

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY PANEL

30TH JULY, 2014

A MEETING of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE, DONCASTER on Wednesday, 30TH JULY, 2014, 2.00pm

PRESENT:

Vice Chair – Councillor Patricia Schofield

Councillors Elsie Butler, Linda Curran, Monty Cuthbert, Alan Jones, Tracey-Leyland-Jepson and Susan Phillips.

Also in attendance: Tom Fent, Union representative.

APOLOGIES:

Apologies for absence had been received from Councillors Tony Revill and John Sheppard.

		<u>ACTION</u>
1.	<u>DECLARATIONS OF INTEREST</u>	
	Councillor Schofield declared an interest in agenda item 6 because she had signed the current Health and Well-being Strategy, when she was the Cabinet Member with responsibility for this area.	All to note
2	<u>ORDER OF BUSINESS AND APPOINTMENT OF CHAIR</u>	
	In accordance with Council Procedure Rules 4 and 9, the Chair proposed that she stand down for agenda item 6, due to her declaration of interest and that in the absence of herself and the Chair, a temporary chair be appointed for that item only. To accommodate the smooth running of the meeting, she also suggested that the agenda order be changed. It was proposed and seconded that Councillor Alan Jones chair the meeting for the Joint Health and Well-being Strategy item only.	
	RESOLVED that:	All to note
	1. The agenda order be changed for item 7 to precede	

	<p>item 6, as follows:</p> <p>7. Health and Adult Social Care Overview and Scrutiny Panel work plan report 2013/14.</p> <p>6. Update on the proposal of a refresh of the Joint Health and Well-being Strategy.</p> <p>2. That Councillor Alan Jones be appointed as Chair for the Joint Health and Well-being Strategy item.</p>	
3.	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made at the meeting.	All to note
4.	<u>OVERVIEW OF THE CURRENT PICTURE WITHIN THE NHS CLINICAL COMMISSIONING GROUP, NHS ENGLAND AND DONCASTER PUBLIC HEALTH</u>	
	<p>Members received three presentations to explain the current picture within the NHS Clinical Commissioning Group (Chris Stainforth, Chief Officer), NHS England (Eleri de Gilbert, Area Director) and Doncaster MBC Public Health (Dr Rupert Suckling).</p> <p>The purpose of the presentations was to provide the Panel with the appropriate knowledge that will assist Members in undertaking their role and identify what the key areas and challenges were, with its new remit and focus on health.</p> <p>Members noted the many changes in the NHS environment and received information on:</p> <ul style="list-style-type: none"> • Current Structures; • Key priorities moving forward; • Future challenges; and • Areas that Scrutiny needed to be aware of. <p>Members stressed that there needed to be a clear flow of services provided to the community from specialised services to low level support.</p> <p>An example was raised of two separate doctors surgeries sited in the same building could give the impression of a duplication of services, but it was noted that there was a whole raft of issues across the NHS spectrum that needed addressing. A further example highlighted was the amount of vacant floor space that</p>	

	<p>the CCG was currently paying for and required a more intelligent practice of space utilisation. Members also noted that practices run by doctors were independent business but co-joining small practices was something that could be considered in the future.</p> <p>Other areas of discussion included:</p> <ul style="list-style-type: none"> • CCG and NHS England budget areas and issues; • CCG Governing Body Structure, Membership and interest shown by local GP's; • NHS England's proposed reduction of the 27 Area Teams; • NHS Quality Surveillance Group – undertake assessments made on areas of risk that may require intervention from support packages to removal of a service with urgent replacement/alternative providers; • Care Quality Commission (CQC) inspection regime; • Recruitment of GP's across the Yorkshire and Humber area and contract reviews; • Possible privatisation of some administrative services; • Funding for specialised medicines; and • Awareness of certain illnesses – importance of promotion through poster campaigns ensuring early diagnosis. <p>The Panel thanked the representatives from NHS England, CCG and Public Health for the presentations and answers to Members questions.</p>	
	<p>RESOLVED that the information provided, be noted.</p>	<p>All to note</p>
<p>5.</p>	<p><u>WORK PLAN</u></p>	
	<p>The Scrutiny Officer presented the Panel's work plan for Members' discussion as follows:</p> <ul style="list-style-type: none"> • Key decision – Model of Home Support – proposed that an informal meeting to discuss the issue be arranged prior to a decision being made by Cabinet in September. • Performance Links – under the new Scrutiny working arrangements it was discussed that individual Members ensure they make themselves aware of performance information when circulated with the OSMC agenda and 	

	<p>questions/issues be forwarded to the Chair of the Panel to raise at the OSMC meeting. Members were also reminded that, if they wished, they could also attend OSMC meetings.</p> <ul style="list-style-type: none"> • Maintaining links with the Health and Well-being Board – it was noted that a flexible approach would be undertaken and that the Chair of the Scrutiny Panel would continue to meet with the Chair of the Health and Well-being Board. 	
	<p>RESOLVED that:</p> <ol style="list-style-type: none"> 1. The report be noted; 2. An informal meeting be arranged to discuss the key decision on Model of Home Care prior to consideration by Cabinet; and 3. Comments and questions on performance information be fed to the Chair to raise at OSMC meetings. 	<p>All to note Scrutiny Officer</p> <p>Chair and Panel Members</p>
	<p>NOTE: that at this point in the meeting Councillor Schofield stood down and Councillor Alan Jones assumed the Chair.</p>	
6.	<p><u>UPDATE ON THE PROPOSAL OF A REFRESH OF THE JOINT HEALTH AND WELLBEING STRATEGY</u></p>	
	<p>The Panel considered a report setting out an update on the proposed refresh of the Joint Health and Wellbeing Strategy.</p> <p>Members noted that on 12th June, there had been a stakeholder event with 84 people participating in exploring wider well-being themes that could impact on individual health and well-being, which would be used to contribute to the new Strategy.</p> <p>Members discussed any gaps and elements of the Strategy that were still current including the health of children and young people, well-being education and how legal highs were being addressed.</p>	
	<p>RESOLVED that the progress with the new Health and Well-being Strategy, be noted.</p>	<p>All to note</p>