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## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 15TH MARCH, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007 B - CIVIC OFFICE, DONCASTER on WEDNESDAY, 15TH MARCH, 2017 at 10.00 AM

#### PRESENT:

Chair - Councillor Rachael Blake

Councillors Cynthia Ransome, George Derx, Sean Gibbons and Pat Haith

Invitee: Lorna Foster (Unison)

#### ALSO IN ATTENDANCE:

##### DMBC Officers

Victor Joseph - Consultant in Public Health

Michelle Black - Specialty Registrar in Public Health

Carys Williams - Public Health Improvement Officer

Dee Colam – Interim Head of Service, Adults Health & Wellbeing

Debbie John-Lewis – Head of Service, Intermediate Care

##### External

Jackie Pederson - Chief Officer, Doncaster Clinical Commissioning Group

Debbie Aitchinson - Doncaster Intermediate Health and Social Care Project

Mr Avery – Tunstall Healthcare

##### Other Councillors

Councillor Iris Beech

#### APOLOGIES:

Apologies for absence were received from Councillors Elsie Butler, Jessie Credland and Linda Curran

		<u>ACTION</u>
28	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Elsie Butler and Jessie Credland.	

29	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
30	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 2ND FEBRUARY, 2017</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 2nd February 2017 was agreed as a true record	
31	<u>PUBLIC STATEMENTS</u>	
	<p>There were three public statements</p> <p>Mr Doug Wright referred to the Intermediate Care on the Panel's agenda, he stated that although health services were doing their best under present circumstances there were a number of areas of concern which included: -</p> <ul style="list-style-type: none"> <li>• the need to make up the identified shortfall of £571m regionally, and £139.5m in the case of Doncaster;</li> <li>• the appointment of strategic partner Ernest Young to help shape and co-produce the Place Plan;</li> <li>• the need for improved communication and engagement to increase public awareness of the STP proposals.</li> <li>• why rapid response to falls pathway opened to Yorkshire Ambulance Service falls service was only operating 8am – 8pm 7 days per week and wasn't a 24 hour service similar to at Sheffield.</li> </ul> <p>Mr Wright was informed that responses would be provided as part of the meetings discussions.</p> <p>Mr Tim Brown referred to the Black and Minority Ethnic (BME) Health Needs Assessment which was out of date and stated that he had been asking for this for over 13 years. Mr Brown felt that the statutory providers were failing to monitor BME outcomes and experiences. Mr Brown added that he had a parent in his 80's and stressed that his family had contributed to the NHS for over 200 years, including his sister being a Senior Midwife, yet needs of BME groups and the nine characteristics were not being accounted for. Mr Brown concluded by saying that he would be attending the Health and Wellbeing Board the following day when the BME Health Needs Assessment would be considered as part of the agenda.</p> <p>Finally, a member of public also referred to the BME Health Needs Assessment and commented that there needed to be wider and more engagement with BME communities and groups. He also felt that further information was needed on where data was being captured</p>	

	from and whether this included BME communities.	
32	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2016/17.</u>	
	<p>Members were presented with an annual report on health protection in Doncaster covering the financial year 2016/17.</p> <p>It was explained that the responsibilities of Local Authorities for Public Health functions (including health protection) since 1 April 2013 have been underpinned by legislation under the Health and Social Care Act 2012.</p> <p>The Panel was informed about progress from 2015/16 to 2016/17, in addressing health protection matters in Doncaster including recommendations that had been made in the 2015/2016 annual report.</p> <p>There was a discussion in reference to one of the recommendations, to 'address air quality in Doncaster wards'. Members raised concerns about a number of areas including the following and the Consultant for Public Health offered to provide further information on each area.</p> <ul style="list-style-type: none"> <li>• Members spoke about National Clean Air Day taking place in June and asked what was taking place locally to support this. Members were informed that this coincided with National Walking Month taking place in May.</li> <li>• A Member raised concern about issues concerning a number of vehicles and lorries within their ward area of Sprotborough (such as in Hickleton) and requested more information on how air was being monitored in their ward.</li> <li>• Members raised a number of concerns around air quality outside of school premises. The main issue was in relation to parents securing car parking spaces just to remain there with the car engine running until school started. Members were informed about active travel plans in place to encourage parents and school children to consider other alternatives such as walking to school. It was recognised that this will also encourage more physical activity which has its own benefits as well as reducing transport emissions and thereby contributing to improved air quality. It was commented that the monitoring equipment could be costly, however, Members felt that knowing the results of air monitoring outside schools could make a positive impact on parents.</li> <li>• Members were informed about the Doncaster Active Travel Alliance, established by the Public Health Team of whom the Council's air quality officers are active members. It was explained that the purpose of Doncaster Active Travel Alliance was to bring</li> </ul>	

together partners to work collectively to increase and promote active travel across Doncaster. Members questioned whether the best range of people was on the group and whether it should involve representatives from the business sector

In respect of taxis, it was questioned whether more could be done to encourage taxi drivers to use more environmentally friendly vehicles.

### Smoking

There was a discussion around smoking (protection of the public from harm of tobacco) which was identified as an area of health improvement that overlapped with health protection. Members were informed that although smoking was a major Public Health problem in Doncaster, improvements were being made. It was acknowledged that the prevalence rate of smoking was decreasing although still significantly higher than that seen in England. Members were also told how Doncaster was also significantly higher than the national average for women smoking at the time of delivery. It was acknowledged that more could be done around this area.

There were comments around the increasing use of e-cigarettes especially with young people. Concern was also raised about the increasing number of e-cigarette shops opening and one Member of the Panel reported that three were operating in their ward area.

### Vaccinations

It was reported that Doncaster generally performs well in relation to vaccines and immunisations although there was scope for improvement. It was noted that Doncaster being better or similar to national targets in 14 out of 18 indicators.

The recommendations and areas of focus for 2017/18 were outlined to Members seeking their support. In relation to immunisations, a recommendation was to continue to work with local partners to monitor in particular the uptake of flu vaccinations and MMR. It was commented that the uptake of flu vaccinations in relation to health and care workers needed to be widened to incorporate Council staff, care homes, and primary care staff and not just for hospital staff as it is the case currently. It was agreed by the Panel as an additional recommendation.

In respect of population vaccination coverage, for shingles (70s), it was explained that this is being rolled out gradually to those aged over 70 years

### Other Areas

Other areas that were discussed included that: -

	<ul style="list-style-type: none"> <li>• Doncaster was meeting the national target for detection of Chlamydia (green indicator)</li> <li>• Cancer screening coverage for breast cancer where Doncaster value was performing significantly better than England average (green indicator)</li> <li>• It was noted that further work was needed to ensure uptake of vaccines for travellers and asylum seekers – particularly ensuring all details are captured at registration with GP practices.</li> </ul> <p>RESOLVED that the Panel;</p> <ol style="list-style-type: none"> <li>1. Note the progress made from 2015/16 to 2016/17 on addressing health protection matters in Doncaster;</li> <li>2. Support the following recommendations in relation to Air Quality: <ol style="list-style-type: none"> <li>i. The Directorate of Regeneration and Environment working in conjunction with Public Health Team will explore the possibility of monitoring PM 2.5 and work to reduce the emission and ambient concentrations of PM2.5 in Doncaster.</li> <li>ii. Continue to progress the work of Doncaster Active Travel Alliance.</li> <li>iii. Establish an air quality Steering Group with respect to producing and progressing the Council’s air quality action Plan.</li> </ol> </li> <li>3. Support the following recommendations in relation to immunisations: <ol style="list-style-type: none"> <li>i. Continue to work with local partners to monitor in particular the uptake of flu vaccinations and MMR.</li> </ol> </li> <li>4. Support continued work in monitoring and reporting on progress on health protection indicators in the borough.</li> </ol> <p>And in addition to recommend that consideration is given to:-</p> <ol style="list-style-type: none"> <li>5. The reporting and monitoring of the uptake of flu vaccinations to be widened to incorporate Council staff, staff working within care homes, and primary care staff.</li> <li>6. The monitoring of air quality outside school premises.</li> <li>7. Cabinet and the Planning Committee to assess the licensing of e-cigarette shops within Doncaster.</li> </ol>	
33	<u>INTERMEDIATE HEALTH AND SOCIAL CARE SERVICES IN DONCASTER.</u>	
	The purpose of this report and presentation was to provide Members with an update and progress report on the developments in	

Intermediate Health and Social Care Services in Doncaster since the last update was presented in November 2016

A presentation was provided to Members who were reminded how Intermediate care was about delivering a short burst of extra care and rehabilitation outside hospital to help people recover and regain their independence as quickly as possible. Examples explained how support could be provided in a number of situations such as when an older person has an illness which can be treated at home rather than hospital.

#### Rapid Response to Falls Pathway – opened to Yorkshire Ambulance Service.

Members were updated on the progress that had been made with rapid response to falls pathway which had been running for just under two months. It was explained that initially the service was available between 8am-8pm, 7 days a week while it becomes established. It was added that the aim was for this service to ultimately be running on a 24 hour basis.

Members discussed the number of benefits that this service provided such as speedy access to a multi-agency assessment and access to equipment and technologies.

Members were taken through a case study of a lady called Joan who fell and her neighbour who called 999. The case study explained what would have happened previously and what happened instead following changes that had been made through the intermediate care programme.

#### Partners

Members were told how an increasing number of partners were coming on board. Members were informed how, for example, the Fire Service was now doing a fall service when they did prevention visits.

#### Public Engagement

Members were told how one of the gaps identified when the service was reviewed was that BME groups were under represented in those who access intermediate care. It was also recognised that the profile of older people was changing in Doncaster and becoming more diverse which will require services to be more inclusive. Therefore a specific piece of work called 'designing for diversity' had been initiated which will aim to engage specifically with people from BME groups in Doncaster and involve them in designing a service that will better meet their needs now and in the future.

Members were informed about a Co.Create event taking place on the

	<p>30<sup>th</sup> March 2017 when Doncaster CCG and Co.Create would be staging an opportunity for members of the public to take part in a live co-design event. It was outlined that this would aim to help ensure that older people who fall at home receive the best and safest care.</p> <p><u>Staff</u></p> <p>Members were informed how positively staff had engaged with the changes which had been taken forward at a really fast pace. It was added that although there were still challenges, there had been positive responses to a recent survey of staff experience with the majority of ratings being good or very good.</p> <p><u>Next Steps and Phased Expansion</u></p> <p>Finally, Members were taken through the proposed next steps and phase expansion plans alongside timelines. Members expressed an interest in receiving an update at a future meeting.</p> <p>Members acknowledged how changes were being made to intermediate care that will make a significant difference to residents and form the blueprint for the Place Plan. It was recognised that this was a significant piece of work and a real opportunity for a new model of provision.</p> <p>RESOLVED that the Panel note the report and information presented and that an update be provided at a future meeting as part of the 17/18 workplan.</p>	
34	<p><u>OVERVIEW AND SCRUTINY WORK PLAN 2016/17 UPDATE</u></p>	
	<p>It was agreed for a more detailed discussion to take place at the next meeting which will be the first of 2017/2018.</p> <p>There was a brief discussion regarding potential new work items.</p> <p>RESOLVED that the workplan be noted and the following items be considered when developing the 2017/18 Workplan, these included:</p> <ul style="list-style-type: none"> <li>i. End of Life Care</li> <li>ii. Carers</li> <li>iii. Residential Homes</li> </ul>	
35	<p><u>"YOUR LIFE LOCAL" COMMUNITY LED SUPPORT (CLS).</u></p>	
	<p>The purpose of the report and demonstration was to provide Members with an overview of initiative "Your Life Local" Community Led Support as part of the Adults, Health and Wellbeing Transformation Programme.</p>	

	<p>A demonstration was provided by Tunstall Healthcare who delivers pioneering technology enabled care services and new models of care to support older people and those with long-term needs which improve outcomes, support prevention and achieve better use of resources.</p> <p>Members were pleased to what progress had been made in community led and the opportunity to review the different products available.</p> <p>RESOLVED That;</p> <ol style="list-style-type: none"><li>1. The information provided be noted; and</li><li>2. This item and presentation be included on the draft work plan 2017/18 for further consideration alongside a potential visit for Members and Officers to “Mary’s flat”.</li></ol>	
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