

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY PANEL

29th JULY, 2015

A MEETING of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE, DONCASTER on WEDNESDAY, 29th JULY, 2015 AT 2.00PM

PRESENT:

Chair – Councillor Tony Revill

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

Also in attendance:

Councillor Pat Knight, Cabinet Member for Public Health and Well-being

Gary Jones, Head of Adult Commissioning and Contracts

Michaela Pinchard, Head of Modernisation and Improvement

Louise Robson, Public Health Specialist

Jackie Wiltschinsky, Assistant Director Public Health

APOLOGIES:

Apologies for absence had been received from Councillor Cynthia Ransome and Lorna Foster, UNISON.

		<u>ACTION</u>
1.	<u>DECLARATIONS OF INTEREST</u>	
	There were no declarations of interest.	All to note
2.	<u>MINUTES OF THE MEETING HELD ON 24th MARCH, 2015</u>	
	Resolved that: the minutes of the meeting held on 24 th March, 2015 be agreed as a correct record and signed by the Chair.	All to note
3.	<u>PUBLIC STATEMENTS</u>	
	There were no public statements.	All to note
4.	<u>PRESENTATION – HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME UPDATE</u>	
	The Panel received a presentation from Gary Jones,	

	<p>Head of Adult Commissioning and Contracts and Michaela Pinchard, Head of Modernisation and Improvement relating to the Councils single approach to Adult, Health and Social Care transformation and the Care Act.</p>	
	<p>Members were informed that the Health and Adult Social Care Transformation programme would support people to maintain their independence for as long as possible with personalised and appropriate support services being addressed. Members noted the following:</p> <ul style="list-style-type: none"> • 3 Key outcomes and key activities; <ul style="list-style-type: none"> Outcome 1 – people are independent with good health and wellbeing; Outcome 2 – When in need of care and/or support, it is personalised, flexible and appropriate; Outcome 3 – when people are in urgent need or crisis, there will be responsive, effective services that meet their needs. • The Challenge; • What success would look like; • What will be different for local people, services and providers and the workforce; and • With regard to the Care Act, the Council was in a good position in relation to implementation of the 2015 reforms but with more work to do to embed and re-profile plans, as a result of the Government’s announcement regarding the 2016 reforms. 	
	<p>Following the presentation Members addressed the following issues:</p> <ul style="list-style-type: none"> • Vulnerable people who live alone and have no support – concern was expressed that there were vulnerable people without families to assist with ensuring the correct care package was put in place. It was noted that support needed to be encouraged from the community, neighbours and not just statutory agencies. Resources also needed to be redirected differently to ensure the community was involved to the correct extent; • Well-being Officers – these posts had been rolled out over the last couple of years to offer guidance and support. Staff training was highlighted as important to ensure they encourage the older community to be active contributors. Councillors 	

	<p>sought assurances that people were not falling through gaps in service and all possible connections made;</p> <ul style="list-style-type: none">• Rescript work – the programme addresses what the older community could achieve and not what they cannot do, but to encourage the independence agenda;• Access to information – this was identified as a challenge with a mix of information provision required from modern technology to traditional paper information;• Domiciliary Care – it was noted that checks and balances undertaken on how domiciliary care was delivered, required consideration, however it was noted that there were not enough staff to constantly monitor and had to rely on providers to quality check. It was noted that some providers wait for an Inspection to tell them what is wrong with the service provision rather than being more proactive;• Dementia – risks with people remaining at home were recognised, however, it was noted that the majority of people wished to remain in their own home as long as possible. It was acknowledged that it could be safer for a person to remain at home, with the correct care package and technological assistance, rather than going into long term care too early; The risk assessment for all people with dementia was critical, to ensure discussion with families provided a balanced care package;• Re-enablement programme – activities were key to making a person more independent and more investment was being provided to this service together with Health;• Telecare – the take up of technology had improved but it was still not as good as it could be. Further training and improved knowledge of products with professionals was required and work with Health colleagues was being undertaken to promote the service. The Cabinet Member for Public Health and Wellbeing reported that she had recently made an advertisement with Trax FM and the Free Press to promote, due to the low uptake; and• Well North Project – this issue was to be considered later on the agenda, however, the Cabinet Member outlined work being undertaken in Denaby Main. She stressed that the project, with community drive, had assisted with the	
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	<p>provision of a café in the village, as it was highlighted through community consultation that there were no facilities available where people could just simply meet and have a drink.</p> <p>The Panel concluded that it supported people living at home independently and be enabled to do so as much as practicable.</p>	
	<p><u>Resolved</u> that:</p> <ol style="list-style-type: none"> 1. The presentation be noted; 2. Leaflets relating to Telecare be placed in each Members pigeon hole in the Member's Support area; and 3. The latest Telecare figures be provided to Members. 	Director Health and Adult Social Care
5.	<p><u>REFRESH OF DONCASTER HEALTH AND WELLBEING STRATEGY 2015-20</u></p>	
	<p>The Panel considered the draft refresh of the Joint Health and Well-being Strategy 2015-20.</p> <p>It was noted that the Strategy now had four separate themes, as follows:</p> <ol style="list-style-type: none"> 1. Wellbeing; 2. Health and Social Care Transformation Programme; 3. Areas of Focus; and 4. Reducing Health Inequalities. <p>A Member stressed that he was concerned there was no mention of drug abuse and NPS (legal highs) in the crime and disorder section, and due to its prevalence wished for it to be make more explicit.</p> <p>With regard to Well North, it was noted that this was a Public Health England led approach with Doncaster being one of the pilot sites. The pilot takes a social approach to reducing health inequalities, with Denaby Main being the first site allocated for an enquiry following detailed analysis. Members noted the discussion in the previous agenda item.</p> <p>The Cabinet Member for Public Health and Wellbeing stressed that the document was out for consultation and encouraged all Scrutiny and Member input. She also highlighted the partner membership on the</p>	

	<p>Health and Wellbeing Board and that Overview and Scrutiny was always welcome to attend the bi-monthly workshops.</p> <p>A Member of the Panel requested information relating to the Liverpool Pathway, which the Senior Governance Officer said she would investigate.</p>	
	<p><u>Resolved</u> that the Strategy Refresh be supported and consideration be given to including additional information relating to drug abuse and NPS (legal highs).</p>	Director Health and Adult Social Care
6.	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2013/14</u></p>	
	<p>The Senior Governance Officer and Director of Health and Adult Social Care highlighted progress with the work plan and themes for consideration throughout 2015/16.</p> <p>The Chair updated the Panel on work with the Joint Health Overview and Scrutiny Panel for Yorkshire and Humber, particularly with regard to the Children's Cardiac Surgery.</p>	
	<p>Resolved that: the report be noted.</p>	Senior Governance Officer