

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY PANEL

29TH SEPTEMBER, 2014

A MEETING of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE, DONCASTER on MONDAY, 29TH SEPTEMBER, 2014 AT 10.00AM

PRESENT:

Vice Chair – Councillor Patricia Schofield

Councillors Linda Curran, Alan Jones and John Sheppard.

Also in attendance:

Dave Hamilton – Director Adults, Health and Well-being
Shane Hayward-Giles – Assistant Director, Modernisation and Commissioning
Chris Stainforth – Chief Executive Doncaster Clinical Commissioning Group (CCG)
Jackie Pederson – Chief of Strategy and Delivery Doncaster Clinical Commissioning Group
Roger Thompson – Chair Adult Safeguarding Board
Anne Graves – Head of Service Safeguarding Adults and Partnership
Angelique Chopping – Safeguarding Adults Governance and Assurance Team Manager

APOLOGIES:

Apologies for absence had been received from Councillors Tony Revill, Elsie Butler and Tracey Leyland-Jepson

		<u>ACTION</u>
7.	<u>DECLARATIONS OF INTEREST</u>	
	Councillor Alan Jones wished to highlight that he used to work for a company that provided electronic equipment to people helping them to remain in their homes for a longer period.	All to note
8.	<u>MINUTES OF THE MEETING HELD ON 30TH JULY, 2014</u>	
	Resolved that: the minutes of the meeting held on 30 th July, be agreed as a correct record and signed by the Chair.	All to note

9.	<u>PUBLIC STATEMENTS</u>	
	<p>Mr Tim Brown indicated that he wished to make a statement relating to the Better Care Fund (BCF).</p> <p>He stated that he had e.mailed the Head of Service Commissioning and Contracts to seek clarity on how the BCF meets the needs of his parents and people of that generation, but was disappointed that he had not received a response.</p> <p>He continued by stating that he was the son of a migrant and his father had contributed to the Doncaster community all his life. He explained that he was seeking assurances for people like his father on the delivery of services across the BME community, but could see no evidence of this. He continued by requesting the results of consultation with the public across the community to demonstrate how the local authority had meaningfully engaged with BME groups.</p> <p>He stated that over the weekend he had spoken to people from his father's generation and his conclusion was that they knew nothing about the BCF and proposals.</p> <p>He also questioned if older people would lose their properties a part of future BCF proposals.</p> <p>He concluded by stating that he welcomed the BCF but was of the opinion that the Council seemed to be missing a trick and great opportunity and sought answers on how the local authority would be meeting his parents' needs.</p> <p>Following a response from the Director Adults, Health and Well-being Mr Brown further commented that BME luncheon clubs had been closed by the Council because they were run by people who were black and referred to a tribunal which he subsequently invited Members of the Panel to attend.</p> <p>The chair thanked Mr Brown for his statement.</p>	All to note
10.	<u>BETTER CARE FUND PROGRAMME</u>	
	<p>Dave Hamilton – Director Adults, Health and Well-being and Chris Stainforth – Chief Executive Doncaster Clinical Commissioning Group (CCG) introduced the item to the Panel outlining the main issues relating to the Better Care Fund (BCF).</p>	

Members noted that the BCF was a national initiative aimed to accelerate fundamental changes in the health and social care system to drive joint commissioning and integrated service delivery. The proposals would transform the culture of care and support in Doncaster to be centred on the individual, providing services much closer to where people live, support people in their own homes to maintain independence and avoiding hospitalisation as much as practical.

Members acknowledged that BCF would transform what the Local Authority and key partners already undertakes and would provide a massive opportunity to build on what was already being achieved.

During discussion, the Panel addressed the following areas:

- A reduction of 3.5% (approximately 800) in hospital admissions;
- Redirection of funding into the community ensuring support was in the right place, ultimately achieving better outcomes – allocation of funding being undertaken nationally;
- Care packages on discharge from hospital;
- Home from Hospital Service - care packages developed to ensure people do not go into long term care when it is not required;
- Safeguarding vulnerable people when not in care – risks associated with this;
- How the BCF provides the tools and budget to work more closely as partners and build on relationships already established;
- Examples of changes already made:
 - integrated discharge team to support care requirements;
 - RAPT (Rapid Assessment Programme Team) support mechanism to avoid hospitalisation when not an emergency;
 - Community Equipment Store contract - jointly commissioned and now providing a 7 day per week service and return of equipment;
- Support for people in administering their medication, particularly Nomads (pre-packed medications that are delivered weekly by the chemist available for elderly patients on complicated drug regimes or people with memory

	<p>problems);</p> <ul style="list-style-type: none"> • The need to expand Telecare/Telehealth into GP surgeries – the systems have such huge potential and opportunities needed to be enhanced; • Intelligent diagnostic systems and use of electronic data at a central point – spikes and changes to a person’s health can automatically create a visit from a health professional. Such facilities including blood pressure and respiratory monitoring were areas currently being investigated. It was noted that a doctor was still required to assess data before any action could be taken; • Capacity within and training of the voluntary sector – currently being addressed. <p>The Chair thanked officers for the information and concluded that she strongly supported the proposals and accepted how ambitious it was to achieve. She received assurances that the substance of the proposals would not change but the detail may require amendment.</p>	
	<p>Resolved that:- the report, be noted.</p>	<p>All to note</p>
<p>11.</p>	<p><u>DONCASTER ADULTS SAFEGUARDING BOARD ANNUAL REPORT</u></p>	
	<p>The Independent Chair of the Adult Safeguarding Board, Roger Thompson, presented the Board’s Annual Report 2013/14 which outlined a review of strategic activities.</p> <p>It was noted that the Board in April, 2015 would be a statutory requirement with a greater profile and responsibility to deliver. The Panel acknowledged that the Local authority had moved ahead with the Board establishing and preparing itself before the legislation was in place.</p> <p>Mr Thompson highlighted that the Board was in a good position to move forward however there were areas of concern, for example, co-ordination of workforce training. Initial work had been undertaken on this issue but there had been challenges, which were currently being addressed.</p> <p>In response to Members’ concern relating to how the responsibility could be effectively managed, it was stressed that Safeguarding was every person’s business and it was the Board’s responsibility to challenge at the highest level.</p>	

	<p>It was explained, in response to Members' concern on how safeguarding was being addressed in prisons across the Doncaster area, that each organisation was responsible for how the issue was managed but it was the Boards remit to ensure any safeguarding issue was responded to in an appropriate manner.</p> <p>The Panel was assured that the Board learns from best practice by proactively reviewing outcomes from serious case reviews.</p> <p>The Panel received an outlined of processes undertaken if reports of a safeguarding nature occurred. For each case, the Safeguarding Board would agree a strategy of support and if it failed possible closure of an establishment could be an option. The length of time for any safeguarding case to reach a conclusion was dependent on individual issues.</p> <p>To conclude, Mr Thompson acknowledged that the document was very detailed and offered to meet further with any Councillor who wished to discuss any areas of concern with him.</p> <p>The Chair thanked Roger Thompson and officers for their input into discussion.</p>	
	<p>Resolved that: the report, be noted.</p>	<p>All to note</p>
<p>11.</p>	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2013/14</u></p>	
	<p>The Scrutiny Officer highlighted progress with the work plan and reminded the Panel of the Health Scrutiny training event scheduled for 22nd October, 2014 at 2.00pm.</p> <p>Members again raised their concern with regard the safe discharge of patients from hospital under the BCF and asked if a practical example could be provided at a future panel meeting to help Councillors understand the process.</p>	
	<p>Resolved that:</p> <ol style="list-style-type: none"> 1. The report, be noted. 2. A practical example of a safe discharge from hospital be provided at a future meeting. 	<p>All to note. Scrutiny Officer</p>