

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 3RD MARCH, 2022

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE , DONCASTER on THURSDAY, 3RD MARCH, 2022 at 10.00 AM

PRESENT:

Chair - Councillor Sarah Smith

Councillors Martin Greenhalgh, Laura Bluff, Linda Curran, Sue Knowles and Tracey Moran

ALSO IN ATTENDANCE:

Victor Joseph, Consultant in Public Health
Carolyn Nice Assistant Director Adults, Health and Well-being
Andrew Russell, Chief Nurse, Doncaster CCG (Clinical Commissioning Group)

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons and Jake Kearsley

		<u>ACTION</u>
22	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made at the meeting.	
23	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
24	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2021/22</u>	
	The Panel gave consideration to the annual report on health protection assurance in Doncaster covering 2021 / 22. It was acknowledged that the Covid 19 pandemic continued to remain a major health protection threat and there had been a co-ordinated and sustained response. It was also noted that work had continued to maintain the exiting duties and functions to ensure that the health protection assurance system in Doncaster was robust, safe and effective meeting the statutory duty	

placed on local government to protect the health of the people of Doncaster.

The report focused on the areas set out below with a number of issues addressed by the Panel as follows:

- Emergency preparedness, resilience and response – Coronavirus;
- Infection prevention and control;
- Vaccine, immunisation and screening programmes;
- Air quality;
- Sexual health; and
- Substance misuse.

Protocols for working with Coronavirus – in response to a question now all rules relating to Coronavirus had been relaxed, it was explained that hospitals would have their own Covid protocols for visiting or accompanying relatives when taken to Accident and Emergency. Hospitals would provide advice on their own websites with regard to current practices and procedures.

In relation to the wider context and care homes, it was explained that although Government restrictions had been lifted, such establishments had their own protocols in place to protect vulnerable residents.

It was noted that lateral flow tests were still being undertaken by care staff and visitors to care homes to protect the vulnerable and elderly.

Long Covid – with regard to whether there was a list of people suffering with long Covid, officers were unaware of such a list, however, it was explained that GPs would identify their patients and support would be tailored to their symptoms and individual need.

Members expressed concern that people who were suffering with long Covid could be impacted by loss of education and employment. It was explained, for example, that if a young person was not able to attend school then appropriate absence and assistance arrangements would be put in place.

Breast screening – a Member raised that for those ladies who had missed a breast screen due to Covid, would their time for examination be extended. It was explained that the NHS was currently in the process of writing to everyone who had missed their screening including people who had reached the age of 70. It was also explained that breast screening ceased at 70 years old but if anyone felt they needed an appointment after that age they would receive one.

Immunisation in adolescents - In response to a question, it was explained that the immunisation programme included Diphtheria, Tetanus, Meningitis and HPV (Cervical Cancer prevention). The Panel was reassured that work was being undertaken with schools to ensure vaccination programmes had not been impacted and that all vaccine requirements be completed by August 2022.

Sexual health – The table set out at page 33 relating to the increased cases of syphilis, was explained to the Panel and it was noted that it was an area that required further investigation.

With regard to HIV awareness, it was explained that campaigns with regard to this illness were embedded in the sexual health service. Additionally, because cases of TB have a close association with HIV, then patients were automatically tested for HIV when tested for TB.

Concern was expressed that there had been problems accessing sexual health clinics throughout the pandemic and this was acknowledged but as restrictions were removed normality was resuming. It was explained that safer sex was advocated as part and parcel of prevention and protection, particularly amongst the younger population and at risk categories, for example injecting drug users. There was currently no separate campaign due to it being continually promoted through everyday support however a note was taken that the Panel's concern be raised with the lead service commissioner.

It was noted that health promotion initiatives were promoted in schools, colleges and universities that covered a full range of broader sexual health messages.

Colposcopy Service – it was explained that the Carcroft facility had provided an excellent service and that it was the exception to the norm provision at a primary care level. It was noted that it was difficult to sustain the service in a GP practice therefore it was being transferred to secondary care where the workforce could better support need.

Substance misuse – following a question it was explained that there had been no dramatic increase within the service however there were challenges with helping support people during lockdown, who were facing a difficult few months ahead of their journey.

Project 3 – it was noted that with a number of services it had been difficult during the pandemic period but this service remained and support available with space for children and young people to discuss their issues with professionals.

Covid and flu vaccination programmes – The Panel noted that all partners worked tirelessly together with community connectors and addressing all inequalities, to ensure as many people as possible could be vaccinated. This included going into communities with pop-up clinics.

	<p>Doncaster was commended on the fantastic work that had been undertaken across the borough with the Panel noting the high vaccine rate generally.</p> <p>It was stressed that reducing inequalities was a high priority and gaining momentum. It was not something that was addressed at the beginning of the year but was a cyclical process where partners were learning and transferring good practice into other areas.</p> <p>RESOLVED: That the Panel note:</p> <ul style="list-style-type: none"> a) The joint work to prevent and control Covid-19 and the key role that Doncaster’s health protection professionals play in co-ordination and management of the pandemic response; b) The ongoing work on a range of health protection programmes including vaccination and screening programmes, air quality, sexual health and substance misuse. This also includes progress and challenges on flu vaccinations and MMR among vulnerable groups; and c) The overall assurance on health protection of the people of Doncaster 	
25	<p><u>QUALITY OF ADULT SOCIAL CARE SERVICES INCLUDING COVID RESPONSE</u></p>	
	<p>The Panel was provided with a presentation to accompany the report relating to registered care provision, Covid response and quality of provision including CQC inspection outcomes.</p> <p>The Panel noted that the Omicron Covid strain had felt much different to previous strains with much higher sickness rates however at the time of the meeting this had abated somewhat. To ensure delivery of a continued service at all times, it required strong partnership working.</p> <p>In response to a statement and comment relating to staff across the board working incredibly hard over the past 2-3 years it was explained that both internally and through the partnership, organisation leaderships need to understand why people were off sick to provide the best support from counselling to specialist support dependent on an individual’s needs. This was undertaken through sickness reports and return to work interviews. The fact that staff were now able to return to working in the office and receive peer support in person would probably assist. It was stressed that given the background of the recent pandemic and position staff had been placed in, whatever happened in the future there was a need to be careful with what staff were asked to undertake.</p> <p>With regard to the large casework and support required for staff, it was noted there had been an increased demand for services across the</p>	

whole of the Council. The Local Authority was therefore addressing innovative new ways of working, addressing how the front door could be managed more efficiently and accessing additional funds for temporary additional capacity in certain teams. It was acknowledged that staff still felt under pressure with the organisation mindful of the impact of the last 2 years.

With regard to accessing medication quickly, it was explained that it should not be a problem however, there were occasional times when certain medicines were not available due to logistical reasons but it was being monitored.

In relation to accessing mental health services, it was noted that at the acute end of service provision there were small challenging pockets but duplication avoidance was being addressed. It was stressed that there were NHS pressures cross the whole service and mental health was no different however, the CCG continued to work with RDaSH to prioritise support where required.

Responding to a question relating to what has been learnt from delivering services through the Covid Pandemic, and building on what had been put in place, it was explained that:

The 7 day service remained in place working on discharges but the NDT was an additional commissioning layer from CCG and Adult Care that would not normally operate on a 7 day service. It was explained that increasing the 7 day service would be addressed for the future, as demand warrants;

Continuing to work well as a partnership throughout the Pandemic was effective and essential to provide support and overcome barriers;

Front line staff being left to undertake their role and do what they need to do without interference;

Voice of the People - Co-production was something the Local Authority was keen to grow and develop and use people with lived experience to help develop services moving forward;

Flexibility and resilience – the current system showed that services were flexible but there was the need to ensure it was not flexed to the point that it breaks;

Integrated Commissioning Board – the Panel hoped to see more place devolved budgets with Doncaster providing a strong presence ensuring it accessed the correct budget allocation, with place based commissioning and benefits around transforming care particularly specialist and complex cases. Evaluation of what worked well across South Yorkshire was essential to move forward.

RESOLVED that the discussion, be noted.

The Chief Nurse NHS CCG (Clinical Commissioning Group) provided a presentation to the Panel addressing:

- Systems and processes in place to monitor the quality of care within NHS commissioned services; and
- Transition from the CCG (Clinical Commissioning Group) to the new ICB (Integrated Care Board) for South Yorkshire with a particular focus upon Quality Surveillance, Quality Assurance and Quality Improvements.

Following the presentation, the Panel noted that CQC inspection outcomes were only part of the CCG's quality assurance frameworks. As the regulator the CQC provided clear views on required provision and addressed the following areas:

Quality and Place – a member expressed concern with regard to the locality model particularly ensuring continuation of good partnership relations and working models. It was therefore questioned how the quality assurance system would transfer across to the ICS.

Firstly, it was explained that currently 1st July was the projected date to move to the ICS and the current CCG would go through the “Lift and Shift” process, meaning staff would remain in post in Doncaster but move from the CCG to the ICS with work continuing as normal, ensuring that the system would not lose its capability to provide quality and improvements. It was noted that work was required to address what would be delegated to the Place Model.

Structure of the ICB (proposed in line with guidance) – clarification was provided on who lead on each area within the Quality Stream, in line with Policy, to deliver each of their work plans. The Panel again noted the complex change from the CCG to the ICS.

Due diligence – it was noted there was a national due diligence checklist that required completion by 1st July, in readiness for commencement of the Integrated Care System. For example, outlining what tasks had been completed, what was ongoing and by whom, which required signing off by the Integrated Care Board. Checks would continually be undertaken to ensure no issues were missed, ensuring everyone's safety, up to and continuing through the transfer to the ICS.

Quality and Patient Safety Committee – it was explained that this body addressed the detailed quality and safety assurance for provision across all commissioned services, addressing possible risks and subsequent plans required. This body would still be required under the ICB. Sitting alongside this Committee was the System Quality Board (replacing the Quality Assurance Group), with the wider partnership

	<p>and membership including the Local Authority, Public Health, Health Education, Health Watch etc., providing experiences, concerns and good practice of individual providers to gather a much wider experience and information base.</p> <p><u>Audit provisions</u> – in relation to auditing the transfer from the CCG to the ICS, it was outlined that there would be an internal Audit Committee. Independent external auditors would also be appointed by the ICB to undertake the auditing role.</p> <p><u>Funding</u> – In response to a query relating to whether additional funding would be provided through the ICB, it was explained that the allocation to the NHS, was as it stands and the system could be viewed as being more efficient. It was noted that there was no additional funding for the transition from the CCG to the ICS.</p> <p><u>Chief Nurse</u> – the responsibilities on 1st July would transfer to the Chief Nurse for South Yorkshire. However, a senior nurse to provide quality at place was being sought with details of how this could work, to emerge.</p> <p><u>System Quality Board</u> – in response to concern expressed that Doncaster’s quality and needs would be lost when being merged into a South Yorkshire organisation, it was note that specifics this body would address was still being discussed but would include statutory duties, quality systems and strategies relating to how partners and systems drive quality and improvements.</p> <p>To conclude it was noted that once the ICS was established, as with the CCG it would continue to look for good outcomes for residents with the ethos of levelling up, addressing equalities and improving outcomes with no changes to services to patients. It was reiterated by a Member that the Panel’s work emphasised on prevention and was pleased to hear the responses to questions at this meeting.</p> <p>On behalf of the Panel the Chair thanked the Chief Nurse for his attendance and for explaining the complex position with regard to monitoring the quality of care moving forward as part of the ICS.</p> <p><u>RESOLVED</u> that the discussion, be noted.</p>	
27	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	
	<p>The Senior Governance Officer outlined that the work plan had reached its conclusion for the 2021/22 civic year and asked that any areas identified for consideration moving forward, by the Panel should be forward to herself and the Chair.</p> <p>It was outlined by the Chair areas that were key for the work plan including mental health services and housing and social care relating to</p>	

health issues.

The Chair took the opportunity to reconfirm the recommendations for all items discussed at this meeting.

RESOLVED that:

1. the work plan, be noted; and
2. recommendations from the items discussed at this meeting, be noted.