

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 29TH JUNE, 2017

A MEETING of the HEALTH AND WELLBEING BOARD was held in Rooms 007A AND B - CIVIC OFFICE on THURSDAY, 29TH JUNE, 2017, at 2.00 p.m.

PRESENT: Chair – Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture

Councillor Rachael Blake	Portfolio Holder for Adult Social Care
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Joanne McDonough	Deputy Chief Operating Officer/Care Group Director, RDaSH, substituting for Kathryn Singh
Peter Dale	Director of Regeneration and Environment, DMBC
Richard Parker	Chief Executive, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Damian Allen	Director of People (DCS/DASS), DMBC
Pauline Turner	Director of Performance Quality and Innovation, Doncaster Children's Services Trust, substituting for Paul Moffat
Andrew Goodall	Chief Operating Officer, Healthwatch Doncaster, substituting for Steve Shore
Superintendent Dan Thorpe	South Yorkshire Police, substituting for Chief Superintendent Tim Innes
Paul Tanney	Chief Executive, St Leger Homes of Doncaster
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue

Also in attendance:

Allan Wiltshire, Head of Performance and Data, DMBC  
Patrick Birch, Director of Improvement, DMBC  
Councillor Andrea Robinson, Chair of Health and Adult Social Care Overview and Scrutiny Panel (Observer)

1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Kathryn Singh (Joanne McDonough deputised), Steve Shore (Andrew Goodall deputised), David Crichton, Jackie Pederson, Karen Curran, Chief Superintendent Tim Innes (Superintendent Dan Thorpe deputised) and Paul Moffat (Pauline Turner deputised).

The Chair, Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture, introduced himself to the Board, along with the other new Board Member, Councillor Rachael Blake, Cabinet Member for Adult Social Care.

## 2 APPOINTMENT OF VICE-CHAIR

It was proposed by Councillor Rachael Blake and seconded by Damian Allen that Dr David Crichton be appointed as Vice-Chair of the Board for the 2017/18 Municipal Year.

Upon being put to a vote, it was unanimously

RESOLVED that Dr David Crichton be appointed as Vice-Chair of the Doncaster Health and Wellbeing Board for the 2017/18 Municipal Year.

## 3 CHAIR'S ANNOUNCEMENTS

There were no announcements by the Chair.

## 4 PUBLIC QUESTIONS

Mr Doug Wright addressed the Board on a range of issues including:-

- Suggesting that, given the significant amount of work in the pipeline, the Board might wish to review the frequency of its meetings so that it met more often than at present;
- In highlighting the representation by the CCG on the HWB, Mr Wright expressed the view that, conversely, there should be DMBC representation on the CCG's Board;
- Whether the Board could give consideration to moving the order of business on future agendas so that the agenda item in relation to public questions was the last item, as was the practice at CCG meetings. Mr Wright felt that this would enable the public to comment on what had been said in any debates;
- Concern was expressed that the HWB might be 'swallowed up' and become a sub-committee of a larger body, if NHS mergers were pursued in the future;
- Mr Wright also expressed concern that there were still no answers as to how the projected funding shortfall identified in the STP would be met.
- Mr Wright asked the Board to consider making an additional seat available on its membership to allow a campaign group to be represented, which would give NHS users and the general public a voice on the Board.

In response, the Chair thanked Mr Wright for addressing the Board and he stated that his points would be given serious consideration.

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Mr Tim Brown read out the following statement to the Board:-

"Chair, thank you for allowing me to address the HWB and its distinguished members. This is a very nerve wracking moment.

What I have to say may get uncomfortable. I intend to speak truth to power.

It is simply impossible to talk about the roles that racism and discrimination play in the health of Black and Minority Ethnic communities in Doncaster without taking a hard look inward—without asking Doncaster HWB members to think about the ways that they and Team Doncaster perpetuate racism and bias.

The past remains the present in Doncaster. Issues of racism have been documented prior to the Professor Gus John Report Tired of Fighting report; and more recently by Former DMBC Chief Officers , including the highly respected Former Director of Adult Care. And yet , the substantive issues of racial inequality and injustice remains stagnant across what is called the wider determinants of health.

Buried within the BME Health Needs Assessment is the HWB Members' responses to the survey **on 'common issues' or areas for attention for improving services for multi-ethnic populations. Only 40% of the HWB member organisation bothered to respond.**

- Respondents were asked about activities to address minority ethnic needs such as outreach, awareness raising, monitoring referrals by ethnicity and monitoring DNA rates by ethnicity. The majority of respondents did not undertake this type of work.

Chair, it is really disheartening that the majority of Doncaster HWB membership are clearly indifferent towards its moral and legal responsibilities towards race equality and Health Equity.

Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged).

Interestingly, Dr Habib Naqvi when setting up the NHS EDS system put at its core one question "how do those who share protected characteristics compare to those who don't"?

The point is this and was referenced by Dr Crichton in his recent column that there is a plethora of research that identifies specific health disparities from cancer, stroke, Heart Disease, maternity, perinatal care, suicide rates, diabetes etc. that are particularly pertinent to BME citizens.

Chair , and with respect if this HWB was fit for purpose and compliant with its moral obligations then surely such substantive issues such as Cancer be reflected as a priority within the BME HNA and action plan. It cannot be too difficult to assess a methodology that scopes these specific health disparities in terms of evidence etc. This will lend itself to setting:

A) the priority and B) the target and C) proportionate resources etc.

I would argue how does a monoculture governance structure such as this Health and Wellbeing Board that has abused and ignored the needs of BME Communities for more than a decade suddenly give itself the moral authority to somehow act in the best interest of all BME citizens?

The situation is so bleak that those amongst us who have served the NHS and across the public sector with distinction over many years are humiliated in having to ask for our rights only to be fobbed off Year on Year by those with the power to perpetuate racism and racial inequality in Doncaster.

The BME infrastructure was dismantled to ensure that BME citizens had no effective voice or influence around the Team Doncaster and strategic partnership arrangement. This then made it easier to neglect BME needs and ignore addressing racial inequality.

With little or no BME collaboration, innovation and challenge, BME engagement is more of an afterthought and BME tick box exercise involving the use of survey monkey placed on websites sites that are unfamiliar to BME citizens.

Chair, I cannot adequately put into words the sense of racial injustice when responding to the superficial imposition of a partially developed BME Health Needs Assessment and Action Plan.

The action plan is silent on the health and wellbeing needs of the BME community, including my father's generation.

And whilst I accept that in all likelihood the BME HNA and Action Plan will be rubber stamped by Health and Wellbeing Board members of whom many are non-compliant with the Public Sector Equality Duty, EDS2 and Workforce Race Equality Standards, we cannot ignore the fact that the biggest threat to health and wellbeing of BME citizens are preventable diseases.

The root causes of many of these morbidities are inextricably linked to the social determinants of health and the conditions that shape a person's opportunity to attain good health and adopt healthy behaviours.

These social determinants include access to safe housing, good jobs with living wages, quality education, good health care, healthy food, and safe places to be physically active. They also include racism, discrimination, and bias.

It is easy to see how the continuation of the acknowledged racism and blatant racist acts that also featured within Professor Gus John Tired of Fighting report (2002) have made it virtually impossible for BME citizens in Doncaster to achieve optimal health.

Today, I am calling upon Team Doncaster and the HWB to start the process of dismantling the deep rooted racism and blatant racist by allowing credible people to undertake a Health Equity Audit and establish as a matter of urgency whether the out of date HNA and action plans including the disclosure that HWB members are not delivering activities to address BME needs is having a negative or positive an impact on the mortality and morbidity rates of BME citizens in Doncaster."

The Chair thanked Mr Brown for his statement and confirmed that his points had been noted and would be taken into account by the Board.

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The following question was submitted by Andrew Goodall on behalf of Healthwatch Doncaster:-

“Healthwatch Doncaster would value an update on the Health Needs Assessment (HNA) for BME Communities specifically:

- a) Publication of and access to the Health Needs Assessment for local people, communities, Provider organisation and Commissioners of services in Doncaster
- b) Information about feedback and engagement with local communities about the Health Needs Assessment for BME communities – how can people get involved and engaged?
- c) Practical next steps – what plans are in place to ensure that the outcomes of the Health Needs Assessment will influence service development and improvement in Doncaster?”

In reply, Dr Rupert Suckling explained that further information on the BME HNA would be provided later in the meeting under agenda item number 13 – Report from the HWB Steering Group. He confirmed, however, that the updated HNA had been received by the Board at its meeting in March and had been subsequently published on the HWB website. The HNA was also available via the Team Doncaster and Data Observatory websites. Dr Suckling added that the needs assessment approach and outcomes had been presented at the Inclusion and Fairness Forum in April and that the Action Plan which had now been drawn up would be widely disseminated. He highlighted that specific engagement for each action listed in the Action Plan had been identified.

In reply to a question, Dr Suckling indicated that he would be happy for Healthwatch Doncaster to share the HNA documentation on its website.

5 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

6 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 16TH MARCH 2017

RESOLVED that the minutes of the Health and Wellbeing Board held on 16th March 2017 be approved as a correct record and signed by the Chair.

7 PROPOSED REVISION TO THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE

Members considered a report which sought the Board’s agreement to make a recommendation to Council that the Board’s Terms of Reference be revised to enable the Cabinet Member whose portfolio includes Adult Social Care to Chair meetings of the Board, in addition to the portfolio holder with responsibility for Public Health.

RESOLVED:-

- (1) to recommend to the Full Council that the Board’s Terms of Reference be revised at paragraph 4.2 to enable the Cabinet Member whose portfolio includes Adult Social Care to Chair

meetings of the Board, in addition to the portfolio holder with responsibility for Public Health; and;

- (2) to note that the Council's Constitution will be updated to reflect the revised Terms of Reference following approval by Council.

## 8 HEALTH AND WELLBEING BOARD DISCUSSION PAPER: PERFORMANCE REPORTING AND OUTCOMES

The Board received a discussion paper, which outlined a proposal to monitor performance and outcomes for the Health and Wellbeing Board. In presenting the report, Allan Wiltshire explained that the proposal was to define a set of outcomes against two criteria so a matrix could be formed. Firstly, against a life course categorisation and secondly against a segmentation of care. Two draft matrices had been drafted using these criteria, one for outcome descriptions and one for indicators which were contained in Annex A to the report for discussion. He confirmed that this approach had been tested out by the Board's Steering Group and had seemed to work. He added that the new system would provide flexibility by enabling reporting in different ways and it would also provide the means of informing other strategic documentation, such as the Joint Strategic Needs Assessment. If the Board found this new approach acceptable, further work would be needed to develop the outcomes and indicators, and Members noted a suggestion that the Board might wish to dedicate some time to work through the matrices and decide on how reporting might be best configured so that future quarterly performance reports were effective and met the Board's requirements.

Discussion followed, during which Members made the following comments/observations on the proposed new methodology:-

- Dr Rupert Suckling felt that the new framework should give greater clarity by helping to define the Board's role and show how different work strands related to one another. He also pointed out that the previous performance monitoring system did not pick up areas such as protected characteristics, but this new approach would improve the ability to do this;
- In supporting the new approach, Damian Allen felt that there was a logic behind this model that made sense;
- Joanne McDonough stated that she supported the new approach, which she felt would provide areas of performance information which could be aligned with the priorities and outcomes in the Place Plan;
- Pauline Turner explained that the Doncaster Children's Services Trust had done similar work on outcomes for children;
- Andrew Goodall stated that he hoped that the outcomes would also be based on feedback from the public and service users on their experiences;
- Councillor Rachael Blake stressed the importance of capturing information on the health inequality aspect and also highlighted the need for the indicators to look at quality, and not just solely be concerned with numbers;

- Paul Tanney advised that he was keen to see how St Leger Homes could feed its Housing outcomes into the proposed framework and he would be discussing how this could be achieved with Allan Wiltshire.

It was then

RESOLVED:-

- (1) to support the draft proposals on outcomes; and;
- (2) to agree that the Board will dedicate time to review the outcomes and decide on how reporting might be best configured so that future quarterly performance reports are effective and meet the Board's expectations.

## 9 HEALTH AND SOCIAL CARE INTEGRATION

The Board noted an update by Dr Rupert Suckling on the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP), the Doncaster Place Plan and the Improved Better Care Fund (iBCF) spending plans for 2017-19.

Dr Rupert Suckling informed the Board that the new guidance on the Better Care Fund was still awaited from the Department of Health. He advised that the Improved Better Care Fund (iBCF) had now been launched, which was an additional element of funding available on a short term basis, starting in the 2017/18 financial year and running until 2019/20 and payable to the Council. Although the iBCF had a similar name and must be pooled together with the rest of the BCF, the criteria for spending it were different, and it could only be used for:

- a. Meeting adult social care need;
- b. Reducing pressure on NHS, including supporting more people to be discharged from hospital when ready; and
- c. Ensuring local social care provider market is supported.

During discussion on the iBCF plans summarised in paragraph 18 of the report, Members acknowledged that the additional monies from the iBCF were very welcome and timely, and noted that the aim was to allocate the money where it would have the biggest impact, most quickly. In particular, the Board recognised the need to support the NHS in helping to alleviate winter pressures. Having endorsed the spending plans, Members noted that an update on these proposals would be brought back to the Board when there was more detail available and greater certainty about the figures.

In relation to the STP update, the Chair queried the reported funding gap of £571m regionally. In response, Dr Rupert Suckling explained that this was the projected deficit if the current levels of investment and rising pressures on services continued at their present rates. Dr Suckling also undertook to feed back any questions from this Board to the STP Collaborative Partnership Board.

Richard Parker explained that the STP described the areas of joint work that partner organisations were currently considering. He stressed, in answer to the point raised earlier by Mr Wright, that at present there were no plans for any mergers within the NHS.

Damian Allen added that partners were all working together to maintain the maximum amount of resources in Doncaster, but the challenge was the fact that there were other acute services provided on a wider footing.

It was then

RESOLVED:-

- (1) to note the update on the STP and Place Plan; and
- (2) to approve the plans for 2017/18 and 2018/19 to spend the Improved Better Care Fund, as summarised in the report, and agree to monitor progress on the areas of investment.

10 UPDATE FROM HEALTHWATCH DONCASTER

The Board received a verbal update from Andrew Goodall on the STP 'Community Conversations' work that Healthwatch Doncaster had led on locally and across the STP footprint as part of the STP public consultation exercise, the details of which were as follows:-

Conversations around the STP in Doncaster

The Commissioners Working Together team were responsible for co-ordinating the STP. Discussions with their Director of Communications identified that local conversations with local communities would be an ideal approach to gathering more information about perceptions of and feelings towards the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.

The preferred vehicle for managing the local conversations was through local Healthwatch and Voluntary Action/CVS organisations.

In Doncaster there were **180 people** engaged in local conversations through **9 groups and 5 local public meetings**.

There were **872 people involved in conversations across the STP footprint – Doncaster represented 21%** of the conversations.

There was also an opportunity for people to take part in an online survey that was developed and hosted by the Commissioners Working Together team.

**Responses across South Yorkshire**

In total, there were **1056** responses to the online survey – 54.92% of which specified they were a member of staff and **45.08%** of the responses came from **members of the public**.

<b>Total number of responses</b>	1056
<b>Total number of public responses</b>	476



<b>Total number of staff responses</b>	<b>580</b>
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## Responses in Doncaster

<b>Doncaster</b>	<b>52</b>	<b>18% of total responses</b>
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### Conversations in Doncaster

In order to engage with as many people as possible, Healthwatch Doncaster used its networks and membership to arrange specific conversation sessions and focus groups with existing groups.

The conversation sessions with existing groups and networks proved to be the most successful vehicle for engaging with people although there are disadvantages linked to the fact that these groups are already engaged in some aspect of health or social care and are often populated by people who are not at work.

The conversational approach combined with accessing pre-existing groups and networks reached 180 people across Doncaster. This is not a representative sample from the local population but the individuals and groups that were involved are groups and individuals that have either decided to attend a conversation session or a group who have been willing to participate in a conversation session.

As with any conversation about change and especially conversation about change to the NHS there is always a high degree of emotion but the emotional investment in conversations demonstrates the strength of feeling and enthusiasm for on-going engagement and involvement.

The key themes that came out of the conversations were:

**Service change** – recognition that change is need and that change to the NHS could be a good thing if people are listened to. There were concerns that the proposed changes are the first sign of closing down services and privatisation.

**Finance** – there were many points raised around waste in the NHS and that this should be rectified to minimise the efficiency gap required. Conversations highlighted that there was a £571million shortfall and that this would have a significant impact on service provision.

**Leadership** – Young people expressed a desire to be more actively involved with the leaders of the NHS and the changes proposed. People in some groups stated that ‘Leaders need to lead’.

**Integration** – Integration of health and social care services was recognised as a key area for development but there was also recognition that this had been talked about for nearly a decade and nothing had happened as yet. The journey between health and social care services needed to be made more easy and straightforward.

**Engagement** – There were concerns about the lack of engagement in the development of the Sustainability and Transformation Plan and the local Place Plans. The online survey and questionnaire were criticised for being too leading in the questioning style. People who attended the conversations and focus groups appreciated being involved and engaged but wanted more involvement as the Plans were put into place.

Healthwatch Doncaster were requesting the Health and Wellbeing Board to formally receive and acknowledge the reports, copies of which would be circulated to Board Members for their information outside of the meeting. Healthwatch Doncaster would also be sending copies of the reports to all local partners and these were also available on the Healthwatch Doncaster website.

After Andrew Goodall had answered a question regarding future plans for engagement/communication with service users, and the Chair had commended Healthwatch on their good work in leading the conversation sessions, it was

RESOLVED to note the update on the STP 'Community Conversations' work undertaken by Healthwatch Doncaster and that copies of both the Doncaster and South Yorkshire & Bassetlaw Summary Reports be circulated to Board Members for their information outside of the meeting.

## 11 HOUSING AND HEALTH UPDATE

The Board received and noted a joint presentation by Paul Tanney and Peter Dale which provided an overview and update on the links between health and housing in Doncaster.

The presentation highlighted the links between key housing issues and health and social care, by using the lens of the Health and Wellbeing Strategy as a frame in looking specifically at:-

- Well-being;
- Reducing health inequalities;
- Health and Social Care integration;
- Areas of focus

Having outlined the Doncaster context in terms of population, health needs and the demands on the Housing system and impacts on health and wellbeing, the presentation gave an overview of the actions and initiatives being undertaken against each of the HWB areas above, including supporting older people to remain in their own homes, tackling hazards in private sector properties, targeting and supporting activity to alleviate fuel poverty, and housing provision for vulnerable people.

During subsequent discussion, Damian Allen stated that it was encouraging to see the work being done in Doncaster in relation to housing needs analysis and added that performance indicators on Housing outcomes would be useful in the future. He also advised that discussions on a service model in respect of Complex Lives were due to commence soon and suggested that the Board might wish to look at this subject in more detail at some point in the future.

It was also agreed to receive a further Housing and Health Update from Paul and Peter in 6 months' time.

After Paul Tanney had briefed the Board on the work being carried out by St Leger Homes in conjunction with South Yorkshire Fire and Rescue to ensure that all of the Council's blocks of flats met the required fire safety standards in the light of the Grenfell Tower tragedy in London, it was

RESOLVED that:

- (1) the issue of Complex Lives be considered in more detail by the Board at a future meeting; and
- (2) that a further Housing and Health update be received by the Board in 6 months' time.

## 12 REPORT FROM THE HWB STEERING GROUP AND FORWARD PLAN

The Board considered a report which provided an update on the work of the HWB Steering Group to deliver the Board's work programme and also provided a draft Forward Plan for future Board meetings, as set out in Appendix A to the report.

In particular, the report included updates for the Board on:

- Black and Minority Ethnic (BME) Health Needs Assessment, including a copy of the Action Plan attached at Appendix 1 to the report;
- Heatwave Planning;
- Children and Young People's Local Transformation Plan – Quarter 4 Progress;
- Suicide Prevention;
- Health-led Work and Health Unit trial;
- Doncaster Festival of Research 2017;
- Pharmaceutical Needs Assessment;
- Yorkshire and the Humber HWB Chairs' Event; and
- Forward Plan for the Board.

With regard to the Black and Minority Ethnic (BME) Health Needs Assessment (HNA), Dr Rupert Suckling summarised the key actions contained within the Action Plan as set out in Appendix 1 of the report. In referring to Mr Brown's earlier comments regarding the poor survey response, Dr Suckling advised that it was intended to carry out a further survey in the near future. During discussion, Board Members acknowledged that they all had a role to play in ensuring that there would be better engagement and improved response rates when the new survey was launched.

Members also agreed to share relevant data to assess the health outcomes experienced by BME residents.

Arising from discussion on the Children and Young People's Local Transformation Plan Quarter 4 progress, Damian Allen highlighted that concerns had been expressed over referrals back to schools by GPs in some cases of young people suffering from lower levels of anxiety/mental health. Consequently, he suggested that this Board should request the Children, Young People and Families Board to look in more detail at this issue, with a particular focus on GP access and pathways. The Board supported this proposal.

RESOLVED to:

- (1) receive and note the update from the HWB Steering Group;
- (2) agree the proposed Forward Plan, as detailed in Appendix A to the report; and
- (3) request the Children, Young People and Families Board to look into the issue of GP access and pathways for young people suffering from low level anxiety/mental health conditions.

CHAIR: \_\_\_\_\_

DATE: \_\_\_\_\_