

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY PANEL

24th March, 2015

A MEETING of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE, DONCASTER on WEDNESDAY, 24th MARCH, 2015 AT 10.00AM

PRESENT:

Chair – Councillor Tony Revill

Councillors Patricia Schofield (Vice-chair), Elsie Butler, Linda Curran, Alan Jones, Tracey Leyland-Jepson, Sue Phillips and John Sheppard

Also in attendance:

Shane Hayward-Giles, Assistant Director, Modernisation and Commissioning
Chris Stainforth Chief Officer, Doncaster Clinical Commissioning Group
Laura Sherburn Head of Partnerships Commissioning
Lee Pawson Telecare Development Officer
Victor Joseph Consultant in Public Health

APOLOGIES:

Apologies for absence had been received from Councillors Monty Cuthbert and Lorna Foster.

NOTE: Prior to the start of the meeting, the Chair recognised on behalf of the Panel the work Tony Baxter had undertaken whilst working at the Local Authority.

Prior to their retirement as Councillors, he also thanked Councillor Patricia Schofield Vice-Chair and Councillor Sheppard for their contribution to the Scrutiny process over the years.

		<u>ACTION</u>
21.	<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
22.	<u>MINUTES OF THE MEETING HELD ON 26th NOVEMBER, 2014</u>	
	Resolved that: the minutes of the meeting held on 26 th November, 2014 be agreed as a correct record	All to note

	and signed by the Vice Chair.	
23.	<u>PUBLIC STATEMENTS</u>	
	There were no public statements.	All to note
24.	<u>UNPLANNED CARE PROCUREMENT</u>	
	<p>The Panel received a presentation by The Clinical Commissioning Group Chief Officer relating to unplanned care procurement.</p> <p>Members noted that urgent care was fragile both nationally and locally and it was a priority to seek stability rather than risk major disruption ensuring it was developed to meet future needs.</p> <p>The presentation addressed the unplanned care background, proposal, benefits and timeline.</p>	
	The Panel thanked the Chief Officer for his presentation and addressed the following areas:	
	<ul style="list-style-type: none"> • 8am to 8pm unregistered services being maintained; • New front door to Accident and emergency. E.g. quick clinical assessment, signposting and procurement of a new GP element to the service. Members appreciated the problem faced by Accident and Emergency having to deal with non-urgent care and hoped that a more assistive front door care system would not encourage more people to attend rather than waiting to see a doctor at an appropriate time. It was confirmed that there was not an increase in demand expected and provision would be based on existing figures. It was hoped that the facility would also be used as an educational element of when Accident and Emergency services should be used; • Members asked if it could be considered that a separate waiting area for children be provided, away from those people admitted with alcohol and drug issues. 	
	Resolved that the presentation be noted.	All to note

25.	<u>WORKING TOGETHER PROGRAMME</u>	
	<p>The Panel considered a report relating to NHS organisations across the region working together to ensure that hospital provision continued to provide high quality services to residents. It was noted that the eight Clinical Commissioning Groups and NHS England had established a collaborative under a “Working Together Programme”.</p> <p>It was recognised that health care services faced unprecedented challenges as a result of, aging population, rising demand, increasing expectations, clinical workforce challenges and budget constraints.</p> <p>Mechanisms proposed would lead to improvements in quality and sustainability of services and may result in changes to access to services.</p>	
	<p>In response to Members questions and concern the following areas were addressed:</p> <ul style="list-style-type: none"> • Achievability - It was noted that there was a strong belief that challenges would be met, however there was no time limit. • Each CCG/NHS England organisation would have the responsibility for and be a specific lead for an aspect of health, rather than it being passed between areas to ensure ownership, continuity and better outcomes. • The four key clinical priorities currently being taken forward by the Working Together Programme were those that required immediate intervention, being: <ul style="list-style-type: none"> Children’s Services; Cardiovascular Disease; Smaller Specialities e.g. ophthalmology and ear, nose and throat • Out of Hospital (urgent care); <p>Members noted that this report addressed only phase 1 of proposals.</p>	
	Resolved that: the Working Together Programme be supported.	All to note

26.	<u>TELECARE SERVICE UPDATE</u>	
	<p>The Panel received a presentation updating Members on how the Telecare service helped people to stay safe and independent at home, including the 4 key elements, being a lifeline unit, Telecare sensors, the Monitoring Centre and dedicated 24 hour response team.</p>	
	<p>The Panel addressed:</p> <p>Access to the service – Members were pleased to see there was an increase in service user numbers but concerned that not enough residents were aware of the scheme. It was stressed that there was capacity to support many more residents. A new leaflet to advertise the service had been developed and the pathway was being reviewed to ensure easier access. It was stressed that when a new service user accessed the system they were provided with a smoke alarm;</p> <p>Work with emergency services – when called out to non-emergency situations, they make referrals to the Local Authority for residents to be informed of the benefits of the service. It was noted that work was also undertaken with the CCG and doctors to highlight the service;</p> <p>Domestic violence – the use of equipment to aid victims was suggested and noted that it was an area that was being investigated;</p> <p>Response Centre – it was confirmed that future options to enhance the response centre service were currently being considered; and</p> <p>Modern equipment – Members were reassured that due to the vast range of technology on the market, including smartphone apps, future developments were investigate, with a learning disabilities smart phone “App” currently being tested. It was highlighted that it was important to consider what service users have an appetite for whilst keeping up to date with technology.</p> <p>To conclude the Panel thanked officers for the information provided and appreciated the work undertaken by staff to ensure that the environment was safe for our residents.</p>	

	Resolved that: the presentation and update be noted.	All to note
NOTE	At this point in the agenda and in accordance with Council Procedure Rules the Panel agreed item 10 be considered prior to agenda item 9	
27.	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2014/15</u>	
	<p>Members considered the second Annual Report on health protection assurance in Doncaster following Public Health moving from the NHS to the Local Authority. The detailed report included information based around the Centre for Public Scrutiny 10 questions for scrutinising health protection duties with an additional two questions addressing performance of health protection and the second relating to smoking.</p> <p>In response to Members questions the following areas were addressed:</p> <ul style="list-style-type: none"> • Adverse reactions to injections - details of those that have adverse reactions were noted to learn for future inoculation programmes; • Benchmarking against national targets and the wish for Doncaster to strive to have one of the best public health organisations; • Licensing – how this could be used to address the sale and use of illegal tobacco. It was noted that a piece of work had been commissioned to ensure it was less accessible across South Yorkshire; • Flu jab – the numbers and effects of the flu jab were being monitored carefully. It was noted that local magazines to highlight awareness had been used. It was noted that Council staff received a free jab however uptake had been less than expected. 	
	Resolved that: the update be received and support the actions identified for development in 2015/16.	All to note
28.	<u>DEMENTIA FRIENDLY COMMUNITY – PROGRESS UPDATE</u>	
	Further to the Panel’s Scrutiny Dementia Friendly Communities Review a report was received detailing	

	<p>progress on each recommendation made to the Executive.</p> <p>Members noted the significant achievements towards ensuring Doncaster was dementia friendly, including 4,500 dementia friends and increasing, improved and increased diagnosis, 56 dementia champions from a cross section of the alliance. There had been a recent strategic launch covering the next 2 years, with large investment and acknowledgement that more awareness work was required with the private sector.</p> <p>In response to Members questions it was explained that preventative measures including keeping the brain active was a protective factor. With regard to the use of identification bangles/cards by dementia sufferers, it was noted that the Executive was giving consideration to the issue. Members opinions were that it could help quickly locate a family member who had wandered away from home without anyone being aware.</p> <p>The Panel stressed that they would be delighted to see a single point of contact telephone number developed, as they saw this as an area that would make a significant difference to assist families with signposting, and recognised that work was being undertaken to try and address the issue.</p> <p>It was stressed that people suffering with dementia was now accepted and normalised with people talking more openly and freely about the condition. Due to such openness, there was an increase in people receiving early help. The Panel noted that diagnosis did differ between GP practices however NICE guidance was followed ensuring accuracy. It was stressed that the CCG was working with GP's to develop and use a standard pathway tool. Members were made aware that the diagnostic rate, set at 67%, with Doncaster just short at 61%, was influenced by Central Government, as part of the Prime Minister's 2020 Challenge. Members stressed that once diagnosed it was important to ensure the correct help and support was put in place.</p>	
	<p>Resolved that: the Cabinet support and investigate the use of identification bangles/cards and an update on Doncaster being a Dementia Friendly Community be provided in 12 to 18 months time.</p>	<p>Integrated Dementia Lead for Doncaster</p>

29.	<u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2013/14</u>	
	The Senior Governance Officer highlighted progress with the work plan and outlined the recommendations that required ratifying from the Loneliness Scrutiny Review.	
	<p>Resolved that: the report be noted and the following Loneliness review recommendations be ratified and forwarded to the Executive for consideration:</p> <ol style="list-style-type: none"> 1. That consideration be provided for a single directory of borough-wide community services and activities to be made available in an appropriate and accessible format; 2. That future schemes within the Neighbourhoods address both rural and urban areas through a stronger more cohesive approach; 3. To review schemes available where possible, to ensure that they target areas in particular where there are gaps including older men and rural communities; and 4. To ensure that elected Members be furnished with up-to-date contacts and information (toolkit) and understand their role in how they can help and support residents within their communities who are and may be affected by loneliness and social isolation. 	Senior Governance Officer