which covered the following issues;

- What we have achieved so far?
- Online support and advise
- Mental Health Awareness Week Online
- Young Advisers Instagram
- What else have we been involved in?
- What are we working on now?

Members were informed that where there were concerns about certain young people, they would be contacted directly or would be signposted accordingly. The Young Adviser made reference to 'With Me In Mind' and explained how the website provided support through the mental health video book for Primary School pupils.

RDaSH explained that alongside their available website and resources, there were Education and Mental Health Practitioners in place linked with specialist trainers. Members were provided with an outline of three different elements of work that had included direct work, prevention work or how schools were supported as a whole.

Nitrogen Oxide - Concern was raised by a Member around young people's use of Nitrogen Oxide and sought further clarification on the law. The Young Adviser commented that young people should be generally aware of the law. It was clarified by Officers that although it was lawful to purchase, possess and use this substance (apart from in a prison setting), it was illegal to give away or sell (or to be caught driving under the influence of).

Members expressed their gratitude to the Young Adviser for the presentation and work that had been undertaken.

Workforce Sickness - It was acknowledged that there had been huge pressure placed on staff due to traumatic incidents experienced and other issues that they had been exposed to as a result of the pandemic. Further information was sought on what support was available for NHS staff and the social care workforce.

From a RdaSH perspective, Members learnt that they had recognised the impact of the pandemic on the workforce, working in unprecedented situations and responding to rapid changes and new ways of working. It was also acknowledged that members of staff had sometimes themselves experienced loss, traumatic incidents and their own personal worries.

Members were assured that the health and well-being of DMBC's workforce was a key priority, which was being demonstrated through the ongoing monitoring of staff wellbeing such as pulse checks surveys and access to various levels of support and counselling. It was explained that DMBC had provided additional support and dedicated resources to staff where possible to enable healthy homeworking and to manage stress. An example was used where mindfulness and meditation techniques had been offered and well received in addition to specialist bereavement support. It was explained how adults social care had delivered reflective debriefing sessions for parts of the workforce.

Members were interested to hear more about what dedicated support had been made available to care homes staff in view of the pressure placed on that sector. It was explained how a care home delivery borough wide plan with wrap around support had been developed. Members were provided with a broad range of support that had been made available for example:

- Podcasts around emotional loss and grief.
- Access to a dedicated one-to-one counselling and support.
- Dedicated confidential helpline with the Samaritans.
- Confidential bereavement support.
- Increased peers support.
- Registered Managers of care homes connected through forum together to share and normalise experiences

A Member of the Panel raised concern around national helplines and questioned what fast track systems were available for those members of staff experiencing difficulties. Members were advised that from a local authority response, Occupational Health provided a FastTrack system for staff. For NHS staff, it was noted that there was a fast track system in place for one-to-one grief counselling.

Members heard how RDaSH was the lead for ICS in terms of Health and Well-Being through the Integrated Care System. It was explained that there was in place a Therapeutically Informed Staff Help and Wellbeing Model that contained a broad range offer of support.

Tiers within the model included:

1. Identification and Prevention
2. Self-Help and Peer Support
3. Targeted Support
4. Specific Intervention

In respect of national helplines, reference was made to Rethink, a large national charity and it was explained how the standard of responses were monitored and how it interacted with local solutions of people. Members were assured that the Rethink helpline (which had a contract arrangement with RDaSH) was staffed locally.

Sickness Monitoring - Members were informed that overall there had been less sickness and that the following was being undertaken:

- That HR monitored sickness in each directorate on a daily basis, with situational reports continuing oversight from a service perspective.
- That a request had been made regarding back to work interviews.
- That the Council had supported those shielding working at home or to remain at home.

The Assistant Director of Communities offered to bring more specific information to a future Overview and Scrutiny meeting.

Impact on Children and Young People - Members heard how children and young people had been impacted on a local and national basis in addition to those having periods of crisis. It was recognised that there was a need to act quickly and a Social and Emotional Proactive Group (undertaking individual case management) was quickly set up and meeting on a weekly basis. Members were told how the group had been set up using the same model as the Children Learning Disabilities and Autism Group that had already proven to work with positive results.

Return to Schools - It was explained that an Educational and Wellbeing Group had been set up to work with maintain schools and academies and work had included work redesigning the curriculum to be more focused around well-being, reintegration, resilience and wellbeing. It was recognised that there had been a very robust impact assessment that had been commission-led and although it was known what the impacts were, the challenge was now in addressing them.

Impact on Adults – It was explained that similar to children and young

	<p>people, it had been identified that there had also been an impact on adults as a result of the pandemic. It was explained how at RdaSH there was a well-established, clear command structure at an organisation and place level, which allowed a detailed and proactive view of where services were under pressure and where there were concerns around patients. It was noted how there was a real mix of collating information at ground level and through the proactive checking on groups of patients of concern and it feedback that this had worked well.</p> <p>Single Point of Assessment (SPA) – In respect of how individuals were made aware of a SPA, it was explained that at RDaSH there was a well-established vehicle to access services that both patients and professionals were aware of. It was explained that proactive communications had been undertaken in conveying the message that services were “open for business”. It was acknowledged that one of the most significant challenges was fear and consideration was needed as to how people can be supported to re-engage in respect of primary illnesses. Reference was made to changes made in accessing services through advances made to the digital offer, creation of clean clinics and how care was now undertaken in people’s homes.</p> <p>In respect of children and young people, it was explained that similar to adults social care, this had been made as straightforward as possible, for example, a successful drop-in centre in the town centre (which had been moved to a telephone access point in response to the pandemic) and an e-clinic ‘app’ where young people could refer themselves.</p> <p>Members conveyed their appreciation and satisfaction around the information provided and responses to the Panel’s questions.</p> <p>RESOLVED that the Panel note the report and information provided.</p>	
6	<p><u>OVERVIEW AND SCRUTINY DRAFT WORK PLAN 2020/21 AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	
	<p>The Senior Governance Officer presented the 2020/2021 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>It was noted that the draft overview and scrutiny workplan had not been fully populated with all Panels and Committees at the time it was circulated.</p> <p>There was a brief discussion around future items for the Overview and Scrutiny workplans following the meeting’s discussions.</p> <p>Members spoke about the wider aspect of Covid-19, the local impact as well as lessons learnt and actions that would need to be taken for a potential second wave, for example, Personal Protective Equipment, preparation, track, and trace.</p>	

	<p>It was considered that the wider aspects of Covid-19 could be scoped at the appropriate time.</p> <p>RESOLVED that the Overview and Scrutiny Work Plan 2020/21 and Forward Plan of key decisions be noted.</p>	
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