

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

MONDAY, 2ND JULY, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on MONDAY, 2ND JULY, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Sean Gibbons, Martin Greenhalgh and Mark Houlbrook

ALSO IN ATTENDANCE:

Other Councillors;

Councillor Nigel Cannings

DMBC;

Damian Allen – Director of People

Patrick Birch - Strategic Lead for Adults Transformation

Cath Doman - Director of Health and Social Care Transformation

Victor Joseph – Consultant for Public Health

Susan Hampshire – Head of Service, Public Health

Shazia Ahmed – Public Health Specialist

Susan Walker - Head of Service - Programme Management Office

Anna Ray - Public Health Specialty Registrar

		<u>ACTION</u>
1	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were submitted by Councillors John Gilliver, Pat Haith and Derek Smith.	
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
3	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 14TH MARCH, 2018</u>	
	The minutes of the meetings held on 14 th March, 2018 were agreed as	

	a correct record.	
4	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
5	<u>DONCASTER'S STRATEGIC HEALTH AND SOCIAL CARE PLANS UPDATE</u>	
	<p>Members were provided with an update on the Council's Adult's Health and Wellbeing Transformation Programme and the Doncaster Place Plan (the latter which had been in place since late 2016).</p> <p>In terms of the sustainability of Community Led Support, it was recognised that the voluntary sector tended to undertake more short term contracts which presented certain challenges. Members were informed that the Council was looking to create a strength-based support practice model for a whole family approach. It was outlined that suitable commissioning and structuring capacity was needed in the market to take this forward.</p> <p>It was seen how it was a challenge to pull together the skills of the voluntary sector in order to undertake services such as day opportunities. It was viewed that where possible existing community facilities should be utilised. It was recognised that further investment was needed, however, people were often not aware of what was actually available out there and further promotion was required.</p> <p>Members were informed that contact had been made with local groups to engage with them. It was explained that efforts had been made to build and enhance upon what was already out there. It was fed back that the concerns and issues raised by local groups were not necessarily always about funding.</p> <p>Concern was raised around those people with complex needs and those who did not want to engage. It was acknowledged that different needs were faced by different wards and residents in the Borough and a culture existed of those who had certain expectations from the health service. It was felt that there needed to be an openness of mind to change and ensure a better balance.</p> <p>A Member commented that in their own ward, residents were capable were quite self-sufficient and looked after each other. It was noted that there were strong positive links, church connections and local committees that undertook that role. It was stated that connected neighbourhoods and communities provided a role in supporting what was currently available, in particular, around combating isolation. It was felt that there needed to be more joined up services and better collaboration. It was recognised that there were a number of interfaces and transactions around the individual, and that the Place Plan</p>	

	<p>presented the architecture of how it would be achieved. Members were reminded about some of the initiatives being undertaken out in communities such as 'Well North' in Denaby which were growing self-organising capacity and could be extended to prototypes elsewhere in the Borough.</p> <p>In terms of adhering with data protection (GDPR), it was explained that there was a tiered set of information of protocols and agreements in place as there was a duty of care when delivering that service. It was recognised that challenges existed when commissioning new capacity and sharing information with clients. It was clarified that new providers were expected to evidence appropriate levels of security for handling personal information and the Council would not commission any organisation that was not able to demonstrate that. It was further added that all staff had undertaken mandatory training.</p> <p>Members were informed about an acquisition of a new Case Management System, with which all providers will have to be compliant with and will transfer encrypted information across agencies. Members were also reminded that the Council employ dedicated Information Governance Officers. It was added that there were quarterly SIRO Board meetings where senior officers came together to ensure that all Information Governance Procedures were being adhered to across the Council. The Council also had a Caldicott Guardian who has the responsibility for ensuring that confidential information about people complies with data protection legislation and was shared appropriately outside of the authority</p> <p>Members were provided with assurances that best interest assessments were completed when looking to meet the transfer to supported living needs. It was noted that it was about finding the right solution for those individuals.</p> <p>RESOLVED that the Panel note the report</p>	
6	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2017/18</u>	
	<p>The Panel received the annual report on health protection assurance in Doncaster covering the financial year 2017/18. Areas that were considered as part of the discussion included the following:</p> <p>Members were assured that there would be an investigation as to why some practice areas demonstrated a low take-up. Members were informed that there was an Immunisation Working Group that could tailor the immunisation programme to encourage engagement with certain groups. It was added that Public Health was working closely with NHS England around recommendations set for 2018/19.</p> <p>Members raised concerns around those areas that had diminishing resources. It was explained that results were possibly impacted by</p>	

cultural issues and poor quality of information (passed on by parents). It was recognised that attitudes needed to be changed although good resources existed to support young people within the Councils youth provision. Members were informed that provision such as Children Centres could be used to direct services at parents, children and communities.

It was explained that innovative work was being undertaken within GP practices as part of health inequalities work. This included areas such as having a focus on those children who were less likely to attend an appointment. Potential solutions included practices being more flexible to accommodate patients as there may be issues such as transport for some family that were affecting attendances. It was explained that the intention was to target a small number of patients and find ways of increasing the numbers that needed to be vaccinated. Members were advised that there was a need to expand signposting to certain groups such as 0-5 years through existing avenues which included children's centres, health visitor's initiative as well as members of the travellers and gypsy community who may not be registered (therefore by encouraging wider registration).

It was explained that Public Health was working closely with and supported the NHS England's Immunisation and Screening Coordinator to improve the uptake of MMR vaccination. It was further added that this fits with a national model of working closely with GP practices, communities and Health Visitors to focus on how to identify those kids who were not vaccinated.

It was recognised that pupils and staff within schools were at high risk of flu. It was shared that the Council would like to see schools working towards developing more effective partnerships. Members spoke about the impact of parental choice and the extent to which relevant information can influence uptake rates of immunisation.

It was explained that staff within Care Homes and carers who live at home were vaccinated for free. It was explained that publicity work would commence from September/October 2018 and that it would be marketed through pharmacies and GPs who had direct contact with anyone over 65 and those with long term illnesses.

In respect of stocks of flu vaccines not supplying demand, it was explained that GPs ordered the stock in advance based on the number of the current register and the number presented last year. It was clarified that shortage of vaccines stock was not an issue.

In terms of those groups at risk, Members were informed that the NHS produced a list of all those groups that should be provided with flu vaccinations. It was indicated that the Council identified staff it targeted for flu vaccination as those who had direct contact with customers, on the frontline and those individuals critical for business

continuity (e.g. Directors).

It was explained that there was no connectivity between schools, Public Health and parents around vaccinations as information held with GPs was historical and well-established. It was outlined that in the United States, they have sight of the immunisation status prior to the child being allocated a place at the school, something that was not undertaken within the United Kingdom. It was clarified that parental consent for vaccination of their children was an important factor.

It was clarified that the onus was on the GP practice and whole system to ensure the uptake of flu vaccinations as well as the importance of the 'red book' (personal child health record). Members were informed that the target of 95% was there to ensure that the majority of children were vaccinated and therefore the remaining 5% should be protected. It was shared that it was a challenge to increase the uptake although it had improved. It was explained that information was a good lever for influencing practice.

Concern was raised that smoking rates were quite high at 19% (equivalent to 50,000 people) however, it was reported that prevalence was coming down. Members were pleased to hear that smoking was reducing although not fast enough. It was acknowledged that there were more challenges with adults/older people stopping.

Concern was raised around passive smoking; Members were informed that this was considered as an important issue and that actions had been taken such as not allowing DMBC staff to smoke around the entrances/pillars outside. It was clarified that the declaration to reduce smoking in Doncaster had been signed more recently by the NHS CCG. It was felt that there were good intentions in this area but that it was more difficult to enforce.

Members raised concern about the lag in data and statistics that had been reported on as part of the item. It was explained that information had been reported on for those years so that there could be direct comparisons with other areas indicating trends/variations and whether interventions were working to enable Public Health to target effectively. Members were informed that more recent information for Doncaster was available.

RESOLVED that the Panel;

- a. Note the progress made from 2016/17 to 2017/18 on addressing health protection matters in Doncaster.
- b. Support recommendation to continue work with local partners and to monitor immunisation update, in particular flu vaccinations and MMR.
- c. Support the work of Doncaster Active Travel Alliance, acknowledging the importance of encouraging residents to cycle

	<p>and walk short journeys plays in addressing not only Doncaster's Health and Wellbeing key challenges but the wider benefits to the economy, communities and environment; and addressing air quality.</p> <p>d. Support work on tackling the reduction of smoking in Doncaster.</p> <p>e. Support continued work in monitoring and reporting on progress on broader health protection functions in the borough.</p>	
7	<p><u>TACKLING HEALTH INEQUALITIES IN DONCASTER - AN UPDATE ON THE APPROACH</u></p>	
	<p>The Panel received a presentation on an update on the approach of Tackling Health Inequalities in Doncaster.</p> <p>In terms of Mental Health, Members were informed that this was about accessing the right services and breaking down barriers. It was outlined that this was being done through prevention, identifying those affected, rolling out training being undertaken in the workplace and assessing the impact on people's lives. Members were informed that Public Health offer eLearning training for staff and for all partners in Doncaster within this area as well as training the trainer programme.</p> <p>Members were told that there were lots of policy development and mechanisms in place within the Council. It was explained that messages were being presented that it was acceptable to talk and was about ensuring that those messages are pushed upstream and move what we do out into the communities.</p> <p>In terms of communicating the message, it was felt that society was making a breakthrough around mental health and mental illness and that the stigma was being slowly removed. It was felt that there was a need to acknowledge that modern life was more stressful and difficult and that more responsibility needed to be taken for an individual's own health.</p> <p>Reference was made to veterans who had experienced inequalities as a group and Members were reminded about the positive work that had been undertaken and was still ongoing. Concern was raised about the impact of Post-Traumatic Stress Disorder (PTSD) and its impact on families and friends.</p> <p>Finally, concern was raised around the number of children (1 of 4) in low income families and the differences between living in different parts in Doncaster as well as across England.</p> <p>RESOLVED that the Overview and Scrutiny Panel note the information presented.</p>	
8	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORKPLAN 18/19 - JULY 2018</u></p>	

	<p>The Panel received a report updating Members on the Panels work plan for 2018/19. A copy of the work plan was attached at Appendix A of the report taking account of issues considered at the Health and Adults Social Care Overview and Scrutiny workplanning meeting held on the 11th June, 2018.</p> <p>Reference was made to the recent Allocation Panel - Members Briefing which took place on the Monday 25th June 2018. The Panel was told how this had proven to be very informative and had taken place to partially address Members concerns that the actual Allocation Panel meeting were operating efficiently and effectively.</p> <p>RESOLVED that the Panel note the Health and Adult Social Care Overview and Scrutiny Workplan 18/19 - July 2018 update.</p>	