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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 30TH SEPTEMBER, 2021

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 SEPTEMBER, 2021 at 10.00 AM

Chair – Councillor Sarah Smith
Vice Chair – Councillor Martin Greenhalgh

Councillors;

Martin Greenhalgh, Laura Bluff, Linda Curran, Jake Kearsley and Sue Knowles

Invitee: - Jim Board (Unison)

ALSO IN ATTENDANCE:

External;

Jackie Pederson – Chief Officer (Doncaster NHS CCG)

DMBC;

Rupert Suckling – Director of Public Health
Carolyn Nice – Assistant Director of Adults, Health and Wellbeing

Other Councillors: Councillor Jane Kidd

		<u>ACTION</u>
1	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were received from Councillors Tracey Moran, Austen White, Sean Gibbons and the Invitee Jim Board.	
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	Councillor Jane Kidd declared an interest by virtue that she works for the voluntary sector.	
3	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 28TH JANUARY 2021 AND 18TH MARCH 2021</u>	
	RESOLVED: The minutes of the meetings held on the held on the 28th January 2021 and 18th March 2021 were agreed as a true record.	

4	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
5	<u>CHANGES TO NHS WORKING (INTEGRATED CARE SYSTEM - WHITE PAPER) AND POTENTIAL IMPACTS OF CHANGES</u>	
	<p>The Panel received a presentation from the Chief Officer of Doncaster NHS CCG, outlining the possible impacts of changes and how the NHS operates in England (subject to parliamentary approval) as Clinical Commissioning Groups become part of Integrated Care Systems (ICS).</p> <p>The presentation covered the following areas;</p> <ul style="list-style-type: none"> • How the NHS and Doncaster works now? • How the NHS will look in the future? <p>There was a discussion held and the following areas were highlighted;</p> <p><u>Integrated Care System (ICS) - Focus on Inequality</u></p> <p>In terms of how the Integrated Care System focused on inequality, it was explained that this was seen as a ‘place’ responsibility although the ICS may itself set some ambitions around that. It was continued that this was being tested out within different locality areas when considering the differences and that solutions were being considered alongside providers. It was commented that this is in our gift to advise the future Integrated Care Partnership which priorities need addressing. It was noted that it as everyone’s responsibility to help implement those ambitions through the ICS, by asking them to take action and holding them to account.</p> <p>The Director of Public Health stated that in absence of a national target around inequalities, it was down to us as the ‘place’ to set out its ambitions. It was advised that this in part, could be achieved through the Joint Strategic Needs Analysis (JSNA) and Health and Well-being Strategy (which were both tasks of the Health and Well Being Board).</p> <p>It was expected that the role of overview and scrutiny would continue in terms of considering particular issues and major service changes and by setting the workplan. It was viewed that these issues may be addressed either as individual Panels or jointly across South Yorkshire.</p> <p>Members were advised that there was still going to be statutory organisations who would need to fulfil their equalities duties and due regard obligations.</p> <p><u>Integrated Care System (ICS) – Children and Young People</u></p>	

Members raised concern as to whether there was sufficient focus on the health and wellbeing of children and young people within the Integrated Care System (ICS).

Members were told that it would be about feeding it through the JSNA and Health and Well-Being Board into the Integrated Care Partnership (ICP). Comments were made around sectoral collaborations across the ICS geography, with a children's collaboration that was also being looked at. It was stressed that at present, the only requirement was for Mental Health and an Acute collaborative within the Integrated Care System (ICS), but that the ICS was keen to ensure that children were a priority. It was recognised that responsibility rested at Doncaster level as well as the Integrated Care Board (ICB), that discussions had been held and there was a need to make sure that it takes place as part of the partnership arrangements.

Reference was made to Doncaster Council's Young Advisors that sat within the Children and Young People directorate. It was outlined that the Young Advisers had recently undertaken a survey and identified that domestic violence and mental health was important to young people in Doncaster. It was recognised that they represented a key voice in taking the Integrated Care System forward. Members were assured that the voice of Young Advisors would be taken account of and recognised that domestic abuse had been raised before as an issue.

The Director of Public Health explained that through the Health and Wellbeing Board and the Cabinet Member for Children's Social Care, Communities and Equalities, they were keen to increase the attendance of those with lived experience to attend the Board and would consider how the Young Advisers model could be brought in. It was added that previously, representatives from the Carers Group and those with autism had attended the Board.

Members were informed from the Chief Officer of Doncaster NHS CCG that a patient story was considered at the beginning of every monthly governing body meeting and would be continued.

Integrated Care System (ICS) – Health and Well Being Board and Scrutiny Functions

There was a brief discussion as to how the Integrated Care System would work alongside the Doncaster Health and Wellbeing Board (and Scrutiny) to ensure that there were joint planning and public accountability. It was explained that it was for the Integrated Care Board and the local authority to design the Integrated Care Partnership. It was continued that as equal and joint partners on the committee and board, conversations were taking place about how that would be established. It was expressed that there would likely be some parameters but also the likelihood of some flexibility.

It was considered that a sensible approach would be if there was a Care Strategy for South Yorkshire and an Integrated Care Partnership, a Committee of the local authority and health and that Health and Well Being Boards from each place fed into that arrangement. It was further explained that the Director for Public Health would lead the development of the JSNA, which would help identify Doncaster's priorities and feed through Doncaster partners and the Doncaster Strategy through into the Integrated Care Partnership.

Regarding Overview and Scrutiny, it was explained that it may be about scrutinising major decisions (substantial variations) and through setting the workplan. It was commented that there would likely be some cross-representation on groups.

Integrated Care System (ICS) - Prevention

It was explained that the Integrated Care System model provided a greater opportunity to place more emphasis on prevention work, than through commissioning or contracting models.

Members were told that there was an opportunity not only to focus on health but to consider the wider determinants through the Health Strategy developed by the Integrated Care Partnership (through the Board). It was viewed the Borough Strategy was a positive example of how effective a strategy could undertake that purpose. It was recognised that once people contacted health services then you were then dealing with consequences, it was therefore felt that there was a need to go further upstream. It was hoped that the Integrated Care Boards would have a significant influence on wider determinants and work across the sectors on a prevention model.

Integrated Care System (ICS) - Funding

In view of how funding was allocated, it was questioned how we would be able to commission for local needs. Members heard that although there was control over moving money across, it also created difficulties and challenges. It was stated that there was a need to support non-recurrent resource investment as this is a very useful way to support change and transformation.

It was viewed that targets could be set or a percentage of the budget may be allocated to be spent on prevention. Members were informed that the intention and challenge would be around moving investment upstream and there needed to be more encouragement around innovation and different ways of working.

It was felt that there was a need to reach a stage where decisions were made around one pot of money as opposed to whether it was local authority, public health or NHS.

Regarding the current NHS funding for Doncaster, concern was raised in the event that the money would be allocated to other South Yorkshire areas more favourably than Doncaster. Members were informed that there was uncertainty around how the allocation formula would work in the future. The Chief Officer of Doncaster NHS CCG recognised that this was a real concern but commented that this could be mitigated through working with and helping design the Integrated Care Partnership.

In terms of how the financial allocation of funding would be decided for South Yorkshire, it was noted that there was still uncertainty as this had not yet been agreed and guidance was not yet available. Assurances were provided that it was unlikely that there would be a great deal of change this current year.

Integrated Care System - Adult Social Care

Members heard how there were a number of common ambitions included as part of ongoing conversations with the Integrated Care System. Officers referred to examples such as that the care of elderly that would mostly happens within communities, whereas, other services such as intensive care could be managed by the Integrated Care System. It was acknowledged that responsibility was part of a local approach and localities work was being undertaken by the Director and Assistant Director of Adults, Health and Wellbeing.

The Assistant Director of Adults, Health and Wellbeing explained how there were positive working relationships being developed within localities which would be underpinned by an evidence base for plans around neighbourhoods

The Director of Public Health commented that Adult Social Care was more than about discharging early and needed to be part of a narrative.

Integrated Care System (ICS) - Structure

Concern was raised around how clinical representation was to be included within the structure. Members were informed that conversations around the preferred model were now being presented for consideration. It was viewed important that there was clinical and possibly lay representation as well. It was noted how as 'place', a recommendation had been put forward that a small group be set up to take this forward and consider the points that have been made

Integrated Care Boards (ICB)

It was explained that there a draft constitution had been published and a national constitution made available, which currently stipulated the minimum requirements of the Board.

It was explained that until the Integrated Care System was established, it would be difficult to know how providers may have more control over how resources would be used, how money would be spent and where services would be delivered.

Integrated Care System – Reducing Bureaucracy

It was asked how the Integrated Care System would help reduce bureaucracy to support Doncaster resident's health and care needs. The Chief Officer of Doncaster NHS CCG provided a positive example of where a contract had been created with a lead provider resulting in contractors coming together to lead on Emergency Care.

In terms of capturing the voice of the voluntary sector, it was explained that the Chief Executive of Voluntary Action Board was a key partner and involved in local forums to establish operating arrangements from 22/23. It was acknowledged that there was a place for the voluntary sector to be there when providers were receiving funds.

Integrated Care System – Training and Recruitment of Workforce

Members were advised that there was uncertainty around forward planning and influence of the NHS workforce. Members were informed how part of the Integrated Care Boards requirements would be to have a People's Directorate, which would be responsible for such issues.

It was added that it was more than about providing health skills, training, developing people and identifying where the gaps were. It was acknowledged that the retention of NHS staff was a significant challenge.

Integrated Care System (Public Engagement) - In terms of the responsibility of the NHS Integrated Care System design framework to communicate what it was, changes that were being made and what it would achieve for communities, Members were informed that it would be taken forward (although at present it was not the right time to undertake this task).

Integrated Care System (Shaped by Local Needs) - It was questioned how the Integrated Care System would ensure that decisions that might affect Doncaster would be made alongside local people and communities.

Members were reminded that it Doncaster intentions and approach had been recently agreed. It was explained that the Integrated Care System would have a statutory responsibility and would take this forward on their behalf through a Committee arrangement. It was recognised that the process needed to be open and transparent, for example, through public meetings and that further work would be

	<p>undertaken to see how that will be established as a partnership.</p> <p>The Chair thanked the Chief Officer of the Doncaster NHS CCG and the Director of Public Health for the presentation and responses to the Panels questions.</p> <p>RESOLVED to note the information provided.</p>	
6	<p><u>UPDATE ON DONCASTER JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)</u></p>	
	<p>The Panel received a presentation from the Service Manager of Policy, Insight and Change, on an interim update, which highlighted the work undertaken to date on the 2021 JSNA and the forward plan.</p> <p>It was explained how the JSNA provided an intelligence overview of the health and wellbeing in the Borough and should be used for strategic commissioning purposes to understand the needs and assets in communities as well as health and wellbeing outcomes.</p> <p>The presentation covered the following areas;</p> <ul style="list-style-type: none"> • Health and Well-Being Update • 2021 Policy Refresh • New Publications • JSNA Overview • Insights • Immediate Next Steps – Short Term • Work Plan <p>There was a discussion held and the following areas were highlighted;</p> <p><u>Engagement</u></p> <p>It was noted that the information would be collated through a number of ways such through what was already available and by identifying what has already been captured, such as through Young Advisors’ Make Your Mark surveys and adult social care surveys. It was continued that consideration would be given as to how that knowledge would be shared across teams and partners.</p> <p>In terms of reflecting what was happening in communities, Members were reminded of Doncaster Talks project that comprised of surveys, engagement and was centred around the Borough Strategy. It was acknowledged that public engagement was fundamental to the work.</p> <p>The Director of Public Health assured Members that decision makers would still have responsibility in making sure that the ‘voice’ was captured and taken into account as part of the decision making</p>	

process.

Asset Based Approach

Members heard how the JSNA was framed around needs, which required further understanding and to provide us with more leverage, for example, hard assets (buildings), wider determinants of infrastructure, service assets, locality, universal offer or individual places. It was added that the hardest to measure would be the soft assets such as community groups, feelings, aspirations, culture and leisure.

The Director of Public Health agreed the localities element was very important.

Communication of JSNA

Members were informed that the work and communication around the JSNA was ongoing and that the website would be made available shortly.

Challenges in Developing the JSNA

It was explained that challenges taking forward the JSNA included:

- Factual representation.
- Validity of information – is the information reflective of people's experiences.
- Delay of national statistics publishing data and availability of local up-to-data.
- How the pandemic has affected information?

Integrated Care System (ICS) and JSNA

There was a brief discussion around what role the Integrated Care System would take with the JSNA (and vice versa). It was explained how the importance of 'place' was recognised through official statistics or understanding people.

It was outlined that the JSNA included a section on age (that included children and young people). In addition to this, it was explained that there was information around what was going to happen and the wider determinants. Members were told how the JSNA was used by the Council to develop and influence the Health and Wellbeing Strategy and identify its priorities.

Regarding strategic influences, it was advised that statistics indicated what the key issues were, what had been learnt from findings and how that would be fed into decision-making, plans and service performance.

	<p>It was commented that there may be a better way of commissioning deep dives and how scrutiny can be involved.</p> <p>RESOLVED that the Panel note the information provided</p>	
7	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	
	<p>The Senior Governance Officer presented the Overview and Scrutiny Work Plan report for the 2021/2022 municipal year.</p> <p>RESOLVED that:-</p> <ol style="list-style-type: none"> 1. The Overview and Scrutiny Work Plan for 2021/2022 be approved; and 2. The Council's Forward Plan of Key Decisions, be noted. 	

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