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## DONCASTER METROPOLITAN BOROUGH COUNCIL

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

WEDNESDAY, 21ST SEPTEMBER, 2016

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 008 - CIVIC OFFICE, DONCASTER on WEDNESDAY, 21ST SEPTEMBER, 2016 at 10.00 AM

#### PRESENT:

Chair - Councillor Rachael Blake  
Vice Chair – Councillor Cynthia Ransome

Councillors Elsie Butler, Jessie Credland, Linda Curran, George Derx,  
Sean Gibbons, Pat Haith and Sue Knowles

Invitee: - Lorna Foster

#### ALSO IN ATTENDANCE:

Councillor Pat Knight - Portfolio holder for Public Health and Wellbeing  
Dr. Rupert Suckling - Director of Public Health  
Kim Curry - Director of Adults, Health and Wellbeing  
Dr. Gilly Ennals – Leadership Fellow  
Sarah Smith, Public Health Specialty Registrar  
Susan Hampshaw, Public Health Principal

#### APOLOGIES:

Councillors Sue McGuinness, Andrea Robinson and Mark Houlbrook

		<u>ACTION</u>
7	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	Councillor Blake declared an interest by virtue of being employed by HS2.	
8	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 6TH JULY, 2016.</u>	
	<u>RESOLVED</u> that the minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 6 <sup>th</sup> July, 2016 be approved as a true record and signed by the Chair.	
9	<u>PUBLIC STATEMENTS</u>	
	There were no public statements.	

10	<u>HEALTH INEQUALITIES.</u>	
	<p>The Panel received a report and presentation which provided Members with an overview of Health Inequalities and the work that was currently taking place within Doncaster. This included the development of the Health and Wellbeing Strategy led by DMBC and Doncaster Clinical Commissioning Group that aimed to reduce health inequalities.</p> <p>Councillor Pat Knight, Cabinet Member for Portfolio holder for Public Health and Wellbeing attended the meeting and reminded the Panel of the open invite for them to attend all workshops of the Health and Wellbeing Board, including one on Health Inequalities to be held on the 13<sup>th</sup> October 2016.</p> <p>A presentation was provided that covered the following areas: -</p> <ul style="list-style-type: none"> <li>• Life expectancy across England and Wales</li> <li>• Geographical Inequalities within Doncaster</li> <li>• Inequalities related to deprivation</li> <li>• Reducing Inequalities</li> <li>• How can inequalities be addressed?</li> <li>• Using scrutiny to improve health and reduce health inequalities</li> <li>• Burns Practise Pilot &amp; Methodology</li> <li>• Results</li> <li>• Future Recommendations</li> <li>• System Wide Approach to addressing inequalities</li> </ul> <p>The Panel sought to provide input taking into consideration the following three questions;</p> <ol style="list-style-type: none"> <li>1. What are the inequalities you perceive in your communities?</li> <li>2. What do you think could be done to address inequalities?</li> <li>3. What would you like to see in a Health Inequalities action plan?</li> </ol> <p>As part of the discussion and response, Panel Members raised the following areas:-</p> <p><b>Veterans</b></p> <p>Members were informed that veterans formed part of a specific group and protected characteristic within our population who may experience inequality. Positive news was highlighted that Doncaster Council received a Gold Award for the support of Armed Forces which would in turn raise further awareness for veterans in the borough. Members were informed of money that had been generated by Project NOVA (Supporting Veterans in the Criminal Justice System) that would support a pilot to be run.</p> <p>Members heard how in terms of data collection of patients who were classed as veterans, that GPs were being encouraged to seek which</p>	

patients were ex-armed forces (as many younger ex-armed forces personnel did not view themselves as a 'veteran' which was perceived as being something associated at an older age).

### **Transport**

Members were told how within the Sprotborough Ward (a rural ward), that certain bus services had ceased and that there were now 3 villages without a bus service which had an older population and may not necessarily have access to a car. It was viewed that this would make it difficult for those residents to access a GP, obtain prescriptions or indeed reach other areas resulting in loneliness, isolation and depression as they are unable to leave the village.

In other areas such as Rossington and Bawtry, it was reported that bus stops were located far from residents and in places such as up a hill which made the stop difficult to access and that also evening services provided a particular problem.

Members were informed that in Dunscroft, residents struggled to access their local hospital due to limited bus services and on occasion needed to pay higher transport costs.

In Stainforth and the Barnby Dunn area, it was reported that residents shared a split surgery meaning that some residents had to use 3 buses to reach the location of their appointment.

Finally, it was commented that poor transportation options presented problems with carers travelling to their area of work.

### **Equipment provision and recycling**

Concern was raised by Members where equipment had been supplied to individuals who had not needed them, to be then told not to return them but to dispose of it themselves.

The Director of Adults, Health and Wellbeing explained that it was a contracted service and when equipment was no longer required the supplier was then contacted and it should then be collected. It was recognised that certain items may not need to be recycled and others should be disposed of safely. It was questioned whether anything was being missed and acknowledged that there were challenges with Occupational Therapists.

### **Obesity**

Members questioned what progress was being made with obesity and concern was raised concern regarding malnutrition.

### **Food Poverty**

A Member raised concern that little progress has been made with the Anti-Poverty strategy, Members were informed that this was still being worked on.

Action: For an update to be provided on the current position of the Anti-Poverty Strategy

A Member raised concern about the food bank in Mexborough which was reported as being due to close in October, it was commented that the food banks forum needed to be more joined up.

In terms of the Department of Works and Pensions, it was reported that individuals had had their benefits stopped for attending or being late for appointments caused by transport issues.

Reference was made to the Local Assistance Scheme provided through Northgate, it was explained that historically this service had been contracted out to Northgate and currently sat within the Adult, Health and Wellbeing directorate. Members were informed that talks were taking place about where this element of the service should sit and what options were available. Concerns were raised about whether the policy was fit for purpose; an example was used that if an application was made in relation to travel then that would exclude the applicant from making any further applications for the rest of the year, whereas if the application was made for example, white goods the applicant would have received more out it.

Action: For a briefing to be provided explaining the contract, who accesses it and how it's managed.

### **Fuel Poverty**

Concern was raised that some families had to make a choice whether to have food or fuel as they could not afford to pay for both.

### **Access to Health and Social Care Services**

A Member reported that as a School Governor they had heard concerns from Head teachers about children missing dental appointments, particularly in more deprived areas of the Borough. It was questioned whether this was due to some parents viewing missed appointments as not being an issue or working mums who were not allowed time off from work.

### **Mental Health**

It was acknowledged that mental health runs through many issues, for example loneliness and isolation because transport restrictions resulted in residents not wanting to leave the house.

## **Homelessness**

Concern was raised that homelessness was getting worse and with this other issues had increased including begging as well as substance and abuse dependency. It was questioned what the Councils role was in addressing this issue. It was suggested that Susan Jordan, Chief Executive of St Leger Homes who was leading on Anti-Poverty Strategy may be involved in respect of housing for older people.

A Member specifically made a number of comments which included that Riverside had reduced its services by half and suggested that in terms of homelessness, Riverside should carry out a head count. It was added by the Member that Mexborough library was the most used and that Mexborough did not have a Dementia café despite the size of the ward.

The Panel was informed that the Regeneration and Housing Overview and Scrutiny Panel were going to undertake some work around Homelessness within the Borough.

## **Housing – Private Landlords**

Members expressed concern that due to the lack of council housing (and money to develop any more) that the proportion of people living in private rented accommodation was on the rise. It was viewed that private landlords weren't always socially responsible and that the quality of some private rented accommodation could be below standard, for example being damp and cold resulting in health complaints. It was also commented that the introduction of the spare room tax could lead to overcrowding with children growing up in conditions where there was no space to study and in turn have a detrimental effect on the child's education. It was added that Parliament had looked at current legislation regulating property standards in the private rented sector. Members were informed that the Hexthorpe Selective Licensing Scheme had yet to be introduced.

## **Access to Physical Exercise**

Members briefly discussed how accessible physical exercise was within the Borough and how in some areas outside Doncaster some gyms have rooms specifically for young people which were well used.

It was commented that the local built environment restricted some resident's ability to walk around.

## **Access to Information**

It was acknowledged that in respect of access to health and social care issues it was sometimes about not knowing where to go for assistance.

**Licensing**

Members expressed concern regarding the licensing and planning of takeaways. It was stated that these two needed to communicate with each other and wasn't taking into consideration what could be done to prevent them from increasing. It was felt that it was too easy to apply a 'change of use' to a premise. It was commented that other local authorities were using guidance to stop takeaways being established near schools.

Members were informed that there was nothing about health within the current version of the Local Development Plan although there would be when it next went to Council in the New Year. It was explained that with health in the Local Development Plan, more could be achieved through supplementary planning guidance. It was commented that Peter Dale, Director of Regeneration and Rupert Suckling, Director of Public Health were considering what could be achieved with licensing powers.

Action: For overview and scrutiny to receive a further update on this.

Reference was made to the number of betting shops in the borough however it was commented that this was within the law.

**Loneliness and Social Isolation**

In respect of loneliness and social isolation, Members were informed that there was a big programme of change within Adult Social Care. It was explained that this was about having more community based support that could be developed through initial seed funding to establish and run what might work well within local communities. Members were informed that it was about more focus on a preventative agenda and looking at the way we do things.

Reference was made to how far Doncaster had reached with the introduction of Social Prescribing (which came under community led support). It was acknowledged that although it had been trialled in Doncaster that other authorities were further ahead.

In respect of the use of charities and the third sector, it was acknowledged that although there was a Voluntary strategy being developed, Members were not aware of where this was at. Members made reference to New Horizons who were due to end their contract with the Council soon and questioned what would be happening next.

Action: Members to receive an update on New Horizons.

In respect of education opportunities for older people, Members felt that there was little available that was affordable and local and questioned whether anything could be done. It was commented that this would help with making new friends and making the most of the

Director of Public Health

Director of Adult, Health and Wellbeing

talent that exists amongst older people. It was acknowledged that this was the type of preventative measure that was being targeted.

### **Elderly/Age Friendly**

Members were of the opinion that this area was not joined up and that there should be a 'whole Council' response to old people. It was commented that it was about the smaller actions that could make a difference.

### **Ambulance Service**

Reference was made to recent consultation in respect of Yorkshire Ambulance Services. Councillor George Derx informed that Panel that he had been seeking feedback from constituents so see if they had experienced any problems.

### **Council Cuts and impact in Health Inequalities**

Members questioned how council cuts had impacted on Council services which were now being commissioned. It was added that this had resulted in difficulties to ensure that services were being provided how they should be when you don't have direct control over it.

### **Air Pollution**

In terms of air pollution, reference was made to the impact that would be caused by the creation of the HS2. Councillor Rachel Blake informed that Panel that a health impact risk assessment on HS2 had already been undertaken by Derbyshire and North East Derbyshire who had already undertaken a Health Impact Assessment and could be contacted for further information.

### **Other Affected Groups**

It was commented that that health inequalities existed in terms of gender as well within LGBT groups.

### **GPs**

In respect of local GPs it was commented that these were in effect like 'janitors of society' and that it was about the Council and partners, not just the health service, working together in a more integrated way.

Dr Rupert Suckling thanked Members for their suggestions for inclusion in health inequalities that will be feeding into the development of the strategy.

RESOLVED that the Panel noted: -

- (1) The development of a Health Inequalities Action Plan for Doncaster;

	<p>(2) The establishment of a Health Inequalities Working Group for Doncaster to develop the action plan and have responsibility for taking the work forward; and</p> <p>(3) Completion of a Black and Minority Ethnic Group Health Needs Assessment as an initial piece of work to understand and address inequalities.</p>	
11	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2016/17 UPDATE.</u></p>	
	<p>The Panel received a report updating the Members on the Panels work plan for 2016/17. A copy of the work plan was attached at Appendix A to the report which took into account the issues considered at the informal Health and Adult Social Care Overview and Scrutiny planning meeting held on the 6th June, 2016 and was agreed by OSMC on the 10th June, 2016.</p> <p>Panel Members questioned progress and actions of areas considered by overview and scrutiny and expressed concerned about the speed of progression.</p> <p>Action: To arrange a meeting with the Cabinet Members to receive an update on their portfolio areas.</p> <p>There was a brief discussion regarding the number and cost of employing consultants within the authority and concern was raised what level of knowledge such consultants had of Doncaster</p> <p>Reference was made to a new area included on the Panel’s workplan about Sustainability and Transformation Plan. It was briefly explained that would have a massive impact on health service with millions of savings to be found.</p> <p>Action: For a briefing note to be provided to Members on the Sustainability and Transformation Plan</p> <p>RESOLVED that the Panel noted:-</p> <ul style="list-style-type: none"> <li>(1) the Health and Adults Social Care Overview and Scrutiny work plan for 2016/17;</li> <li>(2) that the work plan is a living document which is subject to change and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;</li> </ul>	<p>Senior Governance Officer</p>