DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 23RD SEPTEMBER, 2015

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on WEDNESDAY, 23RD SEPTEMBER, 2015 at 10.00 AM

PRESENT:

Chair - Councillor David Nevett

Councillors Rachael Blake, Jessie Credland, George Derx and Sean Gibbons

ALSO IN ATTENDANCE:

Rupert Suckling - Director of Public Health
Pat Higgs - Assistant Director of Adult Social Care

		ACTION
8	NOMINATION OF CHAIR	
	In the absence of the Chair and Vice Chair of the Health and Adult Social Care Overview and Scrutiny Panel, nominations were sought for the position of Chair for the duration of the meeting. **Resolved that:** Cllr Nevett be appointed as Chair for the duration of the Health and Adult Social Care Overview and Scrutiny Panel meeting on the 23rd September 2015.	
9	APOLOGIES FOR ABSENCE.	
	Apologies for absence were received from Councillors Tony Revill, Cynthia Ransome, Elsie Butler and Linda Curran	
10	DECLARATIONS OF INTEREST, IF ANY	
	There were no declarations of interest made.	
11	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 29TH JULY, 2015.	
	Resolved that: the minutes of the meeting held on 29th July, 2015 be agreed as a correct record and signed by the Chair.	
12	PUBLIC STATEMENTS	

	A statement was made by Mr. Tim Brown. Mr Brown referred to recently attending a Health and Well-being Board meeting that took place on the 3rd September 2015. Mr Brown told the Panel that he had listened to how it was challenging to engage with BME groups. Mr Brown stated that he welcomed the honesty of such comments as it established a baseline to be able to move forward and build upon. Mr Brown commented that it was about understanding meaningful engagement with citizens across Doncaster and acknowledged that other public authorities were struggling to engage with BME and other minority groups such as LGBT. Clarification what sought of what were the biggest H&WB issues and what was role of group to address specific issues? A Member of the Panel asked Mr Brown how the Health and Wellbeing Board did not engage with BME groups. Mr Brown responded that he was the last Chair of Doncaster BME that the Council used to engage with BME but that the infrastructure had been cut including the BME Community Forum and Community Partnership. Mr Brown commented that these groups demonstrated good practice and without them there was a massive gap. The Chair addressed Mr Brown and assured him that as Councillor he was open to all residents of Doncaster within BME communities and would treat everyone the same. This was reiterated by other Members of the Panel. Mr Brown continued to state that he was a tax payer and that his son wasn't able to get an apprenticeship. It was added that services within the public sector did not meet individual's needs under equalities.	
13	<u>PUBLIC HEALTH SELF-ASSESSMENT/PUBLIC HEALTH COMMISSIONING.</u>	
	Dr Rupert Suckling, Director of Public Health attended the Panel Meeting and explained that the Public Health function had undertaken a self-assessment using the Sector Led Improvement methodology designed across Yorkshire and the Humber. Members were informed that the Directors of Public Health in Yorkshire and Humber have worked together to design a Sector Led Improvement approach to assurance aligned with the approaches that already happen across adult social care and children's services. It was explained that the Sector Led improvement approach consists of a self-assessment exercise followed by a peer visit. The self-assessment approach covers 6 areas of practice • Health improvement • Health protection • Healthcare public health	

	• Knowledge and Intelligence • Capacity building • Governance and systems Members were informed that of the above, each area was self-assessed into one of three categories 'basic', 'developing' or 'excellent'. It was reported that the majority of areas within the self-assessment had been rated as 'developing' with 5 areas rated as 'basic' and 5 as 'excellent'. It was explained that a draft action plan has been proposed which will be updated following the meeting today and consultation with partners. It was outlined that the 5 areas that were rated as 'basic' included; 1. Ensuring the public health function could demonstrate it was embedded across the council and was used effectively and could demonstrate impact Members were reminded that all Councillors had been sent information about senior roles and responsibilities within Public Health alongside a public health directory. 2. Ensuring the public health function could demonstrate it was embedded across the Clinical Commissioning Group (CCG) and was used effectively and could demonstrate impact Members were informed that this was being undertaken, in particular, in some areas where less health improvements can be seen. It was noted that inequality targets are to be agreed with the CCG. 3. Joined up community engagement and community development with partners It was commented that we need to look at how we take forward community engagement as a single process instead of multiple processes. 4. Ensuring there were embedded clinical governance approaches It was added that the local authority was responsible for community clinical services but that changes were being made nationally within the NHS. 5. The need for a public health audit programme The following issues were raised as part of the discussion: -	

	Drugs and substance misuse – A Member of the Panel who carried out voluntary work in this area, raised the issue of users who had to wait 6 weeks before entering onto a programme and asked whether this time could be reduced. The Director of Public Health offered to look into this outside of the meeting.	Director of Public Health
	Health Inequalities – A Member commented that we had a basic understanding of what was in our own communities. It was suggested that the Council needed to be more strategic and that there were institutional issues that needed addressing. It was felt that the Council's workforce does not represent its communities. The Director of Public Health responded that there was a new Health and Wellbeing Strategy and it would be useful to have a strategic focus. It was added that although we understand a lot, we don't always join it up and it was about looking at how we perform on public outcomes.	
	Understanding of Public Health – It was put forward that there was little understanding about our communities. A Member noted that before becoming a Councillor, they were an Area Manager at the Council between 2009 and 2013 and was aware of staff that had excellent knowledge about the communities they worked within. Clarification was sought about how such knowledge was built into the public health function. It was commented that Members have a huge role within communities and that the Scrutiny Panel has a significant role itself in taking this forward, in particular, in view of increased demands on care. It was later noted that more scrutiny of public health could be carried out. In respect of the Health and Wellbeing Board and its relationship with scrutiny, Members were informed that meetings with the Chairs or both groups would continue to meet and there could be further joint workshops held. It was commented that training would be beneficial in developing this further.	
	In respect of utilising Neighbourhood Managers, it was noted that there were a number of other approaches in place within Community Teams such as Wellbeing Officers. It was acknowledged that there needs to be a more consistent in its approach	
	Regarding the Health and Wellbeing bus, Members were informed that this was under RDaSH and had been decommissioned. The Director of Public Health offered to check this information outside of the meeting.	Director of Public Health
	Transfer of Public Health - A Member felt that how public health works was disjointed. In respect of engagement, clarification was sought on how the Council engages with BME groups and communities. It was also queried how prepared we were in respect of the potential influx of refugees. It was noted that a response could be provided outside the	Head of Service (Communities)

	meeting. Training and Development Opportunities - Members were reminded how the transfer of Public Health teams had initially been transferred as a standalone directorate but had since moved to be a part of the new Adults, Health and Wellbeing directorate. Members were informed that conversations were now taking place with Neighbourhood Managers and Elected Members about how certain meetings could benefit from a public health presence. In respect of Member training, the Panel was informed that the Royal Society for Public Health had a training offer made available at 6 locations outside of Doncaster. The Director of Public Health informed Members that obtaining a local offer depended upon the level of enthusiasm generated through Members. Members of the Panel commented that it should be central and expressed an interest in this training being offered locally. It was stated that the minimum number was around 5/6 although this needed to be verified and Members interest in the training confirmed. Action Plan – in respect of the action plan, Members were reminded that this was in draft and that a fuller response could be provided later. In respect of monitoring the action plan, Members were informed that that this would be undertaken through the Corporate Plan, that there was a self-assessment visit scheduled for 2016 and also that scrutiny could hold it to account. A Member commented that it would be helpful if the plans were not too long. **Resolved that:** i. The presentation be noted; ii. Action Plan and business plan to be brought back at a later date.	
13	PERSONALISATION/DIRECT PAYMENTS - CONSIDERATIONS OF ACTIONS TO PROMOTE GREATER PERSONALISATION AND DIRECT PAYMENTS.	
	The Assistant Director for Adult Social Care attended the meeting and gave a presentation outlining the following: - • What is a Direct Payment? • Why increase Direct Payments? • Activity to date? • Benefits As part of the discussion the following issues were raised: - Low take up of Direct Payments in Doncaster - Within the presentation, the Panel was informed that the take-up of Direct Payments in	

	Doncaster was low and at the end of March 2015, 355 people were in receipt of a Direct Payment which amounted to 17% of those who were eligible. Members were informed that there was an improvement plan now in place and this figure has since increased to over 20% and that there was a target of over 24/25%. It was acknowledged that other areas were way ahead and that Doncaster was behind regionally and nationally. Members were informed that reasons behind the low take-up included; • that the scheme was not publicised enough • that there were cultural issues within the workforce, scheme needs to be promoted. • the effectiveness of payment systems and processes. • obstacles within the full work flow i.e. too much paperwork. • that payment process taking too long to establish. • relationship with the third sector. <u>Time taken to set up direct payments</u> – it was commented that direct payments took some time to set up and that the process was quite slow. Members were informed that the challenge was the time taken to set up the payment mechanism in the first place, but once it had been established then it ran more smoothly. I Members were informed that a 'mixed pack' of direct payments could be provided which included paying for care packages as well as support services. An organisation called Purple Patch Art (an art therapy centre) was used as an example of a less traditional service, attended by a service user who liked going to day services but in particular, enjoyed attending their sessions. <u>Closure of Social Education Centres</u> - There was a brief discussion about service users who, following the closure of Conisborough SEC (Social Education Centre) now access Mexborough Day Centre, which was attended by mainly older people with greater needs. Members were informed that there was a move forward to separate units becoming more joined up. Members were informed that carers had been working well within a mixed service but there was a challenge for staff undertaking more outreach work. It was noted that transport had been an issue. It was commented that direct payments also supports those with more complex physical disabilities. Members were informed that closing social education centres had not helped and a challenge coming out of 'rationalisation' had been identifying alternative external organisations. It was reported that there are around 600 individuals who access day services and there were opportunities for new organisations to establish. In relation Conisborough SEC, a Member requested that before it is sold that the raised beds outside the property are relocated elsewhere	Assistant

	in Conisborough. The Assistant Director for Adult Social Care stated that this he would organise for someone from the Asset Board to make contact. <u>Provision of Advice and Information</u> - Members were also informed that there was a challenge in respect of the provision of information and advice about what is out there. It was added that it was about connecting with the right people and that a directory of opportunities wasn't readily available at this time. Members were informed that New Horizons had been commissioned to produce a directory and that although CVS already had one, they were both different. An explanation was provided to Members about the difference between New Horizons and CVS. It was later acknowledged that some kind of mechanism was needed to communicate this information. A Member commented that it was an excellent opportunity to engage with the third sector, to market direct payments and social prescribing but that it needs to be more joined up. Reference was made to GISMO, an online tool to search for voluntary, community and faith sector groups in Rotherham. <u>Improving Take-Up of Direct Payments</u> - Members were informed that the following steps were being taken to improve the take-up of Direct Payments. • Use of instant access cards as a payment mechanism • Training and improving working relations • Money management from third sector with support from other organisations. Clarification was sought on how well individuals understand direct payments. It was commented that individuals understood personal budgets and direct payments is a way of bringing in a cash value. It was explained that there were some rules (such as no gambling) but money could be used for activities such as crafts, lunches or going to football or the races. In respect of the Councils budget, the Panel was informed that the budget was £12 million which included day care and home care. It was commented that only a small percentage of the £12million was allocated for direct payments. Concern was raised about those people whose health might deteriorate without anyone noticing. In terms of monitoring the standard of care, Members were informed that reviews were carried out to check that an individual's care needs were being met and to ensure that money was being spent properly on person providing care. A Member requested for more information around profiles of those who were accessing direct payments and would e-mail the Assistant Director for Adult Social Care outside of the meeting	Director of Adult Social Care

	Resolved that i. the Panel note the report and the actions being taken to continue to develop personalisation and direct payments to service users. ii. there needs to be more interaction with Members in their communities and wards.	
14	HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2015/16.	
	The Senior Governance Officer highlighted progress with the work plan and themes for consideration throughout 2015/16. Updates in the workplan were provided which included the addition of a Joint Meeting with Children and Young People and Health and Adult Social Care Overview and Scrutiny around sexual health and signposting. It was explained that this meeting would focus on young people. A Member commented that one group that this impacted on in particular were over 50's with increase in divorce and separations. It was noted that this could be a potential idea for the 2016/17 workplan if Members wanted. In respect of the Yorkshire Ambulance Service, the Senior Governance Officer explained that following a CQC inspection that was undertaken in January 2015 a report had been published in August 2015. It was added that a discussion had taken place that although local authority overview and scrutiny committees were included as a key stakeholder in this process, given the geographical area covered by the Trust, Wakefield Council would lead from a scrutiny perspective. It was reported that it is planned that Wakefield Council will receive and monitor the Trusts action plan, with the input from the Chairs' of other local authority overview and scrutiny committees. Members of the Panel agreed that this was a sensible way forward but sought clarification in how they would be able to input from a local perspective and what would be the impact. Members were informed that as a Panel they would be able to channel any concerns and questions through the Chair who would then represent the Panel at the meeting. **Resolved that: -** i. the Panel note the workplan and updates provided. ii. the Panel agree that Wakefield Health Overview and Scrutiny Committee would lead from a scrutiny perspective; and iii. that there will be a mechanism in place to ensure that Doncaster's Health and Adult Social Care Overview and Scrutiny Panel Members are able to maintain an ongoing dialogue, are able to raise concerns and issues at a local as well as regional level.	
