

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 16TH MARCH, 2016

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on WEDNESDAY, 16TH MARCH, 2016 at 10.00 AM

PRESENT:

Chair – Councillor Cynthia Ransome Vice-Chair in the Chair

Councillors Elsie Butler, Rachael Blake, Jessie Credland, Linda Curran, George Derx, Sean Gibbons and David Nevett

ALSO IN ATTENDANCE

Victor Joseph – Consultant in Public Health

Sarah Smith – Public Health Registrar

		<u>ACTION</u>
30	<u>APOLOGIES FOR ABSENCE</u>  There were no apologies for absence.	
31	<u>DECLARATIONS OF INTEREST, IF ANY</u>  There were no declarations of interest.	
32	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 26TH JANUARY, 2016.</u>  RESOLVED: The minutes of the meeting held on 26 <sup>th</sup> January, 2016 were agreed as a correct record and signed by the Chair.	
33	<u>PUBLIC STATEMENTS</u>  Tim Brown expressed his wish to explain that he had been attending meetings for 18 months asking the same questions about equalities and had not received any feedback.  The Vice Chair explained to Mr Brown that as he was aware he had a single point of contact and any queries with regard to responses go through that route.  Mr Brown continued with his statement outlining that he had looked at the Regulations for Health Scrutiny and its primary role was to strengthen the voice of local people to ensure what was provided for the community was safe and effective. Mr Brown continued by stating that the last BME Health Needs	

	<p>Assessment was over 10 years old and begged the question what was the Panel doing about the Health Needs Assessment as there are many changes in people’s health over this time, stating that the Director of Public Health had acknowledged there had been failings. He explained that if this Panel/body was fit for purposed it would not allow this to happen. He continued by explaining that the Health Needs Assessment was 10 years old and there had been little or no engagement with the community and he has been asking for these issues to be assessed to comply with the law, but it appears that in Doncaster we are non compliant with the law.</p> <p>He stated that Councillors were wanting to effectively shut him up but he reminded the Panel that we are talking about rights and respectfully asked when the Health Needs Assessment was going to be undertaken.</p> <p>Mr Brown asked when will there be interaction with people who look like me and that we have a bazar situation that the Health Needs Assessment is 10 years old.</p> <p>Mr Brown stated that in conclusion he noticed that the Cabinet was looking at a paper on adult social care next week where it is saying that provision is in crisis with a £4m overspend, and over the all the months has never once seen the paper considered by elected Members. He stressed that he was taking time out today to get some answers as opposed to going away and waiting for feedback and spelt out that this Panel has sufficient duties and wished for assurances that it was fit for purpose.</p>	
34	<p><u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2015/16.</u></p>	
	<p>The Panel received a presentation from the Public Health Registrar and Public Health Consultant on the Annual Report on Health Protection Assurance for the year 2015/16 addressing:</p> <ul style="list-style-type: none"> <li>• What is health protection;</li> <li>• How is health protection organised in Doncaster;</li> <li>• What has been undertaken since the last report;</li> <li>• How is Public Health performing;</li> <li>• What is next for health protection;</li> </ul> <p>The report set out and addressed 12 Scrutiny questions with the following areas being addressed:</p> <p><b>Health Protection</b> – seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. Work has been undertaken on recommendations from the 2014/15 Annual Health Protection report and it was noted that further work could be undertaken to raise the profile of Health Protection.</p>	

**Reduction in Smoking in Doncaster** – a massive piece of work had been undertaken to reduce the number of people in Doncaster who smoked. Current there were an estimated 54 thousand people who smoke in Doncaster. The main focus to reduce number was public awareness raising campaigns and stop smoking services. Specific attention was given to young people and awareness for smoking whilst pregnant and protecting the mother and unborn child.

Electronic Cigarettes – the benefits were regularly being debated. However, it was a positive mechanism to help people quit smoking. There was little evidence that young people are using e-cigarette as a gateway to smoking. The key message was that e-cigarettes help people quit smoking.

**Blood spot screening** – The whole South Yorkshire region had been affected by changes in the screening process and the proportion of people screened was below the national average. This issue was identified by the local NHS England team who have worked with midwives in Doncaster to improve the process. This has resulted in Doncaster being the first local authority in the area to meet the performance target.

**Vaccination reactions** – A record was retained nationally of people who reacted to vaccinations and their effectiveness was measured by NHS England. The World Health Organisation assesses what influenza strains are likely to be circulating to inform the content of the vaccination in the following year. Members recalled the issue with the flu vaccine last year. However, people who are eligible should still be actively encouraged to get the annual vaccination.

**Access to vaccinations** – Members stressed that vulnerable members of the community must not be missed, but encouraged to get vaccinations. Concerns were raised about how these members of the community accessed services. It was acknowledged that there was always more that could be done to encourage vulnerable groups in the population. One technique that was being used was providing the flu vaccine, to those who were eligible, if they were admitted to hospital.

**Tuberculosis** – Doncaster's local strategy was currently being updated following revised national guidance.

**Drugs and substance misuse service in Mexborough** – a Member stressed that this service was due to close and expressed concern that the community needed access to local provisions rather than travelling into Doncaster. Members continued to express concern that people may seek out a drug "fix" rather than travelling into Doncaster to seek support. A Member of the Panel advised that he was due to meet with Public Health to discuss this further and to try to provide a solution to the issue.

**Cancer screen** – the figures presented were positive, however, Members stressed that people needed encouragement to seek early diagnosis rather than leaving any concerns they may have. It was stressed that when people presented their issues at Accident and Emergency the chances of curing the disease were much reduced. Members requested if statistical information could be gathered on geographical areas and specific population groups to identify any inequalities with access and uptake of screening.

**Cross Border Incidents** – It was noted that Public Health England informs respective areas if there had been an outbreak of a notifiable disease, to ensure neighbouring authorities could take precautions. If there was a major wide spread outbreak, then one local authority would take the co-ordinating lead. In response to queries, it was stressed that there had not been any more cases of Scarlet Fever than would be expected in the Doncaster area.

**Catch and Bin** – In response to Members discussion, the Panel was reminded of the campaign to “catch it, bin it, kill it”, to reduce the spread of germs related to colds and flu.

RESOLVED: That the report and recommendations be supported and discussion noted.