

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 1ST OCTOBER, 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, 1ST OCTOBER, 2020 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Sean Gibbons, Martin Greenhalgh, Pat Haith, Lani-Mae Ball and Phil Cole

ALSO IN ATTENDANCE:

**DMBC**

- Phil Holmes – Director of Adults Health and Wellbeing
- Debbie John-Lewis - Assistant Director Communities
- Victor Joseph – Consultant in Public Health
- Shannon Kennedy – Registrar in Public Health
- Caroline Martin – Senior Governance Officer
- Rachel Wright – Governance Officer

		<u>ACTION</u>
7	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillor Rachel Hodson.	
8	<u>TO CONSIDER THE EXTENT, IF ANY, TO WHICH THE PUBLIC AND PRESS ARE TO BE EXCLUDED FROM THE MEETING.</u>	
	RESOLVED that there were no matters on the agenda requiring the press and public to be excluded.	
9	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
10	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 6TH AUGUST, 2020</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 6th August 2020 were agreed as a true and	

	accurate record.	
11	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
12	<u>ACCESS TO DAY SUPPORT AND SHORT BREAKS DURING THE COVID 19 PANDEMIC</u>	
	<p>The Panel were presented with a report that outlined the Council’s approach to facilitate personalised Day Service support, Short Breaks and Carer Respite throughout the COVID-19 pandemic.</p> <p>In addition, Officers gave a verbal overview providing background and context, which included the numbers of people supported, who and how individuals access the service, and the location of day centres.</p> <p>A brief explanation was given about what happened to the day services provision since lockdown began including communication, and risk assessments on all service users. It was also explained how the buildings were adapted to comply with regulations making them COVID safe for staff and users.</p> <p>The Panel was briefed on what had happened to the short breaks service since March. Officers described how buildings were used, types of services provided, number of beds utilised, communication methods and the impacts on staff. Members were informed of the testing process for staff and service users and it was noted PPE was adequately provided at all times.</p> <p>Officers informed Members of the Outbreak Management Plan in place that in turn feeds into the corporate outbreak system.</p> <p><b>Contact and support for all individuals</b> - Concern was raised by a Member that perhaps not all clients had been contacted and described the experience of a constituent with social care needs (although not learning disability or autism) who had difficulty in contacting the social care team due to phone lines not diverting correctly.</p> <p>Members were assured that all individuals had been contacted but it was recognised there had been an IT problem initially. As a result, robust measures were put in place as part of the business continuity plan and phone lines tested.</p> <p><b>Virtual day activities</b> – It was acknowledged by Members that many virtual day activities were reliant on having the correct hardware/software and good broadband speed, therefore they sought more information on whether clients were supported. Officers informed the Panel that there had been no request for equipment but they had given advice to those that required it. Members were reassured that if</p>	

they had been approached an IT solution would have been provided, and going forward IT solutions would be planned in advance.

**Closure of buildings** – Members requested clarification on how long the buildings that the service uses were closed for.

Members were informed that all buildings had been closed on the 23<sup>rd</sup> March 2020 for 16 weeks. It was explained that the reopening of some buildings began in July with extensive modifications made making them a COVID-19 safe environment (and ensuring that social distancing guidance could be adhered to within them). It was explained that the reopening of buildings had been a huge challenge as some lend themselves better to social distancing rules. It was continued that some buildings had to be closed during parts of the week for deep cleaning and sanitisation. Members were informed that unfortunately it was looking unlikely that Bentley Library would reopen but the Redmond Centre and Bhatia Centre will reopen in the near future.

**Number of people accessing day/respice services** - Members received data on the number of people accessing respice services on a month-by-month basis. It was clarified that overall 384 people accessed day services on a regular basis.

**Risk Rating Assessment** – Members looked for detail on what the Risk Rating Assessment covered and whether it was about measuring the individuals risk/vulnerability to Covid, of risk of being at home (behaviour/abuse from being in a confined place).

Members were assured that clients were assessed by the Community Adult Learning Disability Team on a range of factors that included their risk to COVID, health conditions and current needs, home life and the mental health impact of remaining at home. It was outlined that every individual had a support plan, and those in the high-risk category had a very robust plan. Members heard that there was ongoing monitoring and support with the wider adult social care collaborative which allowed the team to recognise and respond to those who needed more support or respice over the emergency period.

**Zoom sessions** – Members requested figures on the proportion of clients that accessed the Zoom sessions provided.

Members were advised that about 30 people had accessed Zoom sessions. Members shared concern this meant only a small proportion of clients accessed services in this way and indicated a significant drop off in engagement. Reassurance was given that Zoom was just one communication method, that all clients had been in contact with the service through various means, and people that hadn't taken up those sessions had in some cases been spending more time with their families.

	<p><b>The new operating model</b> – A Member requested information on what proportion of usual capacity allowed for under the new arrangements, and whether more sessions were needed on different days than the pre-lockdown schedule?</p> <p>Members were advised that only 10% of service users accessed the buildings, due to people not wishing to return. Many relatives felt the risk of using a building based service was too great. A Member questioned whether that meant having to offer more sessions to reach everyone and Officers explained how a variety of ways contact was made and a dashboard was being created showing what people were accessing. It was added that a quality assurance survey was sent to those that used the service to capture experiences and what users wished to see more of in this situation and this could be shared with Members once completed.</p> <p>A Member of the panel had concerns there wasn't going to be many provisions left shortly for people to access, and said there was an opportunity to look at the gaps and work in partnership with the third sector to support people in the community. It was suggested that the Panel might wish to look at how we stand communities up as part of the next phase, helping organisations and communities to make the most of what was on offer and provide support.</p> <p>The Panel was informed locality working was the next piece of work. Local community asset maps and those active in each area will help in terms of engagement.</p> <p>Members wished for it to be conveyed to all staff working within the service that there was an appreciation of all their hard work throughout a difficult time.</p> <p>RESOLVED that the Panel note the report and information provided.</p>	
13	<u>ADJOURNMENT OF MEETING</u>	
	RESOLVED That In Accordance With Council Procedure Rule (17)(L) The Meeting Stood Adjourned For A Period Of 10 Minutes	
14	<u>RECONVENING OF MEETING</u>	
15	<u>HEALTH PROTECTION ASSURANCE REPORT (DEFERRED FROM 19TH MARCH 2020)</u>	
	<p>The Panel was presented with a report on health assurance in Doncaster, the report focussed on 3 main areas:</p> <ul style="list-style-type: none"> <li>• Immunisation and screening programme</li> </ul>	

- Air Quality
- Emergency preparedness resilience and response (EPRR): Flood and Coronavirus (COVID-19)

A verbal update was given to Members providing information on progress since last year particularly the work with GP practices and care homes to improve the uptake of flu vaccinations. It was recognised that there had been challenges especially with COVID around the immunisation programmes but work was being undertaken with NHS England to ensure systems were in place to overcome issues.

The Panel was reminded that this report covered the previous financial year and that the 2020/21 report will have more detail about the response to COVID-19.

**Immunisations and vulnerable people** – Members were interested to hear what encouragement there was for vulnerable people to take-up immunisations.

Members were informed that it was primarily the responsibility of GP practices, however, innovative work was carried out closely with providers to encourage the take up of flu vaccinations. An example of this was described to the Panel where a targeted group of homeless people were encouraged to take up the vaccination through a surgery. The Health Inequality Working Group was set up in partnership with the NHS CCG and primary care colleagues to discuss systems put in place to pick up groups that were considered at risk. It was recognised that GPs faced the same additional challenge of COVID this year.

A Member had concerns that some vulnerable people may still be fearful of going out, and therefore was there a system in place for home visits instead. The Panel was advised that individuals could approach GP surgeries and arrange a home visit from a nurse.

**Measles and Rubella Elimination Strategy** – Members indicated the report suggests the new Y&H Measles and Rubella Elimination Strategy would raise uptake of 1st and 2nd doses of MMR to 95%. The Panel looked for more detail on what the strategy does that it previously did not.

Officers explained the national strategy had an ambition for under 5's and those that haven't had the vaccine to be immunised. It was outlined that a local audit was carried out to understand the challenges and surveys were undertaken. In addition to this NHS England, Public Health Team, and CCG colleagues had designed a tool to understand the detail and the results were being used to build comprehensive action, bringing partners together regularly and were chaired by NHS England. Quarterly meetings with NHS England Screening and Immunisation Overview Working Group looked at the uptake on a

quarterly basis to monitor and take action required.

A Member shared concerns from a parental point of view that during the pandemic having a child immunised was perceived as a negative experience. Considering the uptake figures reported for previous years, many fell into the amber category making Members concerned for this year. It was suggested it may be something the Panel revisit as it was fundamental to health and wellbeing.

Officers thanked Members for their thoughts and advised that they would take this to the group in Doncaster to help ensure coverage.

**Flu Vaccination programme** - Table 1 of the report showed Doncaster vaccination rates falling 17/18, then 18/19 and 19/20 by between 2-14% in different groups, Members questioned why this happened year on year putting Doncaster further from hitting the national standard.

Members were reminded that this was a national challenge not just local, and the action plan was key to help make a change. It was felt that in order to make improvements, it was important to learn from the best performing practices and using their systems in underperforming practices would lift performance. It was noted that NHS England and CCG looked at low uptake practices to make sure they were supported to increase uptake more rapidly.

**Staff flu jabs** – The Panel requested information on the take up of flu jabs amongst staff and they were assured that the programme was going very well. Officers explained that a different model was used this year. Members were informed that last year, 500-600 front line staff members and those critical to business continuity received the vaccine, however, due to COVID many of the workforce were working from home, so a different model had been designed and although the programme was still being finalised over 2000 staff had expressed an interest.

**Poor immunisation rates** - The Panel questioned why the 8 practices with the poorest immunisation rates saw a fall of 20% in uptake. They wished to learn if this affects funding or were further sanctions in place for those with poor immunisation rates.

It was explained there was financial incentive as NHS England commission the programme and were paid on delivery of services. An example of a successful pilot scheme was described where a practice used the indices of deprivation and looked at the lowest 10% to consider why the uptake was poor. It was commented that this flagged a number of issues and solutions put in place as a result.

Members were advised of the importance of learning from surgeries that had performed well and the roll out of good practice.

Members questioned that it appeared the system led by GP's did not work effectively and asked whether immunisations could successfully be delivered in schools. Members were advised on the reasons why they were delivered in GP Practices and that the decision was not one that could be made by a Local Authority.

**Screening programmes:** As Doncaster achieved national standards in all of the main screening groups Members were interested to hear the potential impacts of Covid-19.

Officers advised there was a delay to the screening programmes due to COVID although NHS England was assisting stand up services in a safe manner.

**Air pollution** – Members were keen to know how far from the road, poor air quality extends from the A630 Marr, and whether any monitoring was undertaken from nearby houses.

The Panel was informed that there were limited studies regarding how far pollution extends but the main impact was on the houses on the main road. It was outlined how Nitrogen Dioxide concentrations were measured at 1m, 3m and 18m from the curb and the data showed that the further from the curb the smaller the concentration was..

Members requested more information on the health impacts and main causes of death that relate to the attribution of air pollution.

Officers informed the Panel that a national model/formula was used and applied to the area with respiratory diseases, asthma and heart problems forming part of a group of conditions that could be related to air pollution. It was recognised that it could be difficult to determine as it was usually a combination of areas such as smoking and that air quality could be a contributing factor or make some conditions worse.

A Member raised concerns that within their ward the measuring of the air quality levels was carried out but the figures weren't used effectively. The Panel was informed that monitoring figures were used to shape action plans to address and mitigate air pollution areas. Officers welcomed Members to approach them with ideas of what could be done so that their suggestions could be taken to the Doncaster Travel Alliance.

A Member also raised concerns that many of the initiatives in the report on air quality were based on obtaining funding not yet sourced and many had little impact as some had received no uptake in Doncaster. It was also noted that only 1 high impact measure was reported.

The Panel was sympathetic that this could not be a main concern, but voiced that in the future there were not many measures that had a high

impact.

**Active Travel** – Members requested data to support the impact of messages/campaigns on modal shift and questioned whether fewer people were travelling by car, or if more children were being walked to school. Concern was raised that messages communicated did not convert into people taking up the advice.

Members were told there was evidence of the health and physical benefits to walking to school/work, but in terms of data it needed to be measured and recorded as part of the process. It was added that the long-term data on health conditions could be obtained from NHS England by looking at the number of people with certain conditions such as asthma.

A Member shared an example of an active travel initiative in their ward and advised the Panel that this practice could have been standardised across more of schools to embed good practice.

A Member noted that the authority was successful in obtaining funding from Defra to consider closing streets close to schools so children can walk, scoot and cycle in a safe environment.

Members were given information about the scheme and there was preliminary work to be done around the school streets to understand which sites were appropriate and what the unintended consequences may be. Following this, work on community engagement would be carried out.

Members wished to give thanks to Officers for interesting discussion and commended them on the work their department had undertaken throughout the crisis.

RESOLVED that the Panel note the report and information provided and recommend the following;

- That the Mayor write on behalf of Doncaster highlighting the Panel's concerns around local and national data in relation to the take up of immunisations and whether a different approach was needed to stay on track.

In terms of active travel schemes, that;

- That the Mayor write to the Secretary of State to raise the importance of obtaining the necessary funding to ensure that active travel schemes can be delivered.
- That a Members seminar be held on active travel.

FORWARD PLAN OF KEY DECISIONS

The Senior Governance Officer presented the 2020/2021 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.

The dates of the next few meetings were noted the next one being 26<sup>th</sup> November 2020 with agenda items that includes the Winter Planning Partnership Plan and an update from Doncaster and Bassetlaw Teaching Hospitals. For the latter, it was noted that Richard Parker, Chief Executive would be present.

It was commented that there was nothing specific for this Panel on the forward plan and that relevant areas were mainly for OSMC.

There was a brief discussion about other future meetings and items for the Overview and Scrutiny workplans.

RESOLVED that the Overview and Scrutiny Work Plan 2020/21 and Forward Plan of key decisions be noted.