

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULT SOCIAL CARE  
OVERVIEW AND SCRUTINY PANEL

26<sup>th</sup> November, 2014

A MEETING of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE, DONCASTER on WEDNESDAY, 26<sup>TH</sup> NOVEMBER, 2014 AT 10.00AM

PRESENT:

Vice Chair – Councillor Patricia Schofield

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

Also in attendance:

Councillor Sue Wilkinson  
Councillor Chris Mills

Dave Hamilton – Director Adults, Health and Well-being  
Shane Hayward-Giles – Assistant Director, Modernisation and Commissioning  
Dr Rupert Suckling – Assistant Director - DMBC Public Health  
Heather Marsh, Head Of Public Health (South Yorkshire and Bassetlaw) NHS England  
Lee Golze - Strategy & Delivery Manager, Children's Team - Doncaster NHS Clinical Commissioning Group  
Linda Calverley - Head of Special Education and Disabilities - DMBC Children and Young People Services  
Jacqui Wiltschinsky - Assistant Director of Public Health  
Laurie Mott - Head of Public Health Intelligence  
Theo Jarratt - Team Manager- Business Improvement

APOLOGIES:

Apologies for absence had been received from Councillors Tony Reville, Rachel Hodson, Sue McGuinness, Neil Gethin, Dave Shaw,

		<u>ACTION</u>
13.	<u>DECLARATIONS OF INTEREST</u>	
	Councillor Alan Jones wished to highlight that he receives a small pension from a company that provided electronic equipment to people helping them to remain in their homes for a longer period.	All to note
14.	<u>MINUTES OF THE MEETING HELD ON 29<sup>th</sup> SEPTEMBER, 2014</u>	

	<b>Resolved that:</b> the minutes of the meeting held on 29 <sup>th</sup> September 2014, be agreed as a correct record and signed by the Vice Chair.	All to note
15.	<u>PUBLIC STATEMENTS</u>	
	There were no public statements	All to note
16.	<u>OVERVIEW ON CHILDREN'S HEALTH ISSUES</u>	
	<p>A series of presentations were made to the Panel which provided an overview of the current and local picture in respect of Children's Health. Presentations were made by: -</p> <ul style="list-style-type: none"> <li>• NHS Clinical Commissioning Group (NHS CCG)</li> <li>• NHS England</li> <li>• DMBC Public Health</li> <li>• DMBC Children and Young People</li> </ul> <p>The presentations covered key areas which included: -</p> <ul style="list-style-type: none"> <li>• Priorities regarding children's health</li> <li>• Approaches/steps addressing issues</li> <li>• Future challenges/key changes</li> <li>• Success indicators</li> <li>• Statistical information/key data</li> </ul> <p>The first presentation was from Dr Rupert Suckling, Assistant Director of Public Health. The main priorities in relation to children's health issues outlined by DMBC Public Health included: -</p> <ul style="list-style-type: none"> <li>• Above average infant mortality driven by low birth weight and smoking in pregnancy</li> <li>• Lower than average educational attainment</li> <li>• Higher hospital admissions</li> </ul> <p>The Panel were informed that there was a more joined up approach to addressing these issues which was demonstrated through; a joint commissioning group, being part of a collaborative and utilisation of 'settings' i.e. Children's Centres, schools, colleges, etc.</p> <p>The Panel was told about the commissioning of the Healthy Child Programme which included the transfer of the Health Visiting and Family Nurse Partners (FNP) services which will move to the Council by October</p>	

2015.

Members of the Panel were informed that key areas included: -

- The first year of life
- Best health – being ready to learn (school readiness)
- Children’s emotional health and wellbeing

A Member requested a map outlining areas of deprivation be supplied.

In respect of Doncaster’s performance, the Panel was informed that historically our performance was poor in terms of children’s health issues. It was further explained that although Doncaster had made improvements closing the gap with the national average, other areas were improving at a faster rate.

There was a discussion regarding what was being done regarding the education of children and family to be aware and manage their own conditions. The Panel was informed of new guidance from the Department of Further Education (DFE) Supporting Pupils at Schools with Medical Conditions.

Heather Marsh, Head Of Public Health (South Yorkshire and Bassetlaw) NHS England explained the assurance/commissioning role of NHS England and their involvement in respect of children’s health. The various commissioning responsibilities of NHS England were outlined which included Public Health Section 7a areas, Primary Care Universal Services (Medical, Dental, Pharmacy, Optometry) and Specialised Services.

There was a discussion around the immunisation programme in place for children. Members raised concern about immunising young children and were informed that there was a great deal of evidence to back the benefits of the programme but no substantial evidence that supports the risks. Members were informed that the programme was being rolled out gradually rather than being undertaken all at once. The Panel heard that the lowest age to be immunised was 2 years old and this was carried out by the local GP. The Panel was informed that there was little information available yet about the impact of the programme.

In respect of child obesity, Members were informed that

Data Observatory

initiatives were taking place in schools including a Health Eating programme, child measurement programme and through a whole family approach working with parents. The Panel was informed that through National Guidance, schools are working with a collaborative to identify issues in their own geographical areas.

Lee Golze from Doncaster NHS Clinical Commissioning Group outlined their priorities which included epilepsy, asthma, diabetes and child adolescent mental health.

There was a brief debate around the improved care for children and young people with suspected autism. It was acknowledged that in the past, autism services were poor and diagnosis fragmented. The Panel was informed that steps taken to improve this area had included a new autism pathway and a new single point of entry via community paediatrics. It was noted that although assessments were currently taking place in hospitals, there was an intention to move them into communities.

The final presentation was from Linda Calverley, Head of Special Education and Disabilities, DMBC Children's and Young People's directorate on the Special Educational Needs and Disabilities (SEND) Reforms 2014. Members were informed that in terms of performance, of the number statements maintained: -

- Three-quarters were boys and a quarter was girls.
- Three quarters were in mainstream schools and a quarter was in special needs schools.

Members were informed that statistically Doncaster was about the same as other regions.

Members were informed about the changes that had commenced from 1<sup>st</sup> September 2014, which replaced statements of special needs and learning difficulty assessments with an Education, Health and Care (EHC) Plan for children and young people with complex needs.

Members were told that in the Council had two years to transfer all current statements to Education, Health and Care Plans. The assessments now cover a wider age range with children from 0 to 5 years and 16 to 25 years of age. Members heard that the Council had been issued a small grant to implement the changes brought about by the new Act.

	<p>It was explained that the time to assess the child had reduced from 26 weeks to 20 weeks. It was added that there was now in place an opportunity for parents to challenge the assessment that had been made.</p> <p>Members were told that under the new Act, parents had the opportunity to receive formal mediation which was supported by the Government who had issued £33 million to private organisations for this purpose.</p> <p>Members were informed that there was one challenge already going through the formal appeal process.</p>	
	<b>Resolved that:</b> - the report, be noted.	All to note
17.	<b><u>DONCASTER LOCAL ACCOUNT OF ADULT SOCIAL CARE 2014</u></b>	
	<p>This report presented the final version of the Doncaster Local Account of Adult Social Care 2014. It was explained that the Local Account was a key part of the Adult Social Care performance framework and provided an opportunity for the Council to critically reflect on its performance and outline plans for the future in an easily understandable 'people's performance report'.</p> <p>Members were informed that this year's document had been guided by Healthwatch Doncaster through their engagement group and Healthwatch ambassadors.</p> <p>In terms of the design and content, Members were informed that it was a more simple presentation of the information with graphics that could be promoted through the use of social media. Members were told that the use of social media had provided an opportunity to promote the report more widely with the public, as demonstrated by information circulated successfully about the budget proposals earlier in the year.</p> <p>It was then discussed how Members could become more involved in the production of the document. It was noted that a Member's seminar had been held which had been well attended. It was suggested that in future a draft copy of the document could be circulated to Panel Members for comment. In respect of further promotion of the document, Members made suggestions which included using public information screens as well as key locations such as railway station and bus stops.</p>	
	<b>Resolved that:</b>	All to note
	<ul style="list-style-type: none"> <li>the report, be noted;</li> </ul>	

	<ul style="list-style-type: none"> <li>• that in future, Members receive a draft copy of the local account for their comments;</li> <li>• that consideration is given to alternative avenues to promote the report.</li> </ul>	Director of Adults, Health and Wellbeing
18.	<p><b><u>DONCASTER'S JOINT STRATEGIC NEEDS ANALYSIS 2014</u></b></p>	
	<p>Laurie Mott, Head of Public Health Intelligence provided the Panel with an overview of the 2014 Joint Strategic Needs Assessment (JSNA) for Doncaster.</p> <p>It was explained that the JSNA was commissioned by the Health and Wellbeing Board and included a number of recommendations which will form the priorities that will support the Health and Wellbeing Strategy.</p> <p>The Panel was informed that of the 12 recommendations within the JSNA, 1–7 focused on health and that 8-12 focused on wellbeing</p> <p>The following recommendations in particular were highlighted to the Panel for comment:-</p> <ol style="list-style-type: none"> <li>1. Maintain a focus on dementia.</li> </ol> <p>It was noted that there is an ageing population with the number of people being diagnosed with dementia increasing.</p> <ol style="list-style-type: none"> <li>4. Address the obesity epidemic in Doncaster.</li> </ol> <p>It was acknowledged that this was a significant issue in Doncaster and Members were informed that if the figures reduced and met that of the national average there would be 26,000 fewer people in Doncaster with obesity.</p> <ol style="list-style-type: none"> <li>8. Support efforts to increase volunteering.</li> </ol> <p>It was recognised that there wasn't a great deal of data available at this present time and discussions were now taking place with the third sector to address this.</p> <ol style="list-style-type: none"> <li>11. Ensure carers are supported and able to maintain their own wellbeing.</li> </ol> <p>It was noted that a lot more people were providing more care, it was recognised that even though the number of people providing care was remaining level the issue was</p>	

	<p>that those carers were working harder and providing more care.</p> <p>A Member noted their disappointment that there was no recommendation in the JSNA in relation to Fuel Poverty. Officers provided reassurance that this was covered in recommendation 9 - Support efforts to improve the quality of people's living accommodation.</p> <p>There was a brief discussion about differences between someone's health and happiness. Concern was raised about the type of establishments based in the town centre and the effect that they were having on people's wellbeing. The Panel was informed that conversations were taking place with planning in respect of this.</p>	
	<b>Resolved that:</b> the report, be noted.	All to note
19.	<u>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2014, (INCLUDING HEALTH IMPROVEMENT FRAMEWORK).</u>	
	<p>Dr Tony Baxter, Assistant Director of Public Health presented the 2014 Doncaster Director of Public Health Annual Report to the Panel. It was explained that this report was the second one since the transfer of the specialist public health function from the NHS to the Council in April 2013.</p> <p>It was reported that the Director of Public Health has a duty to produce an annual report and the Council has a duty to publish it. The purpose of the report was to start conversations that enabled the Council and the Health and Wellbeing Board to fulfil its statutory duty.</p> <p>It was acknowledged that the Health and Wellbeing Board was very comprehensive and that no single intervention would make the changes that were necessary. The importance of partnership was emphasised and the Panel was informed that partners were being engaged with to find out what they are doing regarding the issues outlined in the report. Steps to take this forward included gaining commitment to a longer plan of 5 years which will be co-produced by partners and include a timescale with specific actions.</p>	
	<b>Resolved that:</b>	
	<ul style="list-style-type: none"> <li>• the report, be noted.</li> <li>• that an update report is brought back as part of the</li> </ul>	Director of Public

	2015/16 workplan for Health and Adult Social Care Overview and Scrutiny.	Health
20.	<u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2013/14</u>	
	<p>The Senior Governance Officer highlighted progress with the work plan and reminded the Panel of the Health that: -</p> <ul style="list-style-type: none"> <li>• there will be an informal meeting of the Panel on the 1<sup>st</sup> December 2014 for the on-going waste Review.</li> <li>• that the meeting of the Panel on the 27<sup>th</sup> January 2014 will now be an informal meeting that will solely focus on loneliness.</li> </ul> <p>The Panel was also informed about the recent Joint Health Overview and Scrutiny Committee meeting in Leeds as part of the new Congenital Heart Disease review that the Vice Chair attended.</p>	
	<p><b>Resolved that:</b></p> <ol style="list-style-type: none"> <li>1. the update workplan, be noted.</li> <li>2. The feedback from the Health and Adult Social Care Overview and Scrutiny Panel and Health and Wellbeing Board workshop that took place on the 10th October 2014 be noted;</li> <li>3. The response from the Executive regarding the New Commissioning Model of Home Support to be known as Help to Live at Home in Doncaster, be noted.</li> </ol>	All to note.