

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 25TH NOVEMBER, 2015

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007A - CIVIC OFFICE, DONCASTER on WEDNESDAY, 25TH NOVEMBER, 2015 at 10.00 AM

PRESENT:

Chair - Councillor Tony Revill

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

ALSO IN ATTENDANCE:

Roger Thompson, Chair of the Doncaster Safeguarding Adults Board  
Angelique Choppin, Safeguarding Adults Team Manager  
Anne Graves, Head of Safeguarding Adults and Partnerships  
Clare Henry, Public Health Specialist  
Rupert Suckling, Director Public Health  
Pat Higgs, Assistant Director, Adults and Communities  
Theo Jarrett, Team Manager, Business Improvement

APOLOGIES:

Apologies for absence were received from Councillor Cynthia Ransome.

15	<u>APOLOGIES FOR ABSENCE</u>	
16	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
17	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 23RD SEPTEMBER, 2015</u>	
	<u>RESOLVED</u> that: the minutes of the meeting be agreed as a correct record and signed by the Chair.	All to note
18	<u>PUBLIC STATEMENTS</u>	
	Mr Brown a Doncaster resident stated that he was attending again as a member of the public, parent, son and father and explained that at the last meeting he asked what the Health and Well-being Board and Overview and Scrutiny were doing to help with Black and Minority Ethnic (BME) inequality. He said he had received a letter from Jo Miller, Chief Executive that reiterated national data but it did not address what Doncaster was doing.	All to note

	<p>He wished to put it into context, and explained that people from BME communities were dying earlier than their white counterparts, and that for the Local Authority to do nothing, and hoped the Panel would agree, that it was tantamount to corporate criminality.</p> <p>He stressed that the Scrutiny Panel was due at this meeting to consider a report by Roger Thompson, Chair of the Adult Safeguarding Board, referring to questions asked to the Health and Well Being Board and asked “what the Local Authority is doing for people who look like me”. He explained that he had received a letter from the Deputy Mayor in response to the questions, but in his opinion Doncaster MBC has not got an Engagement and Inclusion Plan. He continued to state how could it be that a public authority does not have the framework to engage with its citizens.</p> <p>He continued by stressing that at the last Health and Well-being Board the Director of Public Health acknowledged that there was a gap in intelligence and questioned if one of those was BME.</p> <p>He concluded by stating that he shouldn’t have to attend these meetings to raise such issues, it costs him money and it was a disgrace that the Local Authority and partners were failing the Borough and would like to see actions not words.</p>	
19	<p><u>DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014-15</u></p>	
	<p>Roger Thompson, Chair of the Safeguarding Adults Board highlighted to the Panel, actions since the publication of the Board’s Annual Report, including:</p> <ul style="list-style-type: none"> <li>• The New Care Act that came into force on 1<sup>st</sup> April, enabling the Safeguarding Board to become a statutory body for the first time. This was welcomed by the Board, however there were added implications that the Board had risen to and was addressing. One of the key areas contained in the act was making safeguarding personal to help vulnerable people whilst ensuring carers were taken into account.</li> </ul> <p>This meant that a cultural change in the way staff worked in the community, and area that had been given a lot of attention since the introduction of the Act.</p> <ul style="list-style-type: none"> <li>• Prisons – the Offender Management Service was the body that is responsible for Safeguarding however, it was the responsibility of the Safeguarding Board to monitor this. It was noted that there were representatives from the Prison Service on the Safeguarding Board, with a major piece of work being undertaken on this issue, particularly looking at responsibilities.</li> </ul>	

- South Yorkshire Procedures - a piece of work was being undertaken to ensure there were common procedures across South Yorkshire which would be agreed by all bodies, for example, local authorities, health, Police and Probation.
- Peer Review – the report had not been received by the date of the meeting, however, feedback had been received that there were areas that required improvement but praise for some of the services in Doncaster, for example, engagement with vulnerable people and their representatives.
- Keeping Safe Event – This conference had been held the previous week. The South Yorkshire Police and Crime Commissioner had commented that it was the only one that had been arranged in South Yorkshire to date, and in his opinion an excellent forum.

The Chair thanked Mr Thompson for the information and the Panel then raised the following issues:

Community Engagement – the Panel was pleased to hear about the engagement through the keeping it safe event and that good practice needed to be shared.

Actions – It was confirmed that the Annual Report outlined a 3 year plan, this being year 2, and therefore the actions detailed as amber should be achieved and showing as green by the end of year 3.

Sanctions by the Safeguarding Board – if timeliness of referrals were not achieved or standards not being met, the Chair of the Safeguarding Board had the ability to address the situation with the Chief Executive or Director of organisations, where concerns could be addressed.

Non-attendance at Safeguarding sub group meetings – It was confirmed that the Chair of one of the groups had not been attending but this was due to them no longer working for the Authority and that person had been replaced. Members were reminded that the Annual Report was for the period 2014/15 and many changes had taken place following its publication.

Incidents of Abuse – The Panel requested that the wording with regard to incidents on page 251 be clarified as incidents of abuse were different for everyone.

It was confirmed that there had been an increase in awareness of what abuse is, which was due to a campaign highlighting ways that people could be abused. A short film had been used to address this in different public arenas in health and the local authority, through customer services, the website and leaflets. Concern was expressed that no matter how much awareness raising was undertaken it was the

	<p>hard to reach vulnerable people in the community but to support this staff had been receiving mandatory training to help find these people and how to make decision about any concerns they have. It was noted that all agencies have a responsibility to identify members of the community who may be vulnerable.</p> <p>A Panel Member, to reassure Mr Brown, proposed that Scrutiny consider the issues of engagement with the BME sector in relation to Adult Safeguarding.</p> <p><u>RESOLVED</u> that:-</p> <ol style="list-style-type: none"> <li>1. The Annual Safeguarding Report be noted; and</li> <li>2. Scrutiny add to it's work plan for 2016/17 the issue of engagement with the BME sector in relation to Adult Safeguarding.</li> </ol>	Senior Governance Officer
20	<u>HEALTH ON THE HIGH STREET</u>	
	<p>The Panel considered a report relating to the important role a High Street can have on the health and wellbeing of individuals and communities. It was noted that a recent report by the Royal Society for Public Health (RSoPH) had ranked Doncaster in the top 25% of healthiest retail areas. Members wished to receive information about which street had been assessed, to compare to all streets across the borough, but unfortunately RSoPH no longer held the data. It was also highlighted that it was proposed in the Local Development Plan for Health be assessed for the first time and it was being considered how this information could be considered through this document.</p> <p>There were other issues that made a high street healthy, for example, those that were tree lined rather than concrete alone. Bearing this in mind, the discussion expanded into health impact assessments being undertaken on new developments ensuring that they secure, rather than undermine health and it was suggested that work be undertaken with individual wards to help Members become involved with any future proposals.</p> <p>The Panel debated the table of the most and least health promoting businesses. For example it was recognised that bookmakers, pubs and bars were highlighted as being least health promoting, but Members stressed that some people use these premises to get warm, have a coffee, have a chat to friends and socialise. It was stressed that people could gamble responsibly but concern was expressed that wages could be lost in minutes. The Panel also stressed that social clubs set up in communities also promote community health and wellbeing.</p> <p>Members expressed concern that re-routing buses could leave some communities isolated giving them no other option, or to use local</p>	

	<p>takeaways more often and not keeping appointments with doctors. It was recommended that consideration be given to undertaking a review on proposed changes and what it means to communities and that health impact assessments be considered for future major changes to transport. The Panel, although recognising that planning could not refuse permission to a business because it was a fast food outlet but continued to express concern that additional takeaways were regularly appearing across the borough and that good premise licensing was required nationally.</p> <p>Learning to cook was an issue that Members felt was lacking in some families, but highlighted community groups supported this learning, for people of all ages, but particularly the young to ensure they were aware of good healthy eating habits. It was questioned whether a healthy eating food plan could be developed with Scrutiny's involvement.</p> <p>With regard to Payday lending, it was noted that issues to address promoting healthy living were much more complex due to its nature.</p> <p>Pharmacists – the introduction of self help medicines, for example B12 vitamin injections being sold by pharmacies rather than obtaining from the doctors was addressed. It was stressed that issues could arise if pharmacies started charging for drugs that were previously free on the NHS.</p> <p><u>RESOLVED</u> that:-</p> <ol style="list-style-type: none"> <li>1. consideration be given to undertaking a review on current proposed changes and what it means to communities and that health impact assessments be considered for future major changes to transport; and</li> <li>2. Consideration be given to a healthy eating food plan being developed with Scrutiny involved with the process.</li> </ol>	<p>Director Public Health</p>
<p>21</p>	<p><u>SECTOR LED IMPROVEMENT &amp; LGA PEER REVIEW UPDATE</u></p>	
	<p>The Panel noted that the Council was currently assessing how it was benefitting from the Sector Led Improvement Framework and how it could transform its services to support those that have reached the higher need category.</p> <p>It was stressed that different models of engagement with the community were required and that there was a need to provide an enabling facility and nurture people's confidence to live more independently.</p> <p>It was noted that with regard to residential admissions the team had just received information from across the region showing how other</p>	

Councils were performing, to benchmark against. The Council receives lower rates than individuals as a contracted rate can be negotiated, however, it was noted that there were still too many residents going into care too early in their lives. The Authority needed to address this, looking at staff education, culture and attitudes towards residential care. It was also noted that families on occasions need to be challenged as they wish for relatives to go into care too early.

A Member also outlined, in their opinion, the different standards of residential accommodation across the Borough and it was explained that information received from relatives about standards of residential homes were monitored on a weekly basis. This was a relatively new initiative but had been successful in terms of addressing problems that had arisen. It was stressed that it is important that relatives ensure that concerns relating to standards were reported to the Local Authority. It was noted that CQC visits were now more focused on evidence base information and not tick boxes, with notices for improvement being regularly used where necessary.

The Panel raised that Councillors used to undertake visits to care homes and recommended that these be reinstated. It was outlined that visits would need to be negotiated with residential homes.

Bearing in mind the actions for improvement, set out in the report, Members reported a couple of examples where residents had informed them that due to lack of buses and excellent day services that were offered in neighbouring authorities, they were not using the offers from Doncaster.

In response to queries relating to direct payments for social care and the length of time it was taking for carers to receive pay, it was reported that this had progressed significantly, but was an area that required monitoring regularly.

Members noted the outcomes framework 'transparency in Outcomes' (2011) removed the requirement for Councils responsible for Adult social Care, to have an annual performance assessment from the Care Quality Commission, but that a regional improvement framework would be promoting external challenge, peer support and collective responsibility for improvement. This included a desktop review and performance assessment through mystery shoppers.

With regard to overall performance there was concern with some indicators and there were areas that required improvement. The regional breakdown would be made available to the Panel following the meeting.

**RESOLVED** that consideration be given to reinstating visiting panels to residential homes.

Assistant  
Director  
Adults and  
Communities

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22	<u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN 2015/16</u>	
	<p>The Panel considered the work plan and took into account the statement made by Mr Brown. It was suggested that how the different health organisations engage with ethnic groups across the borough, being considered for inclusion on the 2016/17 work plan.</p> <p><u>RESOLVED:</u> that</p> <ol style="list-style-type: none"> <li>1. the report be noted; and</li> <li>2. how the different health organisations engage with ethnic groups across the borough, be put forward for including on the 2016/17 work plan.</li> </ol>	Senior Governance Officer