DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

TUESDAY, 26TH JANUARY, 2016

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on TUESDAY, 26TH JANUARY, 2016 at 10.00 AM

PRESENT:

Acting Chair – Councillor David Nevett

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

ALSO IN ATTENDANCE:

Councillor Nick Allen, Neil Gethin and James Hart
Councillor Pat Knight - Cabinet Member for Public Health and Wellbeing

Officers:
Laurie Mott, Head of Research, Evaluation and Intelligence
Rupert Suckling, Director of Public Health
Pat Higgs, Assistant Director of Adult Social Care
Rosemary Leek, Commissioning Manager – Commissioning and Contracts

APOLOGIES:

Apologies for absence were received from Councillors Tony Revill, Cynthia Ransome and Elsie Butler.

	NOMINATION OF CHAIR	ACTION
23	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: Councillor Nevett be appointed as Chair for the duration of the Health and Adult Social Care Overview and Scrutiny Panel meeting on the 26th January 2016.	
24	DECLARATIONS OF INTEREST, IF ANY	
	There were no declarations of interest made.	
25	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 25 NOVEMBER, 2015	

	RESOLVED that: the minutes of the meeting be agreed as a correct record and signed by the Chair.	
26	PUBLIC STATEMENTS	
	Mr Ivan Stark attended the meeting and expressed his concern regarding abuse across the adult social care system and the effectiveness of safeguarding. Mr Stark was also worried about financial abuse taking place which may also include abuse of benefits. Mr Tim Brown attended the meeting and expressed his gratitude towards the Deputy Mayor for acknowledging the significant harm to the equalities agenda in Doncaster. Mr Brown stated that whilst grateful to this scrutiny panel for proposing to find out how BME citizens were being proportionately and meaningfully engaged in Doncaster, the task has become even more urgent given the above recent acknowledgement by the Deputy Mayor - Cllr Glyn Jones. Mr Brown continued to state that the NHS was one of the most regulated organisations in the UK with the Equality Act, Equality NHS Diversity Council, EDS1 and 2, and that workforce race equality standard in place in recognition of BME populations experiencing worse health outcomes and life expectancy than their white British counterparts. It was added that the Workforce Equality Standard was particularly focused on improving BME representation across the NHS workforce and promoting BME voice and representation on the likes of the Health and Wellbeing Board and the governing body of the respective NHS commissioner and provider organisation. Mr Brown stated that in the context of the ageing population report today, that sadly the report follows a predictable pattern of failing to even acknowledge the implications of an ageing BME population in Doncaster. Looking at Doncaster Data Observatory, the qualitative information on BME citizens and older people in particular appears non-existent. Mr Brown made reference to his parents' generation who arrived in Doncaster in the late 1950's and have paid their taxes. It was commented that as stated previously the implication for an ageing BME population was the prevalence of diabetes and co morbidities that were well documented nationally but not reflected in any work programmes in Doncaster including the disappointing Health and Wellbeing Strategy which fails to even mention the term BME. Mr Brown concluded by stating that this begged the question as to what was being done by this scrutiny panel to ensure that the significant harm to the equalities agenda in Doncaster was not	

	undermining the need to safeguard people rights that included BME's as enshrined in the NHS Constitution, Health and Social Care Act, EDS and Workforce RES. Mr Brown added that he had only recently was put forward to contribute to the Health and Wellbeing Board by Superintendent Norman from South Yorkshire Police only for this positive action to be blocked by those with the power to perpetuate racial health inequalities in Doncaster. Mr Brown questioned what the Panel was going to do to address this.	
27	<u>CHILDREN'S HEALTH EARLY YEARS 0-5 INCLUDING HEALTH VISITING AND FAMILY NURSE PARTNERSHIP (JOINT ITEM WITH CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL) - AN OUTLINE OF WHAT IS NOW IN THE CONTRACT AND RESPONSIBILITIES.</u>	
	Rupert Suckling, Director of Public Health attended the Panel Meeting to present a report on Children's Early Years 0-5 (including the transfer of health visiting and family nurse partnership). It was explained that the council had assumed new commissioning responsibilities for 0-5 public health services on the 1st October 2015, which had been viewed positively. Members were informed that at present, all public health commissioned 0-5 services were provided by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). It was noted that this included Health Visiting, Family Nurse Partnership and Smoking in Pregnancy Services. Members were informed that the Health Visiting service was in addition to the core service specification to deliver enhanced oral health promotion offer and coordinate the distribution of universal vitamins to pregnant, included parenthood, mental health, breast feeding. <u>Performance</u> - It was clarified that in respect of the large amount of late or no notices of antenatal bookings, steps had been taken to counteract these issues such as sending texts or booking notifications to improve communications. It was added that there had been problems with the new Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBHFT) electronic system which had adversely affected performance. Reference was made to the reduction in the number of baby weighing clinics that had resulted in a reduction to social connections. Members were informed that the majority of health services were available by voluntary means unless an individual was referred to under the Mental Health Act. It was explained that a review was being undertaken with health visitors and staff groups in relation to how new mums were engaged with and could be motivated to use the service. It was commented that it was those individuals who did not participate in these programmes that were the ones who caused the greatest concern.	

	Members were reassured that eligible new mums were offered the Family Nurse Partnership, but if they declined they would still receive routine health visiting services. Members were informed that consideration was being given to ceasing further recruitment and using more targeted skills approach to meet needs in a different way. An example was used of gaps that existed within the current provision, such as those families who because they had more than one child, were not able to access the Family Nurse Partnership. Clarification was made that universal programmes such as those offering screening and immunisation were offered to everyone. It was explained that children from 12-18 months received an integrated assessment before being issued with an agreed joint health and social care plan if the child was in need of a health and social care input. Concern was raised about those children whose physical skills were below average standards. It was outlined that free child places were available which supported young children although it was added there were often barriers to eligible children being able to access those places. In respect of the 'whole family approach' it was recognised that when working with the whole family, there was a greater likelihood that positive changes would be made, for examples, smoking cessation. However, it was commented further that there was no local data to support this. Members were informed that further consideration was being given to how social practices influenced healthy behaviours and it was recognised that legislation preventing individuals from smoking in cars had positively affected this. Councillor Knight, Cabinet Member for Public Health and Wellbeing informed the Panel of a 'Mind the Bump' initiative launched by the Doncaster Royal Infirmary which involved mothers from across the South Yorkshire region. The Panel was further told how those mums who had stopped smoking said they had undertaken a key role by educating and encouraging family members to also give up. Panel Members were informed that collaboratives shared information about families and what was happening within communities. It was questioned how we will improve opportunities as the number of children's centres are reduced within the Borough. It was added that potential avenues that could be consider included the integration of the 0-5 offer or utilisation of the Health Visiting Offer. In terms of venues, Members were informed that the Health Visiting team was considering what could be delivered in people's homes and other venues through working with the third sector offer. Members also questioned what support could be provided by established communities and how proactive were we in facilitating that. Regarding Equality Implications within the report, Members requested further detail about how different equality traits were addressed such	Director of Public

	as translations used. The Director of Public Health offered to provide further information on equality implications. In relation to financial implications, Members expressed their concern about the planned reductions in the public health grant of £2.5 million. RESOLVED that Members note the report.	Health
28	<u>IMPLICATIONS OF AN AGEING POPULATION (NOT JUST DEMENTIA).</u>	
	The Panel welcomed Laurie Mott, Head of Research, Evaluation and Intelligence for attending the meeting to present information around Implications of an Ageing Population. It was explained to Members that the report presented a high level summary of some of the key implications for Doncaster resulting from its ageing population. Some of the key points highlighted included that: - • In 2015, there were around 56,500 people aged 65+ living in Doncaster and by 2020 this figure was expected to have reached 61,100 and by 2030 it could have reached 74,700. • Each year Doncaster will add an average of around 1,200 to the 65 plus population. • Doncaster has an ageing population. • Life expectancy has improved over the last 25 years. • Older people are at greater risk of becoming lonely and many are also carers. • That Doncaster people might be living longer with long standing illnesses or disabilities than similar areas around the country. • That the numbers of clients with personal care needs could increase from around 4,000 in 2015 to 6,000 by 2030. A Member of the Panel commented that there needs to be a change in attitudes and language used towards and about people getting older, to help create a change of how they view themselves. It was added that there needs to be a change of mind-sets and more of a celebratory approach towards living longer. It was commented that social interactions played an important role in positively influencing good health. The Assistant Director of Adult Social Care commented that in Doncaster we were typically reliant on paternal and traditional approaches to service provision which needed to change. Also, that with added pressure on GPs and A&E departments that there was more of a shift towards a self-help approach and more responsibility becoming based within supported communities. It was added that there was a need to reduce dependency on services. Reference was made to the Social Prescribing programme and Members were informed of a case study that had experienced	

	successful outcomes. Members also discussed Extra Care Housing Schemes linked accommodation with care such as Charles Court, Armthorpe and Rokeby Gardens, Kirk Sandall. Members were informed that work was being undertaken with care providers to see how opportunities can be opened up and it was recognised that the Extra Care Housing Schemes were areas for best practice. Concern was raised regarding what was available for those who did not choose to go to social clubs etc. It was questioned what was available in terms of no-fee educational opportunities for older people. Comments were made that older people also looked for their own aspirations and that these was key in addressing mental health issues such as depression. Reference was made to the University of the Third Age (U3A) movement which provides through its organisations, opportunities for its retired and semi-retired people. Recognition was also given to opportunities that had been brought about following advancements in technology although it was acknowledged that increasing usage of smart/android phones and tablets can also result in social isolation. The following health conditions associated with living longer were highlighted; • Bronchitis and Emphysema – respiratory disease often caused by smoking. • Hearing impairment. • Dementia – based on ageing population increase. The Panel RESOLVED to note the implications outlined in the report resulting from its ageing population.	
29	<u>REVIEW OF ARRANGEMENTS TO DELIVER HIGH QUALITY CARE FOR PEOPLE IN CARE HOMES AND A REVIEW OF ADMISSIONS INTO LONG TERM CARE.</u>	
	Pat Higgs, Assistant Director of Adult Social Care and Rosemary Leek, Commissioning Manager – Commissioning and Contracts attended the meeting to provide an overview of the current arrangements for people living in Care Homes in Doncaster and how the Council was ensuring that the Care Home market was fit for purpose for the future needs of the people. It was explained that the Doncaster Clinical Commissioning Group (DCCG) and DMBC Care Home Strategy was currently in its draft format and would be finished summer 2016. It was explained that the strategy was essential in supporting the steps being undertaken for DMBC and DCCG to work with the Care Home market in order to transform the current provision and develop a sustainable market that responds to the changing needs and demand. Members were informed that Care Home providers had sought a clearer direction in	

	understanding what the Council was seeking, it was added that the market was looking to involve the Council to find out more and come up with solutions. It was reported that there was a fragile domiciliary care market; and that for example, staff retention could prove difficult such as during the Christmas period when individuals were often attracted to other better paid positions resulting in pressures around staff resources. Managing Risk and Quality Improvement - Members were informed about weekly multi-agency risk meetings that were held and represented by Health, Care Quality Commission and Council representatives. It was explained that at these meetings the Care Home provision within Doncaster was discussed and reviewed. Members were informed that the meetings had been successful in identifying risks at an early stage. Education and Training – Members were informed that the quality of education and training deliver to staff was key to the quality of care experienced by residents. Members were told how that one of the key barriers was access to training and the expense incurred by care homes to pay for cover as well as paying for the staff on training as most of the training was external. It was explained that often a course with a high take-up from staff would then experience a low attendance when a crisis within the home needed staffing. Care Homes Executive Group - It was clarified that there were no representatives from finance attend the Care Homes Executive meeting. Following a discussion around the work of the Executive Group it was recognised that this could provide additional benefits such as developing a stronger collaboration within the group, a better understanding of the direction of travel and finally, to be able to address fee issues more easily rather that work in silos. Management of Long Term Admissions into Residential Care - It was reported that at the end of October 2015, there were 48 placements per month leaving residential care which was a net increase of 7 per week. Members were informed that since that time figures were now reducing. It was emphasised that there was a need to utilise the care homes sector in a more efficient way such as using care homes facilities for more rehabilitative purposes before carefully integrating the client back into the community. For example, Members were informed that some people who are in poor health or need rehabilitation could have a few weeks support in a care home and once their health etc, has improved can return to living in the community. It was noted that the right system to support people to go back home following a short rehabilitative stay was not currently in place and this needed to be addressed.	

	RESOLVED that the Panel recommended for consideration to be given to a representative from finance being included on the Care Homes Executive group.	
30	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. This included correspondence attached to the report in respect of Sexual Health following a joint informal meeting with Children and Young People Overview and Scrutiny Panel and a reminder of a future Health and Wellbeing Board workshop around Loneliness. In respect of the Yorkshire Ambulance Service, CQC Inspection Outcome Action Plan progress, Councillor George Derx provided a detailed update to Members. This followed his attendance at a recent Caring for Our People Overview and Scrutiny Committee meeting at Wakefield Council on the 14th January 2016. Regarding the Working Together Programme (a collaboration across the health services to consider how to improve health of communities), Members were informed that a report was going to Council to establish and appoint a representative (and substitute) to a new Joint Health Overview and Scrutiny Committee. It was outlined that the aim of the Working Together Programme was 'to support health service changes in South and Mid Yorkshire, Bassetlaw and North Derbyshire.' Members were assured that updates would be made on the progress of this Committee through the Panel's workplans. Resolved that the Panel note the workplan and updates provided.	