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Doncaster
Metropolitan Borough Council

To all Members of the

DONCASTER
HEALTH AND WELLBEING BOARD

AGENDA

Notice is given that a Meeting of the Health and Wellbeing Board is to be held as follows:

VENUE: Rooms 007a and b - Civic Office, Waterdale, Doncaster, DN1 3BU
DATE: Thursday, 29th June, 2017
TIME: 2.00 pm.

PLEASE NOTE TIME OF MEETING

Items		Time/ Lead
1.	Welcome, introductions and apologies for absence.	5 mins (Chair)
2.	Appointment of Vice-Chair.	5 mins (Chair)
3.	Chair's Announcements.	5 mins (Chair)
4.	To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)
5.	Public questions. **(A period not exceeding 15 minutes for questions from members of the public.)**	15 mins (Max.) (Chair)
6.	Declarations of Interest, if any.	1 min (Chair)

Jo Miller
Chief Executive

Issued on: Wednesday 21st June 2017

Governance Officer for this meeting: Jonathan Goodrum
01302 736709

7.	Minutes of the Meeting of the Health and Wellbeing Board held 16th March 2017. *(Attached – pages 1 – 12)*	5 mins (Chair)
8.	Proposed Revision to the Health and Wellbeing Board's Terms of Reference. *(Report attached – pages 13 – 20)*	5 mins (Chair)
	Delivery of Health and Wellbeing Strategy	
9.	Health and Wellbeing Board Discussion Paper: Performance Reporting and Outcomes. *(Paper attached – pages 21 – 26)*	30 mins (Dr Rupert Suckling/ Allan Wiltshire)
	Board Assurance	
10.	Health and Social Care Integration. *(Papers attached – pages 27 – 60)*	20 mins (Dr Rupert Suckling)
11.	Update from Healthwatch Doncaster. *(Verbal update)*	20 mins (Andrew Goodall)
12.	Housing and Health Update. *(Presentation/Cover Sheet attached – pages 61 – 62)*	30 mins (Paul Tanney/ Neil Firth)
	Board Development	
13.	Report from the HWB Steering Group and Forward Plan. *(Report attached – pages 63 – 76)*	10 mins (Dr Rupert Suckling)

Date/time of next meeting: Thursday, 7 September 2017 at 9.30 am. at the Civic Office, Doncaster.

Members of the Doncaster Health and Wellbeing Board

Cllr Nigel Ball (Chair)	Portfolio Holder for Public Health, Leisure & Culture
Cllr Rachael Blake	Portfolio Holder for Adult Social Care
Cllr Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Cllr Cynthia Ransome	Conservative Group Representative
Dr Rupert Suckling	Director of Public Health, DMBC
Dr David Crichton	Chair of Doncaster Clinical Commissioning Group
Kathryn Singh	Chief Executive RDaSH
Steve Shore	Chair of Healthwatch Doncaster
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Jackie Pederson	Chief Officer DCCG
Damian Allen	Interim Director of People, DMBC
Chief Superintendent Tim Innes	District Commander for Doncaster, South Yorkshire Police
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue
Paul Moffat	Chief Executive of Doncaster Children's Services Trust
Peter Dale	Director of Regeneration & Environment, DMBC
Paul Tanney	Chief Executive, St Leger Homes

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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 16TH MARCH, 2017

A MEETING of the HEALTH AND WELLBEING BOARD was held at the MARY WOOLLETT CENTRE on THURSDAY, 16TH MARCH, 2017, at 9.30 a.m.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing
Vice-Chair – Dr David Crichton, Chair of Doncaster Clinical Commissioning Group (DCCG)

Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Paul Wilkin	Deputy CEO, RDaSH, substituting for Kathryn Singh
Jackie Pederson	Chief Officer, DCCG
Richard Parker	Chief Executive, Doncaster & Bassetlaw Teaching Hospital Foundation Trust
Damian Allen	Director of Learning Opportunities and Skills, DMBC
Paul Moffat	Chief Executive, Doncaster Children's Services Trust
Debbie Hilditch	Vice-Chair of Healthwatch Doncaster, substituting for Steve Shore
Patrick Birch	Programme Manager, DMBC, substituting for Kim Curry
Paul Tanney	Chief Executive, St Leger Homes of Doncaster
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)

Also in attendance:

Allan Wiltshire, Head of Performance and Data, DMBC
Bill Hotchkiss, Head of Service – Community Safety, DMBC
Susan Hampshaw, Public Health Principal, DMBC
Jon Tomlinson, Interim Assistant Director Commissioning, DMBC
Ailsa Leighton, Deputy Chief of Strategy & Delivery, DCCG
Jacqueline Wilson, Director of Transformation, Doncaster Children's Services Trust

105 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Councillors Nuala Fennelly and Cynthia Ransome, Kathryn Singh (Paul Wilkin deputised), Peter Dale, Chief Superintendent Tim Innes, Kim Curry (Patrick Birch deputised) and Steve Shore (Debbie Hilditch deputised).

106 CHAIR'S ANNOUNCEMENTS

The Chair, Cllr Pat Knight, read out the following statement to the Board:-

"Well this is my last meeting of the Health and Wellbeing Board. I have been Chair now for 4 years. I haven't missed many meetings, only when I was off ill 2 ½ years ago.

Firstly, I want to thank every Partner Organisation who have contributed to the success of our Board here in Doncaster.

Thank you to my Vice-Chairs, Councillor Tony Corden, Susan Jordan and now Dr David Crichton. We have come a long way with our Board and from listening to other Chairs I have met over the years, we seem to be well placed as a top team, even our Peer Review didn't throw up any concerns. I think we have the right people on the Board and their comments and commitment are vital to our success now and in the future.

Some of you here today have been on the Board from the beginning of the formal Board and I want to thank you for your support and dedication.

For those of you who haven't been on the Board for that length of time, may I wish you and your organisations continued success and involvement in the Board.

My thanks go firstly to Louise Robson and Jonathan Goodrum who between them produce the forward plan, the minutes, book the venues etc for our meetings and as we all know, without our Administration and back office staff our agendas and papers wouldn't happen. So thank you.

Thank you also to Claire Hewitt, Rupert's PA, who always seems to juggle diaries to get those all-important meetings for us to meet and for organising the fruit for our time out sessions and for all the organisational things that happen.

Thank you to Allan Wiltshire for spending time with me prior to HWB meetings when quarterly performance reports are on the agenda. He explains them fully to me and any questions I have he gets me the answers from officers.

Lastly, my biggest thanks go to Rupert as the Director of Public Health and his predecessor Tony Baxter for putting up with me. Rupert is very good at listening to my questions and helps me to understand a topic I am not familiar with. Thank you for helping me understand the Budget report, as at home my husband deals with our finances and just says "Pat, what did you spend that much money on?", so as you can see, finance is not my strong point.

Rupert and his Team are great to work with and very helpful. Probably I will miss working alongside all these professionals the most when I end my term of office as a Councillor in May.

It has been a privilege to be in Cabinet and have this great team of professionals behind me.

Thank you all for being professional, encouraging and for being my friend as Chair of the HWB.

I hope that you will show the same amount of support for my successor whoever that will be and I will try to keep abreast of the continued success of this Board. You may see me in the public gallery on occasions. I may even ask questions, so as the scouting motto goes, "be prepared!".

On behalf of the Board, Dr Rupert Suckling thanked Cllr Knight for her leadership over the years and presented her with a card and flowers as a token of the Board's appreciation.

107 PUBLIC QUESTIONS

Mr Doug Wright referred to the Transformation Update on the Board's agenda and commented on a range of issues including:-

- the need to make up the identified shortfall of £571m regionally, and £139.5m in the case of Doncaster;
- the appointment of strategic partner EY to help shape and co-produce the Place Plan;
- the appropriateness of using joint venture companies in the public sector as an alternative service delivery model; and
- the need for improved communication and engagement to increase public awareness of the STP proposals.

Mr Wright concluded by asking when the public would be able to see details of the business case supporting the adults, health and wellbeing transformation programme, which had identified potential net savings of £14.6m.

In reply, Patrick Birch, Programme Manager, explained that information on the Business Case had been included in the report considered by the Cabinet at its meeting in November 2016. The detailed proposals in terms of investments into services and financial benefits delivered by the programme had been incorporated into the Council's budget. Patrick then summarised the key components of the new Transformation Programme, which included:

- Community Led Support;
- Redesigning the end to end care management pathway for local people;
- Transforming Commissioning (including the use of assistive technology to avoid premature admittance to residential care); and
- Identifying alternative service delivery models to look at ways of doing things differently.

Jackie Pederson, Chief Officer of DCCG, added that Doncaster Council's Health and Adult Social Care Scrutiny Panel had yesterday received a presentation on the new model of intermediate care, which was aimed at providing a short burst of extra care and rehabilitation outside hospital to help people recover and regain their independence as quickly as possible, following an illness or a fall. She explained that this was a good example of how the different organisations were working together.

Mr Wright was informed that Debbie Hilditch, representing Healthwatch Doncaster at today's meeting, would feed back his comments regarding the STP for the purposes of the consultation exercise.

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In referring to the Black and Minority Ethnic Health Needs Assessment (BME HNA), Mr Tim Brown stated that he had been calling for this for over 13 years. He expressed the opinion that the content of the latest version was lacking in certain areas, such as
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on mental health issues and stated that, in his view, the statutory providers were failing to monitor BME outcomes and experiences. Mr Brown stated that his family had contributed to the NHS for over 200 years, and yet BME needs were still being ignored. He concluded by stressing that officers needed to be mindful of the requirements laid down in the Public Sector Equality Duty and NHS Constitution in their activities.

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Mr Arnold Ntiege also referred to the BME HNA and stressed that all that was being requested by the BME communities was wide and meaningful engagement. He also felt that further information was needed on where data was being captured from and whether this included BME communities, citing as an example the data used to inform the work on the new Intermediate Care Model.

Having thanked Messrs Brown and Ntiege, the Chair confirmed that their comments would be taken into account when the Board considered the BME HNA later on the agenda.

108 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

109 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 12TH JANUARY 2017

RESOLVED that the minutes of the Health and Wellbeing Board held on 12th January 2017 be approved as a correct record and signed by the Chair.

110 DOMESTIC ABUSE STRATEGY 2017-2021

The Board considered a report which presented the new 2017-2021 Doncaster Domestic Abuse Strategy. In particular, the Board was asked to consider how it could contribute towards the delivery of the Strategy and support the following three key strategic outcomes:-

- Communities and families no longer experience domestic abuse;
- Families who are vulnerable to or experience domestic abuse are identified earlier and receive effective support to stay safe; reduce repeat victimisation and recover; and
- People who use abusive behaviour are challenged and provided with effective support to change or face the consequences of their actions.

During discussion, Jacqueline Wilson highlighted the significant funding pressures that domestic abuse services were currently facing. She reported that an application by the Doncaster Children's Services Trust for Wave 2 of the Department for Education Innovation funding, for the project known as 'Growing Futures', had unfortunately been unsuccessful, as the Department was not confident about the project's sustainability. She added that it was hoped that it would be possible to maintain a reduced Domestic
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Abuse Navigators programme in the future, with help from Doncaster Council. Members acknowledged that there was currently very limited core funding available for tackling domestic abuse, and yet this issue had significant cost implications for a wide range of organisations.

Dr Rupert Suckling pointed out that the key issues highlighted in the Strategy all linked in with the Doncaster Place Plan. He felt that this raised a number of questions, such as whether domestic abuse was within partners' sights when looking at joint commissioning arrangements, for example.

In welcoming the Strategy, Damian Allen commented on a number of points, including the need to look at how services could be delivered differently and having regard to the resources that went into the commissioning pot, together with reviewing the wider commissioning arrangements to ensure that domestic abuse was tackled effectively. He added that the different models of working could be brought to this Board at an appropriate point in the future.

Dr David Crichton felt that this was a good example of a situation where there was a need to tackle the problem at its root, rather than constantly throwing money at it. He suggested that by taking steps to help build resilient communities, this might in turn help to prevent domestic abuse from occurring further down the line. He added that this work tied in with the Place Plan, which was based on a more preventative approach.

RESOLVED to endorse the content of the new Strategy and support the 3 key objectives and strategic issues identified below:-

1) Need to build community resilience, capacity and challenge cultural acceptance, expressed as the social DNA and mind-set in Doncaster;

2) True joint commissioning, with shared principles across boards and commissioners to tackle DVA along with multiple needs in families;

3) Long term investment to tackle DVA with whole place approach which will have wider public health benefits and support reduction of ASB;

4) Challenge services to 'think' and 'work' whole family and what this means in practice, challenging the systemic issues and conflicting philosophies and approaches to practice; and

5) Research and evaluate the impact of silo working to develop effective multi-system and agency working to address individual needs.

111 QUARTER 3 2016-17 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 3 period, 2016-17.

It was reported that a refreshed 'outcomes based accountability' (OBA) exercise was completed parallel to the refresh of the Health and Wellbeing Strategy. The five outcome areas remained and a new outcome on drugs had been introduced for 2016-17. A number of specific indicators had been identified which would measure progress towards these outcomes in 2016-17.

Further information and narrative around the performance was set out in Appendix A to the report.

The Board discussed the key points and narrative behind the latest performance figures for each outcome area in turn, as summarised below:-

Outcome 1: All Doncaster residents to have the opportunity to be a healthy weight

Dr Rupert Suckling referred to the recently formed Obesity Alliance and outlined some of the initiatives being pursued, including the use of social media to encourage a social movement and culture change around weight management. Work was also continuing in respect of helping to inform and advise on the Local Plan and Planning Guidance in relation to public health considerations, such as the locations and prevalence of fast food takeaways.

Outcome 2: All people in Doncaster who use alcohol do so within safe limits

In summarising the latest performance figures for Outcome 2, Allan Wiltshire drew particular attention to the drop in alcohol related attendance at A&E (Doncaster residents). With regard to the recorded increase in alcohol related violent crime, the Board noted that a likely factor in this was the changes made by the Police to their crime recording processes. Members were pleased to note that performance was better than the national average in the measures relating to successful exits for people in specialist treatment and re-presentations for people in specialist treatment.

Outcome 3: Families who are identified as meeting the eligibility criteria in the expanded stronger families programme see significant and sustained improvement across all identified issues

In response to a query by Councillor Glyn Jones as to whether any data was available in relation to re-referred families in the Stronger Families programme, the Chair confirmed that the Board would receive a more detailed presentation on Stronger Families as its area of focus for Quarter 4, in June 2017.

Outcome 4: People in Doncaster with Dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis

In response to a query by the Chair as to the reasons for the rise in the number of patients having any delayed discharges at RDaSH, as shown in Indicator (f) of Outcome 4, Paul Wilkin explained that this was probably due to people waiting for care packages to be put in place for them, but he undertook to investigate and provide a response outside the meeting.

Outcome 5: Improve the mental health and wellbeing of the people of Doncaster

With regard to the drop in performance in relation to the measure for 'CAMHS: % of referrals starting a treatment plan within 8 weeks', Paul Wilkin advised that he had been given assurances that measures had now been put in place to deal with the current referral demands.

Outcome 6: Reduce the harmful impact of drug misuse on individuals, families and communities

During discussion on the performance indicators relating to drug misuse, Members noted that there was a decreasing trend of people in drug treatment. It was reported that patterns of substance misuse were changing, with opiate use decreasing, while the use of other non-opiate drugs was on the increase. More people were also using drop-in centres, and were therefore not in structured treatment. Members acknowledged that this raised the question of how people with drug, alcohol and mental health problems could be identified and tracked.

In discussing the increasing popularity of psychoactive substances such as 'Spice', which were viewed by some as a recreational activity, Paul Moffat stated that he would like to see a greater focus on the use of such substances by children and young people and analysis of the impact these were having. Damian Allen explained that there was a data gap in understanding these new substances, as the Police only held data where crimes had been committed, but anecdotal evidence suggested that these substances were widely available and being used among young people.

General discussion on the performance report ensued, during which Members acknowledged there was a need for the Board to challenge itself to look at the indicators it received in different ways and, in some areas, identify more meaningful measures to enable more effective performance monitoring. Members also recognised that there were some gaps in the data received, for example, some indicators needed to also cover children and young people and not just adults. With this in mind, Dr David Crichton suggested that the Board might wish to consider receiving fewer indicators in future, all of which should be outcome-based, and having a detailed focus on approximately 3 indicators per year.

RESOLVED:-

(1) to note the performance against the key outcomes; and;

(2) to receive a presentation on the Stronger Families Programme as the area of focus in Q4 2016-17.

112 BLACK AND MINORITY ETHNIC HEALTH NEEDS ASSESSMENT

The Board received a presentation and paper by Susan Hampshaw on the Black and Minority Ethnic Health Needs Assessment (BME HNA). In presenting the HNA, Susan outlined the approach and scope of the needs assessment work, the health priorities that had been identified and the proposed next steps. It was reported that the HNA had resulted in 7 recommendations being made, the details of which were set out in the HNA paper. Susan concluded by highlighting three key questions for the Board to consider:-

1. Does this approach help us (as a system) focus on BME health needs?
2. How can we strengthen this work?
3. How can we ensure that the HNA is a living document and that the actionable recommendations (if supported) are implemented?

During subsequent discussion, Members acknowledged that the HNA would serve as a solid starting point and that the work undertaken to date would be taken forward and strengthened further. Dr Rupert Suckling stressed that it was important not to look at the HNA in isolation and that the findings needed including in the outcomes framework in order to measure progress in the future.

After the Chair had stated that she hoped that the partner organisations would work together in delivering the desired outcomes from the HNA work, it was

RESOLVED to agree the detailed recommendations set out at page 36 of the HNA paper, comprising:-

- Recommendation 1 - assessing differences in access to and outcomes of health and social care services;
- Recommendation 2 - accessing the evidence base;
- Recommendation 3 – developing the evidence base;
- Recommendation 4 - partnership working;
- Recommendation 5 - setting evidence based standards;
- Recommendation 6 - engagement approaches; and
- Recommendation 7 - evidence safari actions.

113 HEALTH AND SOCIAL CARE TRANSFORMATION UPDATE/BETTER CARE FUND UPDATE

The Board received and noted updates from Patrick Birch and Jon Tomlinson on progress with the implementation of the Adults, Health and Wellbeing Transformation Programme and the Better Care Fund (BCF).

Patrick updated the Board on the plan for the future transformation of adults, health and wellbeing and the potential for a positive impact on local people. The new transformation programme emphasised the huge scale of change required and the significant and lasting effect it would have on the way the Council operates. The programme had at its heart a positive “asset based” approach to care, centred on what individuals were able to do and how they could be helped to live at home for longer. It was supported by a detailed and comprehensive business case and built upon the work and achievements of the Council’s current Immediate Business Improvement (IBI) programme.
With regard to the BCF, Jon Tomlinson explained that funding was being put into a community led approach. He confirmed that work had already started in shaping the next BCF Plan, which would be heavily influenced by the work on the Place Plan. In turn, the Place Plan would feed into the Sustainability and Transformation Plan.

The Board noted that work was currently in hand to develop the Place Plan as a delivery plan and partners from across Doncaster were working with a strategic partner to work this up and develop further the key elements outlined in the NHS Five Year Forward Plan. The ambition remained to establish integrated health and social

care across the country by 2020; this was set out in the spending review and would require everyone to have a plan for this in 2017. In Doncaster, the BCF was considered to be both an important vehicle for integration but also a resource that would enable the transformation of current services and delivery efficiencies to ensure that the increasing challenges of rising demand and an ageing population could be met.

RESOLVED to note the progress made so far on health and social care transformation, and also to note the update on the Better Care Fund, performance and future direction of travel.

114 CHILDREN AND YOUNG PEOPLE'S PLAN 2017-20

Damian Allen presented a report which included an updated Children and Young People's Plan (CYPP) for the Board's consideration and endorsement.

During discussion, Damian pointed out that the JSNA and Due Regard Statement should have been included with the Plan for the Board's consideration and agreed to arrange for these to be circulated to Board Members outside of the meeting.

Members noted that the Plan included 12 priorities for improving the lives of children and young people in the borough. The priorities were set out under four key themes: safety, health, achievement and equality. These were drawn from the intelligence gathered from the JSNA, and using insight from the direct participation of children and young people. The Plan was due to be considered by Doncaster Council's Cabinet at its meeting on 28th March 2017.

It was reported that, specific to the Health and Wellbeing Board, there were a number of issues that were raised both from JSNA evidence and from engagement with children and young people. In terms of evidence led priorities, there was a need to reduce levels of childhood obesity, implement the LTP, and work to ensure alignment early help cohort of the Place Plan. In terms of Voice driven priorities, the most prominent issue was access to emotional wellbeing and mental health support. This was consistently raised by children and young people.

After the Board had noted the proposed new governance structure, aimed at ensuring that the new priorities were better aligned to established, accountable groups and that all partner organisations were action focussed and delivered against the agreed actions, it was

RESOLVED to:

(1) endorse the CYPP and the overarching ambition therein; and

(2) receive a further paper at the Board's next meeting highlighting the specific links between the CYPP and the remit of this Board.

115 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016

Dr Rupert Suckling presented to the Board his Annual Report for 2016 as Director of Public Health. He informed the Board that the Report had been presented to the Full

Council at its meeting on 26th January 2017 and had prompted a wide ranging debate.

The Director of Public Health report was considered on an annual basis and was the fourth report since the Public Health function had transferred from the NHS in April 2013. The Annual Report looked in detail at the health of the residents of Doncaster, using the 2016 Health Profile produced by Public Health England and made comparisons alongside the statistics from both 2011 and 2015.

The report provided information on the recommendations identified in 2015, and outlined what progress had been made against the four main challenges as detailed below:-

- Improving children's health and wellbeing;
- Making the link between education, work and health;
- Increasing healthy life expectancy and reducing preventable health conditions; and
- Reducing inequalities in health between and within Doncaster communities.

It was noted that one new recommendation had been introduced this year, namely for Team Doncaster to consider a 'Delicious Doncaster' approach to food and nutrition, aimed at connecting people to food in a healthy way.

RESOLVED:

(1) to note the progress made against the 2015 recommendations;

(2) to note the 2016 recommendations; and

(3) that the following high impact areas be focussed on by the Board in 2017:-

- 'Delicious Doncaster' approach to food and nutrition;
- 'Get Doncaster Moving' campaign to increase physical activity;
- Work with communities and community organisations to build connected, resilient and supportive communities, developing the learning from Stronger Families, Well North and social movements; and
- Adopt work as a health outcome, supporting people back into work and helping people with health issues in employment stay in work.

116 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:

- The 2017 Joint Strategic Needs Assessment;
- Health-led Work and Health Unit trial;
- Doncaster Festival of Research;
- Doncaster CCG Primary Care Committee;
- Pharmaceutical Needs Assessment;
- Governance; and
- Forward Plan for the Board.

RESOLVED to:

(1) note the update from the HWB Steering Group; and

(2) agree the proposed Forward Plan, as detailed in Appendix A to the report.

CHAIR:_____ DATE:_____

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Doncaster
Metropolitan Borough Council

Agenda Item No. 8
29th June, 2017

To the Chair and Members of the
DONCASTER HEALTH AND WELLBEING BOARD

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

EXECUTIVE SUMMARY

1. This report seeks 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.

RECOMMENDATIONS

2. The Board is requested to:-

   (a) consider and recommend to Full Council the proposed revision to paragraph 4.2 of the Board's Terms of Reference, as set out in Appendix A to this report;

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

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

3. The Council is committed to maintaining the highest standards of Governance, and having robust and fit-for-purpose Terms of Reference in place ensures openness and transparency in relation to the Council's decision making processes.

BACKGROUND

4. The Health and Wellbeing Board's Terms of Reference currently state in paragraph 4.2 that the Chair of the Board '…will be the Cabinet Member responsible for public health'.

5. Given that the remit of this Board cuts across the Cabinet portfolio areas of public health and adult social care, a revision is proposed to the wording in paragraph 4.2 of the Board's Terms of Reference, so that the Chair of the Health and Wellbeing Board will be either the Cabinet Member with responsibility for Adult Social Care or the Cabinet Member whose portfolio includes Public Health. . This will offer greater flexibility in terms of future Chairing arrangements. A copy of the revised Terms of Reference reflecting this proposed change is set out at **Appendix A** to the report. Proposed deletions are crossed through whilst new text is shown in bold italics.

6. Once agreed, this change will require the approval of the Full Council at its next meeting, to be held on 13th July 2017. Any subsequent change to the Chair of the Health and Wellbeing Board will also require Council approval.

OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

7. It is recommended that the proposed revision to the Board's Terms of Reference is accepted to provide maximum flexibility in future in terms of allowing the relevant Cabinet Member(s) to Chair meetings of this Board.

RISKS & ASSUMPTIONS

8. There are no identified risks associated with this report.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

9.

	Working with our partners we will provide strong leadership and governance.	The Council is committed to maintaining the highest standards of Governance and robust Terms of Reference allow for the proper discharge of the Council's functions, ensuring openness and transparency.

LEGAL IMPLICATIONS

10. Sections 101 and 102 of the Local Government Act 1972 empower the Council to arrange for the discharge of any of its functions by a Committee or Sub-Committee.

11. The Council is required to establish a Health and Wellbeing Board under the Health and Social Care Act 2012.

CONSULTATION

12. Relevant lead Officers and Members have been consulted on the proposals outlined in this report.

HUMAN RESOURCES IMPLICATIONS

13. There are no human resources implications associated with this report.

EQUALITY IMPLICATIONS

14. There are no specific equality implications associated with this report.

FINANCIAL IMPLICATIONS

15. There are no specific financial implications associated with this report.

TECHNOLOGY IMPLICATIONS

16. There are no specific technology implications associated with this report.

BACKGROUND PAPERS

17. None

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Scott Fawcus
Assistant Director Legal & Democratic Services

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APPENDIX A

DONCASTER HEALTH AND WELLBEING BOARD
TERMS OF REFERENCE

1. Purpose

1.1 The purpose of the Board is to improve the health and wellbeing for the residents of the Doncaster Metropolitan Borough and to reduce inequalities in outcomes. The Health and Social Care Act assigns specific new functions to the Health and Wellbeing Board including leading on the Joint Strategic Needs Assessment (JNSA) together with leading on the development of a Joint Health and Wellbeing Strategy (JHWS).

The Health and Wellbeing Board will not be a commissioning body. The accountability for commissioning decisions will remain with the commissioners.

2. Aims

2.1 The primary aim of the Board is to promote integration and partnership working between the local authority, NHS and other local services and improve the local democratic accountability of health.

3 Role and Functions

3.1 In accordance with the requirements of the Health and Social Care Act 2012, the Doncaster Health and Wellbeing Board is a formally constituted Committee of the Council in accordance with the requirements of the Local Government Act 1972, as amended.

For recommendation to Council.

Adoption of the Health and Wellbeing Strategy.

3.2 Key Responsibilities

- Provide strategic leadership to promote health and wellbeing in and ensure that statutory duties are complied with;

- Assess the needs of the local population by leading the development of and monitoring the impact of the JSNA;

- To oversee the development of and monitoring the implementation of a joint Health and Wellbeing Strategy ensuring that issues highlighted in the strategy are taken forward by commissioners;

- To involve third parties and have regard to the NHS Commissioning Board mandate and statutory guidance in the preparation of the JSNA and JHWS.

- Promote integrated working and partnership working between health and social care, through joined up commissioning plans.

- Work effectively with and through partnership bodies, with clear lines of accountability and communication, including the Local Safeguarding Boards;

- Build effective relationships with supra-local structures e.g. NHS Commissioning Board, Public Health England;

- Take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding and the wider determinants of health;

- Building partnership for service changes and priorities.

3.3 Duties

In discharging the role above, the specific duties of the Health and Wellbeing Board are as follows:

- Ensure joint arrangements are in place to agree priority areas for investment to support health and social care.

- Focus on driving up whole system quality and ensure that opportunities for gains in both productivity and efficiency that are available across the local economy are maximised.

- Make recommendations on the use of freedoms and flexibilities to deliver the core purpose of the board e.g. pooled budgets, joint commissioning, place based budgets;

- Ensure that Commissioning Plans produced by all parties are joined up and that in relation to productivity and efficiency there is a high level of transparency between the NHS and Local Authority.

- Ensure that Commissioning Plans are consistent and in accordance with the Health and Wellbeing Strategy.

- Conduct an open and equal dialogue with the NHS Commissioning Board highlighting views on the relationship and effectiveness of national decision-making to the needs of the local population as defined in the Health and Wellbeing Strategy.

- Review how well commissioning plans have contributed to the delivery of the Health and Wellbeing Strategy.

- Consider the contributions that the Clinical Commissioning Group, the Council and other Partners have made to the successful delivery of the Joint Health and Wellbeing Strategy when conducting its annual performance assessment of the CCG.

- Produce and maintain a Pharmaceutical Needs Assessment.

- To agree and monitor the delivery of the Better Care Fund and make recommendations on the financial strategy to deliver the Better Care Fund to the relevant statutory bodies.

4. Arrangements for the Conduct of Business

4.1 Conduct of Meetings

Meetings are to be conducted in accordance with the Council's Procedure Rules.

4.2 Chairing the Meetings

The Chair will be ***either*** the Cabinet Member ~~responsible for public health.~~ ***with responsibility for Adult Social Care or the Cabinet Member whose portfolio includes Public Health.***

4.3 Quorum

The quorum will be no less than four members of the Board.

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Doncaster
Metropolitan Borough Council

Doncaster Health and Wellbeing Board
Date: 29.06.17

Subject: Health and Wellbeing Board Discussion Paper: Performance Reporting and Outcomes

Presented by: Allan Wiltshire

Purpose of bringing this report to the Board
To outline a proposal to monitor performance and outcomes for the Health and Well Being Board.

Decision	NA
Recommendation to Full Council	NA
Endorsement	Y
Information	Y

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	Y
	Mental Health & Dementia	Y
	Obesity	Y
	Family	Y
	Personal Responsibility	Y
Joint Strategic Needs Assessment		Y
Finance		N
Legal		N
Equalities		Y
Other Implications (please list)		N

How will this contribute to improving health and wellbeing in Doncaster?
Good quality performance management arrangements ensure that priorities are achieved and good quality services delivered to the residents of Doncaster. A set of outcomes that give a good view of health and well-being across the system will help to inform the board of progress and issues.

Recommendations
The Board is asked to:- a) Comment on the draft proposal on outcomes b) Agree to dedicate time to review the outcomes and next steps to develop this approach further.

Health and Well Being Board Discussion Paper: Performance Reporting and Outcomes

Purpose

1.1 To outline a proposal to monitor performance and outcomes for the Health and Well Being Board.

Context

1.2 Regular performance reporting has outlined the position for the areas of focus identified in the Health and Well-Being Strategy (HWBS). This has given the board a good sense of progress in these areas over the previous 3 years but has not provided a good enough link across the areas of focus nor towards the rest of the priorities identified in the HWBS.

1.3 The performance report for Q3 2016-17 prompted a discussion by the board on the value of monitoring progress towards a wider set of outcomes across the health and care system allowing the Board to have a strategic understanding of current performance.

1.4 Furthermore there are some clear areas of responsibility that can be covered by multiple theme boards i.e. the Children and Families Executive Group will cover young people's health issues. Having a co-ordinated response to ensure we maximise the Board's focus on the issues that matter most will become increasingly important.

1.5 The emerging strategic plan for the borough will see the development of an overall outcomes framework for the borough and development of key strategic programmes across the partnership. Any proposals will need to take account of this to ensure effective alignment to partnership activity.

Draft Proposal

1.6 The proposal will be to define a set of outcomes against two criteria so a matrix can be formed. Firstly against a life course categorisation and secondly against a segmentation of care. The life course categorisation would align outcomes to;

- Starting well (ages 0-19),
- Living well (ages 20-64),
- Ageing well (ages 65+)
- An all age category.

1.7 The Care Categorisation would align outcomes to;

- Well-Being
- Prevention
- Care
- Support and Dying Well

1.8 Two draft matrices have been drafted using this criteria, one for outcome descriptions and one for indicators which are contained in **Annex A** for discussion.

1.9 Using this approach the board could decide to report as a whole against the entirety of the matrix or could choose to take a slice either by life course categorisation or by care categorisation. This would allow the board to have choice and control over performance reporting content. There may still need to be consideration of how well these matrices can extract information on family outcomes and demonstrate collective outcomes and measures.

1.10 The framework could become a core part of the Joint Strategic Needs Assessment (JSNA), and needs to be read alongside the emerging health inequalities dashboard.

Next Steps

1.11 If the approach is agreeable there will need to be some investment of time and thought by members of the board to ensure the content of the matrices are correct and provide sufficient coverage and insight to assure the board that progress towards outcomes are being achieved.

1.12 The Board utilise the next free date to allocate some time to work through these matrices to allow agreement to be reached and decide on how reporting might be best configured so that future quarterly performance reports are effective and meet board expectations.

Allan Wiltshire
Head of Policy and Partnerships
DMBC

Rupert Suckling
Director of Public Health

ANNEX A: DRAFT OUTCOMES MATRIX

OUTCOMES	All Age	Starting Well	Living Well	Ageing Well
Well-Being	Healthy Life Expectancy improves* People's quality of life is good and we reduce social isolation* More people are physically active*	Children have the best start in life** Children and young people are healthy and have a sense of wellbeing** Fewer children living in poverty** Children and young people's development is underpinned through a healthy lifestyle**	More people make healthy lifestyle choices relating to smoking, alcohol consumption and achieve a healthy weight	More people are independent for longer* People's quality of life is good and we reduce social isolation*
Prevention	Domestic abuse practice is transformed across Doncaster*** Fewer people experience Domestic Abuse* Avoidable Deaths Reduce* Improved Air Quality	Children have access to the right services at the earliest opportunity** Keeping teenagers and young people safe** Ensure no child suffers significant harm from neglect**	Improve the detection and response to the major causes of preventable deaths; -Cancer -Heart Disease -Diabetes	The right homes are available that meet people's needs - allowing them to safely stay in their home for longer. All people get the vaccinations at the right time Fewer older people have serious falls that require them to go to hospital
Care	Fewer people require health and social care services*	Children and young people have access to quality mental health services	Mental Health care is on an equal footing to Physical care	Fewer people are delayed from leaving hospital*
Support & Dying Well	Improved understanding of the needs of carers and ensuring we have the appropriate support available Reduced social isolation			Continue to enhance the options and support available for people who care for older people, particularly people with dementia

ANNEX A: DRAFT INDICATORS MATRIX

INDICATORS	All Age	Starting Well	Living Well	Ageing Well
Well-Being	Healthy Life Expectancy at birth (years) for Females Healthy Life Expectancy at birth (years) for Males Quality of Life Measure % of population that achieve 150 mins Physical activity per week	**Monitored by Children and Families Executive Board**	Smoking prevalence in adults Alcohol related admissions to hospital Excess weight in adults	Quality of Life Measure Social Isolation Measure (General) Rate of permanent admissions to Residential Care per 100,000 (65+)
Prevention	Rate of Domestic Abuse Incidents (Crimed) per 1000 pop Fraction of mortality attributable to particulate air pollution	**Monitored by Children and Families Executive Board**	Mortality from all cardiovascular diseases in persons less than 75 years of age per 100,000 population Mortality from all cancers in persons less than 75 years of age per 100,000 population	% of eligible adults aged 65+ who have received the flu vaccine Rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population
Care	Proportion of Children in Need per 10,000 population Requests for Support for Adult Social Care per 10,000 population Unplanned hospitalisation for chronic ambulatory care sensitive conditions	**Monitored by Children and Families Executive Board**	Excess under 75 mortality rate in adults with serious mental illness	Delayed Transfers of Care from hospital
Support & Dying Well	Social isolation percentage of adult carers who have as much social contact as they would like.	**Monitored by Children and Families Executive Board**		Prevalence of Dementia

*Doncaster Strategic Programme **Children and Young People Executive Board *** Safer Stronger Doncaster Partnership

Doncaster Metropolitan Borough Council

Doncaster Health and Wellbeing Board
29th June 2017

Subject: Health and Social Care Integration

Presented by: Dr R Suckling

Purpose of bringing this report to the Board	
Decision	X
Recommendation to Full Council	
Endorsement	X
Information	X

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	No
	Mental Health	Yes
	Dementia	Yes
	Obesity	No
	Children and Families	Yes
Joint Strategic Needs Assessment		No
Finance		Yes
Legal		Yes
Equalities		Yes
Other Implications (please list)		No

How will this contribute to improving health and wellbeing in Doncaster?
This report provides an update on the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP), the Doncaster Place Plan and the Improved Better Care Fund for 2017-19.

Recommendations
The Board is asked to NOTE the update on the STP and Place Plan, and APPROVE the Improved Better Care Fund plan for 2017-19.

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Health and Wellbeing Board Briefing Note - South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) and Doncaster Place Plan

Background

1. The Health and Social Care act 2012 and the NHS Five Year Forward View (published in October 2014) put an increased emphasis on health and care partners working together to address three gaps. The three gaps are:
    - The health and wellbeing gap
    - The care and quality gap
    - The funding and efficiency gap
2. Doncaster's response to the 3 gaps is based on three overarching approaches:
    - A radical upgrade in prevention and public health
    - When people do need health services, patients will gain far greater control of their own care
    - The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.
3. Doncaster's response translates into 2 strategic plans:
    - The South Yorkshire and Bassetlaw Sustainability and Transformation Plan, now known as the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership
    - The Doncaster Place Plan

Progress on the STP

4. The South Yorkshire and Bassetlaw STP is recognised as good practice by NHS England. It has been announced as an 'accountable care system' by NHS England. This would result in a different relationship with NHS England and could include NHS partners having more straightforward access to national funding in return for closer working together including a single accountability/performance management framework. In order for this closer working to occur NHS organisations will be asked to commit to a Memorandum of Understanding (MOU) describing how they will work together to deliver the STP. Local Authorities have been identified as partners 'in' as opposed to parties 'to' the MOU as they would support the direction of travel, work in partnership but not sign the MOU.
5. The two proposed major service changes, hyper acute stroke services and children's surgery and anaesthesia services, will need to progress through decision making processes. The Joint Committee of Clinical Commissioning Groups is considering children's surgery and anaesthesia services on 28th June 2017.
6. A major review of all hospital services across South Yorkshire and Bassetlaw is expected to commence over the summer and more detail will be available soon.
7. In addition, more detailed proposals for individual service changes at an STP geography should be expected to emerge over the coming months, although there is no firm timescale.

Progress on the Place Plan

8. Work is underway and at varying stages of completeness on 10 "areas of opportunity", as follows:

Strategic

- Primary Care
- Mental Health
- Learning Disabilities
- Continuing Healthcare

Operational

- Intermediate Care
- Complex Lives
- Urgent and Emergency Care
- Dermatology
- Starting Well (1001 days)
- Vulnerable Adolescents

9. The Place Plan sets out an ambition to move towards accountable care which can be defined as; "the alignment of incentives budgets and decision making to promote greater coordination of and integration by providers of health and social care for a defined population". In order to do this the following areas of work are currently underway:

- Set up the onward development of implementing the Place Plan as a programme with updated governance, Programme Management Office and workstreams
- Update the case for integration to make the benefits and risks more obvious and enable better communication with stakeholders
- Re-design delivery systems and services at the strategic, operational and functional level
- Develop the right leadership behaviours and skills at a system and individual level to drive change
- Appraise the options for the Accountable Care System and develop a Target Operating Model
- Make sure the vast number of stakeholders and staff are brought along on the journey

10. Work is also underway to move to formal pooled budgets in the 6 operational priority areas (see above) by 1st April 2018. Joint shadow financial reporting arrangements are planned by October 2017 and then a section 75 agreement will be required to implement the pooled budgets.

Next Steps

11. Next steps include: Develop project plans; produce contracts where appropriate; hold further workshops; develop systems leadership; define new ways of working; assess the impact of the new delivery model.

12. Each organisation to consider the STP MOU and Place Plan progress at their public boards in June and July..

13. The Health and Social Care Overview and Scrutiny Panel will receive a presentation on the STP, the Place Plan and the Adults Health and Wellbeing Transformation Programme on 13th July 2017.

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

7 April 2017, The Birch/Elm Room, Oak House, Rotherham

Decision Summary

Ref	Item	Lead
1	**Minutes of the meetings held 17 March 2017**	
31/17	**Matters arising:** (a) that each Mental Health trust would advise KT on contact details for the provider lead for Improving Access to Psychological Therapies (IAPT) and an update on this and the proposed joint infrastructure and Department for Work and Pensions (DWP) initiative would be given at the May meeting	**MH LEADS** **KEVAN TAYLOR**
2	**National update**	
32/17	(a) that in principle the Local Authority (LA) Chief Executives would be asked to support the direction of travel of the Memorandum of Understanding (MOU) as partners	**LA CHIEF EXECUTIVES**
	(b) that all statutory bodies would be engaged and consulted with on the MOU and members of the South Yorkshire and Bassetlaw (SYB) Collaborative Partnership Board (CPB) would assist with this, to facilitate discussions and develop an MOU and principles	**ALL**
	(b) that the CPB noted the proposed timelines and that the draft MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for consideration and comment.	**WILL CLEARY-GRAY**
	(c) that the Manchester MOU and the Sheffield City Region (SCR) agreement would be shared with all as an example of the detail expected	**WILL CLEARY-GRAY**
	(d) that any concerns or queries around the outlined process and timeline be brought to the attention of the Chair	**ALL**
3	**Finance update**	
33/17	(a) that links were required between workforce development and finance processes and it was agreed that MC would discuss with JC	**MIKE CURTIS, JEREMY COOK**
	(b) that we would need to develop and agree criteria for how future transformation funding and capital were aligned to priorities and this commitment would be in the MoU	**JEREMY COOK**
4	**STP communications and engagement approach**	

34/17	(a) that a report on the STP communications and engagement approach would be given at the next meeting	**HELEN STEVENS**
	(b) that a short template be produced making the purpose of a document clear, what was required, and who it could be shared with.	**HELEN STEVENS**
	(c) that a lessons learnt exercise from the two major consultations would be helpful for future consultation work and proposals for how this was undertaken would be discussed with the steering group	**HELEN STEVENS**
5	**Independent review of hospital services**	
37/17	(a) that all partners were asked to use the circulated the update paper for discussion at key private meetings	**ALL**
6	**Any other business – Work stream update**	
39/17	(a) that updates from work stream leads would be delivered at future CPB meetings	**ALL**

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of 7 April 2017, The Birch and Elm Room, Rotherham

Present:

Andrew Cash, South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) Lead/Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust (CHAIR)
Adrian Berry, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust (Deputy for Rob Webster, Chief Executive)
Dr Des Breen, Medical Director, Working Together Partnership Vanguard
Dominic Blaydon, Associate Director of Transformation, The Rotherham NHS Foundation Trust
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw STP
Jeremy Cook, Interim Director of Finance, South Yorkshire and Bassetlaw STP
Sandra Crawford – Associate Director of Transformation – Nottinghamshire Healthcare NHS Foundation Trust (Deputy for Ruth Hawkins, Chief Executive)
Mike Curtis, Local Director, Health Education England
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Adrian England, Chair, Healthwatch Barnsley
Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
Susan Hird, Consultant in Public Health, Sheffield City Council (Deputy for Greg Fell, Director of Public Health)
Ben Jackson, Senior Clinical Teacher, Academic Unit of Primary Medical Care, Sheffield University
Bob Kirton, Director of Strategy and Business Development, Barnsley Hospital NHS Foundation Trust
Alison Knowles, Locality Director North of England, NHS England
Wendy Lowder, Executive Director Communities, Barnsley Metropolitan Borough Council (Deputy for Diana Terris, Chief Executive)
Anne Marie Lubanski, Director of housing, Rotherham Metropolitan Borough Council (Deputy for Sharon Kemp)
Ainsley Macdonnell, Service Director – North Nottinghamshire and Direct Services, Adult Social Care, Health and Public Protection, Nottinghamshire County Council (Deputy for Anthony May, Chief Executive)
Richard Parker, Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Brigid Reid, Chief Nurse, NHS Barnsley Clinical Commissioning Group (Deputy for Lesley Smith, Chief Executive)
Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group
Kathryn Singh, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust
Richard Stubbs, Acting Chief Executive, The Yorkshire and Humber Academic Health Science Network
Patrick Birch, Programme Manager, Commissioning and Contracts Adults and Communities, Doncaster Metropolitan Borough Council (Deputy for Jo Miller, Chief Executive)
Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust
Janet Wheatley, Chief Executive, Voluntary Action Rotherham

Apologies:
Louise Barnett, Chief Executive, The Rotherham NHS Foundation Trust
Greg Fell, Director of Public Health, Sheffield City Council (Deputy for John Mothersole, Chief Executive
Matthew Groom, Assistant Director of Specialised Commissioning, NHS England Specialised

Commissioning
Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
Richard Henderson, Chief Executive, East Midlands Ambulance Service
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council
Anthony May, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
Jo Miller, Chief Executive, Doncaster Metropolitan Borough Council
Leaf Mobbs, Director of Planning and Development, Yorkshire Ambulance Service NHS Trust
Dr Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group
Simon Morritt, Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust
John Mothersole, Chief Executive, Sheffield City Council
Matthew Sandford, Associate Director of Planning and Development, Yorkshire Ambulance Service NHS Trust
Steve Shore, Chair, Healthwatch Doncaster
Paul Smeeton, Chief Operating Executive, Nottinghamshire Healthcare NHS Foundation Trust
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group
Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw STP
Neil Taylor, Chief Executive, Bassetlaw District Council
Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust

In Attendance:
Janette Watkins, Programme Director, Providers Working Together
Kate Woods, Programme Office Manager, South Yorkshire and Bassetlaw STP

Minute reference	Item	Action
29/17	**Welcome and introductions** The Chair welcomed members, outlining the content of the meeting, and noted apologies for absence. The meeting would cover: - The next steps for the NHS Five Year Forward View Delivery Plan - Being clear on developing the Memorandum of Understanding (MOU) and the process for this and that NHS England and NHS Improvement were partners to this work as the area moved towards a managed system. - An update on each area would be requested under AOB AJC advised that a common definition would be developed for Accountable Care Systems (ACS) and Accountable Care Organisations (ACO) during the course of 2017/18 A working definition was agreed as ACS referring to the overall STP system and ACPs referring to local places until this was worked through formally.	
30/17	**Minutes of the previous meeting held 17 March 2017** The minutes of the meeting were accepted as a true and accurate record and would be published.	
31/17	**Matters arising** All matters arising would be picked up as part of the agenda. An	

	update was given on the following actions: **13/17 LA CEO meetings** AJC would attend a South Yorkshire and Bassetlaw (SYB) LA Leaders meeting to further discuss proposals around funding and would update the Board at the next meeting in May. **17/17 finance update** A revised indicative budget would be brought to May Sustainability and Transformation Partnership (STP) Collaborative Partnership Board (CPB) subject to clarification of transformation funding. **23/17 Healthy lives work stream update** It was noted that the SCR had funding from the Department of Work and Pensions (DWP) to support an employment service across the SCR. Work was being done around aligning this with the STP footprint. A request was made for each area to provide KT with a provider lead for IAPT. It was noted that the DWP would commission an IAPT employment support service. An update would be given at the May meeting.	**ALL MH LEADS** **KEVAN TAYLOR**
32/17	**National Update** **Delivery plan key messages** The next steps on the NHS Five Year Forward View was published on Friday 31 March. AK presented a summary of this, highlighting the key themes and considering how SYB would take it forward. It was noted that SYB must retain focus on delivery and on the financial position, delivery of the priorities, and to take maximum advantage of the space for co-creation, local innovation and integration. The CPB were invited to comment. It was confirmed in response to a query around 9 accountable care organisations being referred to within the presentation, that other systems could come forward over coming months to form part of this group. The CPB were asked to recognise that Healthwatchs were funded by LAs and might require investment. The CPB discussed major regional universities. It was confirmed that the MOU would be developed and as part of the delivery of the programme, a wider coalition would be considered. This would also include local colleges within the workforce discussions as well as greater collaboration with the SCR leads and police and crime commissioners. In response to a query around the development of the MOU enabling transformation funding, a parallel process was taking place around bidding for national funding, it was confirmed that the transformation funding would include the current bids whether successful or not. Due to parallel running and potentially short timescales for the development of bids, coherence around the bidding process and what	

	SYB needed to do was required as soon as possible. It was noted that the process for allocation of transformation funding would be worked through as a partnership board. An implementation plan would be produced by the end of June 2017. A time out on 28 April was taking place to develop the MOU and it was anticipated that urgent and emergency care, Cancer, Primary care Metal Health and Learning Disabilities would feature as a key programme in 17/18. Concurrently, work was continuing the sustainable hospital services review and the commissioning review. Workforce was discussed as a key issue for all the work and an update would be brought to the May meeting. SYB would need to consider different models and ways of working moving forward. It was agreed that engaging politicians as part of this process was crucial and this would be a discussion agenda when AJC met with LA CEOs. Local elections would take place and thereafter an engagement exercise. In principle the LA CEOS would be asked to support the direction of travel of the MOU which was viewed by LA colleagues in attendance as the right approach in principle. The exercise would be to ensure politicians were well informed and where they wished, to participate and contribute. It was not to seek commitment for the direction of travel. It was agreed that there was learning to take from other STPs and collaborations nationally for the SYB. **SYB Memorandum of Understanding development** SYB had been invited, as one of the 9 emerging accountable care systems, to develop and MoU which would secure funding, additional support and devolved responsibilities from health to better deliver plans. A paper was circulated to set out a framework for an SYB MOU. The focus would be on securing the support SYB needed to delivery its plans and enabling confidence in devolved responsibilities. It was highlighted that the MOU should be have the right balance of commitment and flexibility. All partners would be part of the development of the MOU, which would enable the delivery of key priorities and recognised the legal framework that all were currently working within. All statutory bodies would be engaged and consulted with on the MOU. Members of the CPB would be required to assist with this, to facilitate discussions and develop an MOU and its principles. It was expected that 17/18 would be shadow year recognising that the STP was not a statutory organisation and the region would continue to work together to deliver what was required. The Next Steps on the Five Year Forward View ambitions would be	**LA CEOS** **ALL**

	reflected in MOU. The SYB STP would aim to be the best delivery system in the country and a system commitment was required. NHS England and NHS Improvement as assurers would be part of drafting the MOU. The CPB noted that the 9 areas highlighted in the Next Steps on the Five Year Forward View had been asked to come forward as ACSs and the SYB must define what this meant. The CPB discussed this. Work was taking place around the definitions of Accountable Care Organisations and Accountable Care Partnerships. How the SYB system linked into other systems must also be considered. A comment was made around the challenging timescales to enable all organisations to contribute to developing the MOU. AK highlighted that nationally work was taking place around Accountable Care Partnerships. The work around new assurance systems involved with Accountable Care Organisations was noted. Organisations could collaborate and work with partnerships without changing organisational form. The CPB noted the proposed timelines and that a jointly developed MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for sign off. The Manchester MOU and the SCR agreement would be shared with all as an example of the detail expected. CPB was asked to raise any concerns or queries around the outlined process and timeline.	**WILL CLEARY-GRAY** **WILL CLEARY-GRAY** **ALL**
33/17	**Finance update** The CPB were updated on the finances, noting: • A review of the financial model had been completed and a pack of data had been produced; this identified errors within the model and a refresh would take place. • A meeting took place with the Health Economy and Intelligence Unit within NHS Improvement. There would be no national request to submit an update on plans at this point and would develop guidance consistent with operational plans. JC was asked to join the national group to help develop the next plans to be completed. • Work was taking place with STP Director of Finance (DOFs) around the processes and governance around bidding for additional capital and transformation funds. • Plans for how to report monthly to CPB were being developed. The DOFs would work up proposals through the STP DOF Steering Group for discussion at Finance Oversight Committee and would be approved by the CPB. • Work was taking place on the Stroke business case to agree	

	financial principles and to aid development of final draft business case being considered by Joint Committee of Clinical Commissioning Groups (JCCC) on 24 May. A comment was raised around linking workforce development to finance and it was agreed that MC would discuss with JC. A discussion took place around the need for organisations to work together, developing local commissioning models for the population to develop a sustainable workforce. It was commented that work to consider workforce to deliver against local place plans was required and to test the thinking for broader workforces. Communications around this would be also important. It was highlighted that there was work to be done around urgent and emergency care. The CPB noted that discussions had taken place at the Finance Oversight Committee around the current structures and processes for the STP and clear governance around how funding would be distributed was required. A revised structure for this would be contained within the MOU.	**MIKE CURTIS, JEREMY COOK** **JEREMY COOK**
34/17	**STP communications and engagement approach** A report and presentation would be given at the May meeting. The CPB had previously supported the commissioning of work with Healthwatch and Voluntary Action groups to engage early with the public and staff on the ambitions of the STP. This was taking place in all local areas. Feedback would be captured and form part of the next steps on developing and defining the plans and building a network for engagement.	**HELEN STEVENS**
35/17	**Hyper Acute Stroke Services and Children's Services** A full analysis was circulated from the public consultation. The themes had previously been shared from this from the various stakeholders. The summation of this consultation was also shared noting varied responses to the proposals and demonstrated a full and considered process for the consultation. It was noted that the report had been shared with the Joint Health Overview and Scrutiny Committee (JHOSC). There were no major questions on the consultation and therefore considered to be a full and appropriate consultation on the proposals. Feedback on the report was welcomed from CPB to form a key element of the decision business case being considered by the JCCC in May. It was requested that a short template be produced which was clear on the purpose of a document, what was required, and who it could be shared with. A discussion took place around lessons learned from these work streams and next steps. A lessons learnt exercise from the two major consultations would be helpful for future consultation work. It was noted that there would be a number of caveats around the business	**HELEN STEVENS** **HELEN STEVENS**

	cases presented to the JCCC in May, for example around potential impact on the acute element of the pathways and rehabilitation for Stroke, and the decisions would be taken considering the impact on other elements of the pathway. A discussion took place around the proposals and the original ambitions. It was noted that if there was a scaling back on the work it was because this was the right thing to do for patients. In relation to Children's Services, the size of the change was still to be defined and the work could still be transformational. The CPB noted that the consultation analysis had helped to inform the proposals and was a crucial part of the process to support change. While commissioning services consideration of the issues flagged by the public was very important. It was commented that the quality and safety issues were clearly stated at the public consultation sessions. The CPB noted that final decisions would be taken on the business cases by the Joint Committee in May.	
36/17	**Independent Review of Hospital Services** The CPB were updated on developments with the hospital review. An update paper was circulated for use at private governing body, trust board and council meetings. Further developments were outlined by WCG, noting that the advert for an Independent Review Director Lead had gone out and the closing date was 7 April. The recruitment process would be supported by NHS England and the Sustainable Hospital Services Review Steering Group. The infrastructure for the work was being put into place including recruitment of a secretariat and appropriate project support. All partners were asked to use the circulated paper for discussion at private key meetings.	**ALL**
37/17	**Review of commissioning** The CPB were updated on developments, noting discussions with NHS England. The functions of Clinical Commissioning Groups and where they may align in the future was being addressed. Work was progressing around agreeing definitions of tier 1 and tier 2 and making the connections to the hospital services review. Commissioner input into the MOU was taking place and discussions taking place with NHS England on this. A positive contribution from LAs around commissioning collectively had previously been highlighted, and this would be taken forward.	
38/17	**Unadopted minutes of Finance Oversight Committee** The minutes were ratified by the CPB.	

39/17	**Any Other Business** The ACOs were asked to update on their area: **Bassetlaw** An accountable care partnership board was in place, and discussions had taken place to ensure that the Bassetlaw 'Place' Plan was fully inclusive. Excellent partnership involvement was noted. Overarching outcome measures and agreeing key priorities to take the Place Plan forward would be agreed at the next meeting. Integrated neighbourhood teams were established. Work was taking place with partners and providers around integrated physical and mental health and the contracts had been restructured to facilitate this. Work was taking place to develop social prescribing with the community and voluntary sector, looking at the wider determinants of health and working with partners to build healthier communities. Work was taking place around public engagement to align this with GP practice involvement groups, the council and other neighbourhood groups. **Sheffield** An accountable care partnership was in place. Work was taking place to agree the priority work streams with UEC being one of these. A strong relationship was in place with primary care in Sheffield and the LA. Work was taking place around the commissioning functions of an ACP. Organisational Development (OD) work would be required for Boards and director teams. Three successful engagement events around the Sheffield Place Based Plan had taken place. **Rotherham** Working to an accountable care partnership approach. A Place Plan was agreed and work was now taking place to develop a delivery plan. Work was also taking place on governance moving from shadow form to formal from 2018. Work on OD was required for this. **Barnsley** Work on an accountable care partnership board was progressing. Barnsley would be going live on intermediate care services shortly. This was challenging however there was enthusiasm to work together. Barnsley has an active Save Our NHS Group and work is ongoing to ensure the group is informed. **Doncaster** The Place Plan was agreed and was agreed that there would be an integrated commissioning function and accountable care partnership approach. **<u>Workstream updates</u>** Updates from each work stream would be given at future meetings.	**STP PMO**

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

12 May 2017, The Birch/Elm Room, Oak House, Rotherham

Decision Summary

Minute reference	Item	Action
41/17	**Minutes of the previous meeting held 7 April 2017** The following amendment was required at 39/17, Bassetlaw paragraph, 2nd line, Barnsley should be altered to read Bassetlaw.	**JA**
43/17	**National Update** **SYB Memorandum Of Understanding** a) That Will Cleary-Gray would collate all feedback and comments regarding the draft and bring revised MOU to the next Collaborative Partnership Board Meeting on 9th June. b) That members should forward any further feedback to Will Cleary-Gray.	**WC-G** **ALL**
44/17	**Finance update** **Stroke Business Case** • A short note to members will be circulated that identifies the process that was used concerning the submission of the three capital bids e.g. how they got from the list to being submitted to the Department of Health in the timescales involved. The following additional comments were made by members: • It is important that the revised figures regarding the Stroke blueprint and analysis are shared with stakeholders to inform understanding of potential changes and impact.	**JC** **JC**
46/17	**Update on Programme Activity:** **a. Workforce** Members noted the connection with the Workforce Framework paper previously presented to the Collaborative Partnership Board and Tim Gilpin and Peter Hall would support a discussion at a future Collaborative Partnership Board Meeting.	**TG/PH**
47/17	**b. Proposed Joint Infrastructure and the DWP Initiative** Kevan Taylor informed members there would be a presentation and proposal regarding the DWP initiative at the next Collaborative	**KT**

	Partnership Board meeting in June.	
49/17	**d. Cancer** The Chair advised members that the Cancer Alliance Board agreed a shared inter provider transfer (IPT) policy at the May Cancer Alliance Board meeting and has advised the Collaborative Partnership Board at this meeting that the policy had been signed off and was ready to be sent out to partners. After discussion members agreed that the Clinical Reference Group would finalise any outstanding clinical issues within 6 weeks, which will need to be agreed to ensure we are able to successfully operationalise the policy.	**CRG** **CPB**
51/17	**Findings from conversations with the public and staff on the SYB STP** • all future Board reports will be circulated as a single PDF as well as the combined 'Master All' document. Helen Stevens added that her work stream will be looking at a SYB STP website, branding and narrative and a report will be brought to the next Collaborative Partnership Board meeting.	**JA** **HS**
55/17	**Update on Organisational Development** The Collaborative Partnership Board agreed: • 4/5 senior people should be nominated as enablers from each 'place' on the Board. • Social Kinetic will circulate a questionnaire for Board members and those nominated as enablers to complete, this will be 'live' for 2 weeks. • Social Kinetic will then analyse the data received back from the questionnaires. • A wider team event should be arranged e.g. a one day workshop, 10am to 4pm for approximately 80-100 people should be arranged for the whole Collaborative Partnership Board and Team to attend.	**ALL** **Social Kinetic** **Social Kinetic** **Social Kinetic**

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of 12 May 2017,
The Birch & Elm Room, Rotherham

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash	South Yorkshire and Bassetlaw STP	STP Lead/Chair & CEO, Sheffield Teaching Hospitals NHS F T		✓	
Adrian Berry	South West Yorkshire Partnership NHS FT	Deputy Chief Executive		✓	Rob Webster CEO
Adrian England	Healthwatch Barnsley	Chair	✓		
Ainsley Macdonnell,	Nottinghamshire County Council	Service Director		✓	Anthony May CEO
Alison Knowles	Locality Director North of England,	NHS England	✓		
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher	✓		
Catherine Burn	Voluntary Action Representative			✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
Chris Holt	The Rotherham NHS Foundation Trust		✓		Louise Barnett
Des Breen	Working Together Partnership Vanguard	Medical Director	✓		
Greg Fell	Sheffield City Council	Director of Public Health	✓		John Mothersole CEO
Frances Cunning	Public Health England	Deputy Director of Health and Wellbeing	✓		
Helen Stevens	South Yorkshire and Bassetlaw STP	Assc. Director of Comms & Engagement	✓		
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Interim Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer,	✓		
Jane Anthony	South Yorkshire and Bassetlaw STP	Corp Admin, Exec PA, Business Mgr	✓		
Janette Watkins	Working Together Partnership Vanguard	Director	✓		
Janet Wheatley	Voluntary Action Rotherham	Chief Executive	✓		
Jeremy Cook	South Yorkshire and Bassetlaw STP	Interim Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive	✓		First Hour
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Julia Burrows	Barnsley Council	Director of Public Health	✓		

Julia Newton	Sheffield Clinical Commissioning Group	Chief Finance Officer	□	✓	
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive	✓		
Lesley Smith	NHS Barnsley Clinical Commissioning Group	Accountable Officer	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive		✓	
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer		✓	
Matt Powels	NHS Sheffield Clinical Commissioning Group	Director of Commissioning	✓		Maddy Ruff
Matthew Groom	NHS England Specialised Commissioning	Assistant Director		✓	
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning & Dev	✓		
Mike Curtis	Health Education England	Local Director	✓		
Neil Taylor	Bassetlaw District Council	Chief Executive	✓		
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Chief Operating Executive	✓		
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Interim Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS F T	Chief Executive	✓		
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Acting Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive	✓		
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		
Sean Raynor	South West Yorkshire Partnership NHS FT	District Service Director, Barnsley and Wakefield	✓		Adrian Berry
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive	✓		
Steve Shore	Healthwatch Doncaster	Chair		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw STP	Sustainability & Transformation Director	✓		

Minute reference	Item	Action
40/17	**Welcome and introductions** The Chair welcomed members and noted apologies for absence.	
41/17	**Minutes of the previous meeting held 7 April 2017** The following amendment was required at 39/17, Bassetlaw	**JA**

	paragraph, 2nd line, Barnsley should be altered to read Bassetlaw. Subject to the above amendment the minutes of the meeting were accepted as a true and accurate record and would be published.	
42/17	**Matters arising** All matters arising would be picked up as part of the agenda.	
43/17	**National Update** **South Yorkshire and Bassetlaw Memorandum Of Understanding** Will Cleary-Gray updated members on the progress of the Memorandum of Understanding (MoU). The MoU is not a legal contract, nor does it serve to replace the legal framework or responsibilities of our statutory organisations. It is an agreement that sets out the framework within which our partner organisations will come together to establish how we will develop as an Accountable Care System. A draft was shared with Collaborative Partnership Board members attending the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (SYB STP) timeout on 28 April 2017. Feedback from the timeout was incorporated into the draft MoU and those present at that meeting agreed the revised document should be shared with statutory organisations. The draft was circulated with an accompanying letter from Sir Andrew Cash in which he outlined the context of the MoU, the document being a first draft and requested their feedback which would be incorporated into the document. The draft MoU has also been shared with NHS Improvement and NHS England and with the Five Year Forward View Team. Will Cleary-Gray will collate all further feedback and comments regarding the draft and bring a revised MoU to the next Collaborative Partnership Board meeting on 9th June 2017. The following comments were made by members: • A sentence should be added to the document regarding stakeholders because as provider groups start to develop and emerge they will also be part of the stakeholder agreement and as such should be invited as and when they develop. • This is a helpful and very well written document, this is a social movement of working together. • 'Parties to' and 'partners in' is a useful way to make a distinction between the various stakeholders and how they may wish to be reflected in the MOU. • Clarify 'partners' and 'parties': 'partners' provide support for the direction of travel, 'parties' are organisations that will be signing the MoU. • Yorkshire Ambulance Service is a Trust therefore the word 'Foundation' should be removed when referring to this service. • In the glossary it may be helpful to have an explanation of both 'horizontal' and 'vertical' parties. Will Cleary-Gray agreed to incorporate the above comments into the draft.	**ALL** **WC-G** **WC-G**

	The Chair urged members to forward any further feedback direct the Will Cleary-Gray. The Collaborative Partnership Board noted the Memorandum of Understanding.	**ALL**
44/17	**Finance update** Indicative Budget 2017-18 Jeremy Cook presented his finance report to the meeting drawing attention to the following issues: **Capital** Capital bids had been submitted to the Department of Health under very tight deadlines. STP had submitted 3 bids but as yet has not received any feedback on them from the Department of Health. **STP Budget 17/18** Jeremy Cook added the STP budget for 2017-18 had not yet been worked up as notification of funding from NHS England and NHS Improvement. The Chair advised members she would update them from a national meeting held in London on 2nd May 2017 that both she and Will Cleary-Gray attended. **Financial modeling** Jeremy Cook advised members that a simplified version of the financial plan was being developed. The Finance Steering Group meeting on 23rd May 2017 will receive a presentation regarding the progress. **Hyper acute stroke services business case** Jeremy Cook informed members that there is a difference between the blueprint and analysis figures in terms of the way forward for the hyper acute stroke services business case. Will Cleary-Gray advised members that the team has been working through the revised flows with Yorkshire Ambulance Service to establish clarity. The reviewed flows would be shared with stakeholders. Jeremy responded to comments from members as follows: • There was some urgency around the capital bids as the submission deadline was tight. In future it is expected that such urgent items are channelled through the new Executive Sub Group. The Executive Steering Group is not formed at the moment and Terms of Reference are being taken to the Financial Oversight Committee today and the Executive Steering Group on Tuesday, 16th May and will circulated thereafter. • A short note to members will be circulated that identifies the process that was used concerning the submission of the three capital bids e.g. how they got from the list to being submitted to the Department of Health in the timescales involved.	**JC**

	The following additional comments were made by members: • We must ensure we are aware of the national parameters of bids and their criteria so we can adapt our cases to fit. • It is important that the revised figures regarding the Stroke blueprint and analysis are shared with stakeholders to inform understanding of potential changes and impact. The Chair thanked Jeremy Cook for the information provided.	**JC**
45/17	**Summary update to the Collaborative Partnership Board** The Chair gave members an update on recent national discussions. The Chair and Will Cleary-Gray attended the STP National meeting with Chairs and CE's present from the other 8 STP systems on 2nd May 2017. The Chair informed members that discussion had taken regarding: • Working with the Centre, • Understanding support offer from the Centre including transformational funding, • Understanding how the 9 Accountable Care Systems (ACS) will work together and share information as an emerging ACS. The Chair conveyed the following key items that she took away from the meeting: • The timeline for developing a Memorandum of Understanding which was ending in June. • The national priorities. • The focus on delivery and transformation. The Chair added that she was awaiting the outcomes from the national ACS meeting which would provide detail and clarity regarding the above discussions and areas where we work with the Centre and other emerging ACS. Will Cleary-Gray presented the remaining summary report updates to the Collaborative Partnership Board. The Collaborative Partnership Board received the report and welcomed the updates provided from each of the STP work streams that they would use to inform local discussions.	
46/17	**Update on Programme Activity:** **a. Workforce** The Chair welcomed Linda Crofts, Head of Learning & Development, Sheffield Teaching Hospitals to the meeting. Linda Crofts was also supporting the STP workforce work-stream. Linda Crofts added that it is important to acknowledge that developing the workforce is an opportunity as well as a challenge to achieving successful transformational change. Linda Crofts informed members she was here today to talk through work developing the Excellence Centre and to seek the support of colleagues in the Partnership. At the moment the Excellence Centre is looking to strengthen their Employer Forum.	

	Linda Crofts gave her presentation to Board members. Linda Crofts responded to comments from members as follows: • We should recognise our unregistered workforce is vital to transformational change • We have a good infrastructure in South Yorkshire, we need to bring together the Excellence Centre and Faculty for Advanced Practice. • South Yorkshire has developed good partnerships regarding the development of its workforce, it needs to build on the successes and relationships it already has. Such partnerships are not as well developed in other areas and it would be detrimental to the collaborations already built up if we were to replicate the model to include other areas. Members made the following additional comments • We should understand the resources we have in our different organisations and note that we could work better if we are better connected. • We should ensure there is no duplication i.e. we should change our mindset and create a culture of coming together, noting the potential to focus on learning and development and pool our resources. • Healthcare systems need to understand different skill sets are required outside hospitals. We need to bridge the skill gap to ensure staff are developed and able to respond to take care of people outside of hospitals. • If trained well, some staff bands can potentially free up higher grades so they are able to undertake additional training when required. • We must factor in a consistent approach across South Yorkshire in order that sectors and roles within it are not destabilized. • Social care is keeping people out of hospital. 'Place' relates to 60% of what is going on in STP and therefore we should start discussions with social care teams and their representatives. Collaborative Partnership Board members thanked Linda Crofts for attending this meeting and for her presentation. Members noted the connection with the Workforce Framework paper previously presented to the Collaborative Partnership Board and Tim Gilpin and Peter Hall would support a discussion at a future Collaborative Partnership Board Meeting.	**TG/PH/BC**
47/17	**b. Proposed Department of Work and Pensions (DWP) initiative** Kevan Taylor informed members there would be a presentation and proposal regarding the DWP initiative at the next Collaborative Partnership Board meeting in June.	**KT**
48/17	**c. Urgent Care** The Chair welcomed Rachel Gillott, Programme Director Urgent and Emergency Care, SYB STP to the meeting. Rachel Gillott gave her presentation to Board members.	

	Members were informed that Urgent Care is a big area of work and what this work area is still looking at is identifying two or three major items they want to progress.	
49/17	**d. Cancer** The Chair highlighted that the draft Memorandum of Understanding articulates a move towards a new performance management framework for Cancer. One which will require a clear Inter Provider Trust policy to support the safe and timely transfer of patients between providers: *"We will work to deliver the 62 day referral to treatment standard at system level as a single measure across our provider organisations. This will create capacity to focus not only on the headline target but also enable us to focus on measures which hold the greatest significance to people affected by cancer such as quality of life, whilst also working to improve inter provider transfers within 38 days"*. The Chair added the challenges for this work area being: • 62 days target from referral to treatment - there are clear time pressures in terms of expectation of the achievement of 62 day performance, with a significant national focus. The explicit timeframes within which 62 day performance must be met include 70% of provider organisations must meet the target by July with 100% of provider organisations and Cancer Alliances by September 2017. • A 38 day transfer protocol • What constitutes transfer? • As part of current conversations it is expected that providers will be expected to sign up to a local IPT policy as a requirement to access the Sustainability element of the STF. • We are also aware that any Cancer Transformation funding will also be released based on progress towards recovery of 62 day performance as an SYB&ND system. There has been a significant amount of work, over 18 months to the shared IPT policy. This has been a hugely challenging process in which we have asked organisations and individuals to shift focus from local organisational performance towards a 'new world' acceptance of collective responsibility for shared performance in line with the future aspirations of the Cancer Alliance and STP. Reporting the 62 days as a whole system takes away any focus on grey areas that damage relationships and allows us to get the pathway right for patients. In considering the work to date, the current national focus and the emerging MOU, the Cancer Alliance board agreed the shared Inter provider transfer (IPT) policy at the May Cancer Alliance Board meeting and require the support of the Collaborative Partnership Board to progress. Members responded with the following comments: • Bearing in mind governance protocol the policy should go back to the Clinical Reference Group (CRG) to sign off before us. • We could sign up to the overall policy, dotting the i's and crossing the t's is down to implementation and at the CRG. • The policy needs any issues resolved before we sign it off e.g. exactly what defines a referral. If it can't be resolved by the CRG within a specific time then it should go externally to be	

	resolved and then come back here for signing off in 6 weeks time. The Chair advised members that the Cancer Alliance Board agreed a shared inter provider transfer (IPT) policy at the May Cancer Alliance Board meeting and has advised the Collaborative Partnership Board at this meeting that the policy had been signed off and was ready to be sent out to partners. After discussion members agreed that the Clinical Reference Group would finalise any outstanding clinical issues within 6 weeks, which will need to be agreed to ensure we are able to successfully operationalise the policy.	**CRG** **CPB**
50/17	**e. Mental Health & Learning Disabilities** Unfortunately, due to constraints on time Kathryn Singh and Jackie Pederson were unable to give their presentation. However, they suggested that members read the section of Paper D which provided up-to-date information.	
51/17	**Findings from conversations with the public and staff on the SYB STP** Helen Stevens presented her report to the Collaborative Partnership Board. The report consisted of 3 elements: • an overarching report, • a summary report of community responses about the South Yorkshire and Bassetlaw Sustainability and Transformation Plan(SYB STP), • an analytical report on the current views of the SYB STP. Helen Stevens reported that there had been good engagement in this process and took this opportunity to thank Healthwatch and the voluntary sector for their assistance which has helped to inform this report. Helen Stevens agreed that: • the information contained in this report can now go into the public domain, • all future Board reports will be circulated as a single PDF as well as the combined 'Master All' document. Helen Stevens added that her work stream will be looking at a SYB STP website, branding and narrative and a report will be brought to the next Collaborative Partnership Board meeting. The Collaborative Partnership Board noted this report.	**JA** **HS**
52/17	**Independent Review of Hospital Services** Unfortunately, due to constraints upon time this item was not discussed and members were referred to the written update.	
53/17	**Review of Commissioning** Unfortunately, due to constraints upon time this item was not discussed.	
54/17	**Hyper Acute Stroke Services and Children's Services** Unfortunately, due to constraints upon time this item was not discussed, however, there was a comprehensive report circulated on this subject.	

55/17	**Update on Organisational Development** The Chair welcomed Grace Doherty and Claire Cater from Social Kinetic to the meeting. Grace Doherty and Claire Cater gave their presentation to the meeting. The presentation summarised the work embarked upon so far with Social Kinetic. The next phase for Social Kinetic would be to focus on human factors and they outlined the next phase of their programme for Board members consideration. The Collaborative Partnership Board agreed: • 4/5 senior people should be nominated as enablers from each 'place' on the Board. • Social Kinetic will circulate a questionnaire for Board members and those nominated as enablers to complete, this will be 'live' for 2 weeks. • Social Kinetic will then analyse the data received back from the questionnaires. • A wider team event should be arranged e.g. a one day workshop, 10am to 4pm for approximately 80-100 people should be arranged for the whole Collaborative Partnership Board and Team to attend. The Chair and Collaborative Board members thank Social Kinetic for their presentation and their attendance at this meeting.	**ALL** **Social Kinetic** **Social Kinetic** **Social Kinetic**
56/17	**Any Other Business** There was no other business brought before the meeting.	
57/17	**Date and Time of Next Meeting** The next meeting will take place on 9 June 2017 at 9.30am to 11.30am.	

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To the Chair and Members of the HEALTH & WELLBEING BOARD

IMPROVED BETTER CARE FUND APPROVAL FOR 2017-19

EXECUTIVE SUMMARY

1. The purpose of this report is for members to sign off the Improved Better Care Fund Plan 2017-19.

EXEMPT REPORT

2. There is no exempt information contained within the report.

RECOMMENDATIONS

3. That the Health & Wellbeing board approve the plans for 2017/18 and 2018/19 to spend the Improved Better Care Fund.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Health & Wellbeing Board aims to improve health and wellbeing for the residents of Doncaster and reduce inequalities in health outcomes. This aim is shared by partners to the Better Care Fund and wider Place Plan.

BACKGROUND

Better Care Fund (BCF)

5. Proposals around the Better Care Fund (BCF) were launched in December 2013 through a joint letter sent out from the Department of Health and Department for Communities and Local Government. Partners were required to formulate joint plans for better care, so that the pooled budgets between health and social care announced in June 2013 could start from April 2015.
6. The BCF is the biggest ever financial incentive for the integration of health and social care. It has required Clinical Commissioning Groups and local authorities across the country to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation.
7. The emphasis of the fund is to support greater integration and this is seen as a potential way to use resources more efficiently, in particular by reducing avoidable hospital admissions and supporting early discharge. The BCF and other drivers of integrated care such as new care models are seen to pave the way for greater integration of health and social care services. There was also an emphasis on aligning the BCF plans to other programmes of work as set out in the NHS Five Year Forward View and the delivery of 7 day services.
8. The BCF sets out a number of national conditions that must be met and subsequently delivered by each local plan. For 2017/18 those national conditions are:
    a. Plans must be jointly agreed
    b. NHS contribution to adult social care is maintained in line with inflation.
    c. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
    d. Managing transfers of care
9. Beyond this, we have flexibility in how the Fund is spent over health, care and housing schemes or services, but we need to agree how this spending will improve performance in the following four metrics: **Delayed transfers of care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.**

10. The new guidance for BCF is still awaited from the DoH and our plans are being developed. A report will be brought to the next meeting of the Health and Wellbeing board.

Improved Better Care Fund (iBCF)

11. In 2015 it was announced that there would be an additional element of funding, the Improved Better Care Fund (iBCF) to start in the 2017/18 financial year and running until 2019/20 and payable to the Council. There was no ring fence attached to the funding as part of the announcement. In 2017 there was an announcement of more funding for iBCF which also runs until 2019/10. At this stage guidance was issued on what the expectations were for the whole of the iBCF funding and the outcomes expected as contained the Integration and Better Care Fund Policy Framework 2017-19.
12. Although the Improved Better Care Fund has a similar name and it must be pooled together with the rest of the BCF the criteria for spending it is different. This funding does not replace and must not be offset against NHS minimum contribution and must be used only for:
    a. Meeting adult social care need
    b. Reducing pressure on NHS, including supporting more people to be discharged from hospital when ready
    c. Ensuring local social care provider market is supported.
13. The Council is expected to start spending as soon as possible as part of the funding is intended to enable us to provide stability and extra capacity in local care system. It is also intended to support councils to focus on core services including, help to cover the National Living Wage.
14. The Council must: pool the money; work with the CCG to meet National Condition 4 on Managing Transfers of Care, and; submit quarterly reports. A return has already been submitted to Department of Communities and Local Government (DCLG) and signed by the Section 151 Officer to state that the additional funding is supporting Adult Social Care.

Integration

15. During 2016, work was accelerated around Place Plans and Sustainability, Transformation Plans (STP). In Doncaster a Place Plan has been developed and has already been shared with the H&WB, it features within the South Yorkshire and Bassetlaw STP. Work is currently in hand to develop the Place Plan as a delivery plan and partners from across Doncaster are working with our strategic partner (EY) to work this up and develop further the key elements outlined in the NHS Five Year Forward Plan.
16. The ambition remains to establish integrated health and social care across the country by 2020, this is set out in the spending review and will require everyone to have a plan for this in 2017. In Doncaster we consider the BCF to be both an important vehicle for integration but also a resource that will enable us to transform current services and delivery efficiencies to ensure that we can meet the increasing challenges of rising demand and an ageing population.

Additional Adult Social Care Funding for 2017/18 and 2018/19

17. The grant determination for the iBCF was issued on 24th April to be added to the previously announced allocations for the BCF. The allocations are set out below:

Source	2017/18 £'m	2018/19 £'m
BCF funding provided by Doncaster CCG	15.168	15.456
BCF revenue funding from Doncaster MBC	7.166	7.302
BCF capital funding from Doncaster MBC	2.118	2.118
Original BCF (2 years announced)	**24.452**	**24.876**
Improved BCF announced 2015	1.333	7.176
Improved BCF announced 2017	7.046	4.326
Total Improved BCF (3 years announced)	**8.379**	**11.502**
Total	**32.831**	**36.378**

Summary of iBCF Plans for 2017/18 and 2018/19

18. It is proposed that the additional one-off funding available from iBCF in 2017/18 and 2018/19 will be utilised to meet emerging pressures e.g. sleep in nights, pressures identified in 2016/17, one-off transformation costs and defer some of the 2017/18 savings allowing more time to deliver the transformational change. The table below shows how it is intended to allocate the iBCF for 2017/18 and 2018/19 over the grant conditions identified in the guidance.

Grant Conditions	2017/18 £'m	2018/19 £'m	Total £'m
Meeting Adult Social Care need			
Funding increased demands due to demographics including children transitioning to adults as well as increased direct payment and individual budgets, which support choice and the move away from traditional high cost placements in care.	1.50	2.27	3.77
Residential Short Stay - the demand for this service has increased as more individuals are supported to live at home, reducing the numbers in residential care and hospital. There is also a specific pressure regarding a small number of high cost Learning Disability service users who have to remain in short stay for extended periods of time because of lack of suitable alternative provision.	0.60	0.60	1.20
Reducing saving proposals whilst alternative options and practices are introduced as part of the transformation programme - supporting more people to live at home reducing residential care pressure and increasing availability of residential care for people leaving hospital services.	0.80	0.00	0.80
Funding for additional Extra Care Capacity	0.00	0.50	0.50
DoLS/Safeguarding Adults Hub – funding to support increased demand.	0.09	0.09	0.18
Support for projects specifically targeting vulnerable adults, which will help reduce call on	0.26	0.10	0.36

high cost health and social care services.			
Reducing pressure on NHS			
Funding projects supporting the transformation programme that were previously to be funded by BCF carry forward	1.48	1.39	2.87
Funding the increased provision of community equipment due to transformation programme to enable more people to remain in their own homes.	0.50	0.50	1.00
Funding for investment in technology including more assistive technology	0.30	1.20	1.50
Delayed transfers of Care (DTOCs) – estimated funding to address outcomes due from joint review with the LA and CCG, recognising some further investment may be required.	0.25	0.25	0.50
Ensuring local supplier market is supported			
Funding the impact of the National Living Wage on the cost of sleep in night for supported living providers.	1.50	1.50	3.00
Residential fees - as part of the negotiations for the 2017/18 fee a cost validation exercise took place that supported a significant increase in the rates paid to providers. The figure includes £0.3m for the CCG for 2017/18 to enable the work on the Care Home Strategy to be completed.	1.10	1.10	2.20
Funding further support for the provider market for estimated increases in retendered contracts.	0.00	2.00	2.00
Total	**8.38**	**11.50**	**19.88**

19. This table represents the current plans for iBCF and the figures contained are being verified and may be subject to change. In particular, some of the figures will be affected by ongoing negotiations with providers, and although care has been taken in producing the figures they should not be viewed as confirmed at this stage.
20. Advice has come from the Association of Directors of Adult Social Services (ADASS) that delays in guidance being issued should not delay the spending of iBCF in particular, and stresses, "The funding was to enable councils to *take immediate action* to spend on ASC, to support the sustainability of the care market and to support patient flow (some things will, of course, meet all three of the grant conditions)."
21. These proposals will also be incorporated into the Council's 2017/18 budget update report that will go to Cabinet on 20th June.
22. An update on these proposals will be brought back to Health & Wellbeing Board when there is more detail available and greater certainty about the figures.

BCF Plan 2017-19

23. Although we are yet to see the final arrangements for BCF for 2017-19 the plan is currently being compiled and the governance and performance management arrangements around the BCF will be further strengthened during 2017.
24. This will ensure that all projects funded through BCF are regularly reviewed so that remedial action can be taken early to ensure ineffective projects are decommissioned and others

commissioned to support the delivery of key metrics. The proposals will be circulated to H&WB members for comment when they are completed, however, there will be no changes to the role of the H&WB as senior body within the sign off process.

25. The 2017-19 BCF submission will be strongly linked to the ambitions set out in the Doncaster Place Plan and proposals outlined in transformations across the system. This should enable us to accelerate our performance and deliver services that provide excellent outcomes for the citizens of Doncaster, H&WB will be updated regularly on progress.

Monitoring

26. There is a well-established quarterly monitoring process for BCF and it is proposed that the additional funding will also be reported on the same basis. In addition, it will also be subjected to the normal Council budget monitoring processes.

OPTIONS CONSIDERED

27. That the Health and Wellbeing board sign off the plans for the Better Care Fund and Improved Better Care Fund for 2017-19 as laid out in report and appendices.

REASONS FOR RECOMMENDED OPTION

28. N/A

IMPACT ON THE COUNCIL'S KEY OUTCOMES

29.

	Outcomes	**Implications**
	All people in Doncaster benefit from a thriving and resilient economy. • Mayoral Priority: Creating Jobs and Housing • Mayoral Priority: Be a strong voice for our veterans • Mayoral Priority: Protecting Doncaster's vital services	The work of the health and wellbeing board has the potential to have an impact on all the Councils key objectives.
	People live safe, healthy, active and independent lives. • Mayoral Priority: Safeguarding our Communities • Mayoral Priority: Bringing down the cost of living	
	People in Doncaster benefit from a high quality built and natural environment. • Mayoral Priority: Creating Jobs and Housing • Mayoral Priority: Safeguarding our Communities • Mayoral Priority: Bringing down the cost of living	
	All families thrive. • Mayoral Priority: Protecting Doncaster's vital services	

	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

LEGAL IMPLICATIONS

30. Section 1 of the Localism Act 2011 gives the local authority the power to do anything that individuals may generally do.
31. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.
32. Section 75 of the National Health Service Act 2006 gives authority for the Council to pool funds with the local Clinical Commissioning Group. The intention is to add the improved better care fund to the better care fund and therefore the Section 75 agreement which documents the arrangement will need to be varied.
33. The Health and Social Care Act 2012 introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
34. The Health & Wellbeing board will approve the plans for use of the improved better care fund for 2017/18 and 2018/19. This is one off funding and therefore the Council must be aware of the risks associated with such monies and that appropriate exit strategies are put in place when the funding ceases.
35. The approval of the 2017/18 and 2018/19 plans will impact on service users and other individuals, particularly those with protected characteristics within the meaning of the Equality Act 2010. As specific projects and activities develop, a due regard statement must be completed and presented to the decision makers.
36. The acceptance of improved better care fund must be in compliance with the Council Financial Procedure Rules and when accepting the improved better care fund the Council must comply with its guidance and outcomes expected as contained the Integration and Better Care Fund Policy Framework 2017-19.
37. On the 20th June 2017, cabinet approved the budget report detailing the improved better care fund, this will now be sent to full council for a decision in July.

FINANCIAL IMPLICATIONS

38. These are contained within the body of the report

HUMAN RESOURCES IMPLICATIONS

39. There are no specific human resources implications.

TECHNOLOGY IMPLICATIONS

40. There are no specific technology implications.

EQUALITY IMPLICATIONS

41. Decision makers must consider the Public Sector Equality Duty at s149 of the Equality Act 2010. The duty requires organisations, when exercising their functions, to have 'due regard'

to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic. There are no specific equality implications arising from this report, however, specific projects and activities arising from the Improved Better Care Fund will be the subject of separate 'due regard' assessments and statements.

CONSULTATION

42. Any specific issues arising from future de-commissioning/commissioning activity will be subject to appropriate communication.

BACKGROUND PAPERS

43. None

REPORT AUTHOR & CONTRIBUTORS

Dr R Sucking, Director of Public Health

Kathryn Black, Directorate Finance Manager – AH&WB

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Doncaster
Metropolitan Borough Council

Doncaster
Health and Wellbeing Board
Date: 29th June 2017

Subject: Housing and Health Presentation

Presented by: Paul Tanney, Neil Firth

Purpose of bringing this report to the Board	
Decision	For information
Recommendation to Full Council	None
Endorsement	None
Information	Overview and update on the links between health and housing in Doncaster

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	Yes
	Mental Health	Yes
	Dementia	Yes
	Obesity	No
	Children and Families	Yes
Joint Strategic Needs Assessment		Not required
Finance		Not required
Legal		Not required
Equalities		Not required
Other Implications (please list)		None

How will this contribute to improving health and wellbeing in Doncaster?
Increasing the understanding of links between Health and Housing

Recommendations
The Board is asked to note the information provided.

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Doncaster Metropolitan Borough Council

Doncaster Health and Wellbeing Board
29th June 2017

Subject: Report of the Steering Group and Forward plan

Presented by: Dr R Suckling

Purpose of bringing this report to the Board	
Decision	X
Recommendation to Full Council	
Endorsement	
Information	X

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	Yes
	Mental Health	Yes
	Dementia	Yes
	Obesity	Yes
	Children and Families	Yes
Joint Strategic Needs Assessment		No
Finance		No
Legal		Yes
Equalities		Yes
Other Implications (please list)		No

How will this contribute to improving health and wellbeing in Doncaster?
This report provides an update on the Black and Minority Ethnic (BME) Health Needs Assessment, 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 and the next Yorkshire and the Humber HWB chairs event.

Recommendations
The Board is asked to NOTE the report, and DISCUSS and AGREE the forward plan.

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Doncaster
Metropolitan Borough Council

Agenda Item No. 13
29th June 2017

To the Chair and Members of the
HEALTH AND WELLBEING BOARD

REPORT FROM THE HEALTH AND WELLBEING BOARD STEERING GROUP AND FORWARD PLAN

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an update to the members of the Health and Wellbeing Board on the work of the Steering Group to deliver the Board's work programme and also provides a draft forward plan for future Board meetings.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

2. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, system management and any decisions that are made as a result of Board meetings.

EXEMPT REPORT

3. N/A

RECOMMENDATIONS

4. That the Board RECEIVES the update from the Steering Group, and CONSIDERS and AGREES the proposed forward plan at **Appendix A**.

PROGRESS

5. At the first full Board meeting on 6th June 2013, Board members agreed that there would be a Health and Wellbeing Officer group to provide regular support and a limited support infrastructure to the Board. In March 2016 this support was changed to a steering group.

The Steering group has had three meetings since the last Board in March 2017 and can report the following:

- **Black and Minority Ethnic (BME) Health Needs Assessment**

Following on from the presentation at the HWB, the needs assessment approach and outcomes were presented at the Inclusion and Fairness Forum. The recommendations have been developed into an action plan for 2017/18 and this will be reported back on a regular basis. Some of the actions pertain

to additional data collection to fully assess outcomes and some are more practical such as the health campaigns and GP registration work. A key recommendation from the needs assessment report was around engagement and specific engagement for each action has been identified. The action plan is attached as **Appendix 1**.

- **Heatwave Planning**

The Heatwave and Summer preparedness programme of the Heatwave Plan for England has been launched to raise both public and professional awareness of the health impacts of hotter weather, including severe heat. The plan is a key component of emergency planning and is increasingly relevant in adapting to climate change. It provides advice for professionals, organisations, and individuals to enable them to plan for and respond to hot weather.

A central part of the Heatwave Plan is the 'Heat-Health Watch' alert service which is run by the Met Office and operates from 1 June to 15 September. These alerts will be cascaded to a wide range of health and social care organisations, as well as PHE Centres and Regions. There are five levels:

0. Long-term planning - All year
1. Heatwave and Summer preparedness programme – 1 June to 15 September
2. Alert and Readiness - 60% risk of heatwave in the next 2-3 days based on Met Office forecasts
3. Heatwave Action - Heatwave temperature reached in one or more National Severe Weather Warning Service (NSWWS) region
4. Major Incident – Emergency Response – Declared by government in the event of a severe or prolonged heatwave affecting sectors other than health

All Local Authorities and their partner organisations may wish to consider the Heatwave Plan for England and satisfy themselves that the suggested actions and the Heat Health Watch Alert service are understood across their locality.

- LHRPs may wish to review their local Heatwave Plans and review or audit the distribution of the Heat Health Watch Alerts across the local health and social care systems to satisfy themselves that the alerts reach those that need to take appropriate actions, immediately after issue
- Local Authorities may wish to assure themselves that partner organisations and key stakeholders are ready to take appropriate actions in light of the Heat Health Watch Alert messages.
- Health and Wellbeing Boards may wish to consider how long-term planning and commissioning to reduce heat-related harm is being managed locally, including reducing the risk to health from indoor overheating and urban heat islands.
- Air pollution events sometimes coincide with heatwave events. In such a circumstance local authorities should use the PHE Air Pollution Episode Communications Toolkit for Local Authorities' Press Offices if available from their local communications team. If not available locally, PHE regional communications leads may be contacted for a copy.

- **Children and Young People's Local Transformation Plan: Quarter 4 Progress**

The CCG on behalf of Doncaster partners has received assurance from NHS England that the Quarter 4 submission of the local transformation plan was found to be comprehensive, evidencing key achievements and setting out clear ambitions and targets.

During the review of the plan the panel noted the positive work that had been undertaken on the assertive integrated outreach, response and fostering service and local outcomes work.

Local Transformation Plans are due to be refreshed and published again by the end of October 2017 and there is an increasing focus on waiting times.

- **Suicide Prevention**

Following a successful local conference in January when over 70 professionals attended, the 2017 Doncaster Suicide Prevention Plan was developed, in accordance with current national guidance. It's implementation is overseen by a multi- disciplinary suicide prevention group chaired by Dr Niki Seddon and current actions include the delivery of 'safe talk' training and a Public Health campaign highlighting social isolation and the increased risk of suicide amongst men, to coincide with the national suicide prevention day on 10 September.

- **Health-led Work and Health Unit trial**

The approval of the health led trial with the Work and Health Unit is still awaited. Locally work has continued to propose Individual Placement Support should be tested alongside social prescribing, Improving Access to Psychological therapies (IAPT) services and musculoskeletal services.

- **Doncaster Festival of Research 2017**

Doncaster's Festival of Research will take place in October (16th-20th). The main conference day will be Tuesday 17th October and will be themed around the HWB priorities. Our key note speaker is Professor Steve Peters author of the Chimp Paradox.

The idea behind the festival is to showcase Doncaster's research and attract more research to Doncaster as this is good for both Health and Wealth. This is also a chance to begin a conversation about why people do research and how they use the knowledge generated to underpin decisions. There will be a number of fringe events during the week which will aim to both engage and entertain people living and working in Doncaster. A call to run fringe events will be released shortly, but so far we have interest from Hatfield prison, South Yorkshire Fire and Rescue and Well Denaby. Funding has been secured from the clinical research network to support this work. This event is being jointly planned by DMBC, CCG, RDASH and DBTH.

- **Pharmaceutical Needs Assessment**

In 2015 a Pharmaceutical Needs Assessment (PNA) was produced for Doncaster Health and wellbeing Board in line with statutory requirements and the Pharmaceutical Regulations . The PNA is due to expire on 31st March 2018 and therefore there is now a mandatory requirement to refresh the PNA and publish a new PNA report for the period 2018 -21. The process is being steered through a regional approach as approved at the DsPH network and a collective approach will be used to ensure that there is consistency across all the PNA documents in South Yorkshire but that there will be local sign off through the local Health and wellbeing Boards to fulfil legal requirements. The process for Doncaster has now commenced with the following key actions and timescale:

- Formation of a local steering group chaired by Public Health
- Links established with the regional steering group and regional lead
- Structure and content agreed at a regional level
- Links made with key partners including the Local Pharmaceutical Committee, NHS England , Local Medical Committee and Health watch
- It was agreed at a local level that methodologies would be consistent across the patch and that the 60 day consultation process would be conducted in the same way and launched at the same time across the South Yorkshire area
- There is no requirement in the PNA regulations/guidance to consult with the public - only key stakeholders and Health watch therefore this time only the 60 day consultation will be implemented and the guidance requires consultation to take place at least once on a draft document
- A Due regard statement will be implemented throughout the process
- A draft consultation report will be taken to the HWBB steering group in early Sept prior to the 60 day consultation and an update in the HWBB steering group report supplied
- The final draft PNA report will be shared at the January 2018 HWBB to allow time for any amendments with final sign off by 31st March 2018

- **Yorkshire and the Humber HWB chairs event**

The next Yorkshire and the Humber HWB chairs event will take place Friday the 22nd of September 2017. Doncaster has 6 places and this is open to all Board members.

- **<u>Forward Plan for the Board.</u>**

This is attached at **Appendix A**.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

6.

	Outcome	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	The dimensions of Wellbeing in the Strategy should support this priority.
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	The Health and Wellbeing Board will contribute to this priority
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	The Health and Wellbeing Board will contribute to this priority
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	The Health and Wellbeing Board will contribute to this priority
	Council services are modern and value for money.	The Health and Wellbeing Board will contribute to this priority
	Working with our partners we will provide strong leadership and governance.	The Health and Wellbeing Board will contribute to this priority

RISKS AND ASSUMPTIONS

7. None.

LEGAL IMPLICATIONS

8. None.

FINANCIAL IMPLICATIONS

9. None

EQUALITY IMPLICATIONS

10. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The steering group will ensure that all equality issues are considered as part of the work plan and will support the Area of Focus Leads to fulfil these objectives.

CONSULTATION

11. None

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Dr Rupert Suckling
Director Public Health

APPENDIX 1 - Doncaster Black and Minority Ethnic Health Needs Assessment – Action Plan 2017-18

Background: Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
Ensure that general practices within Doncaster are able to support the health needs of new arrivals.	We are supporting the Health Foundation funded study which aims to develop and test on-line tools for general practice (http://www.health.org.uk/programmes/evidence-practice/projects/supporting-new-migrants-primary-care)	Project is funded by Health Foundation and Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (CLAHRC –YH) Staff time/ support from Doncaster Public Health team to shape the actionable tool.	March 2018	This work is being led by colleagues in Sheffield; we will facilitate local General practice engagement and community engagement via the Conversation Club and HARP	Dr Victor Joseph Public Health Consultant	Project has launched
	Build on existing work to promote GP registration and key health messages for new arrivals. The work will focus on 1. What information is currently available for new arrivals? 2. What information is needed to help new arrivals navigate around the health care system? 3. Which format should this be	Public Health core budget	December 2017	We will work with local community groups to develop the approach and publicise the information.	Nasar Ahmed, Public Health	

Background: Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
	made available in					
Prioritise work streams within the Joint Strategic Needs Assessment (http://www.teamdoncaster.org.uk/joint-strategic-needs-assessment) to assess BME outcomes	Assessing differences in access to outcomes of health and social care services	DMBC Strategy and Performance Unit Members organisation HWBB to support data sharing	December 2017	Community workshops to discuss outcomes of this work and co-develop solutions	Dr Rupert Suckling	In process of commissioning
	Phase 1 of the HNA also identified some evidence that non-white groups in Doncaster continue to live in more overcrowded conditions; further analysis is needed here	DMBC Strategy and Performance Unit St Ledger Homes	December 2017	Community workshops to discuss outcomes of this work and co-develop solutions which will become added to this action plan.	Dr Rupert Suckling	In process of commissioning
	An examination of access to psychological therapies within Doncaster in 3 phases : 1. routine data analysis using Care Pathway model devised by Sheffield; 2. sharing of findings with providers, commissioners and	Support from organisations and facilitation from Knowledge Mobilisation Fellow – Lynne Carter DMBC Strategy and Performance Unit	Phase 1 – Autumn 2017 Phases 2 and 3 – March 2018	Workshops with providers, commissioners and patients	Susan Hampshaw. Public Health Principal	Project under development

Background: Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
	patients to co-create improvements where necessary; 3. Implement, and monitor the changes					
Ensure there is a mechanism to identify and address BME health and housing needs within the proposed Health and Housing Project	Work with the team to establish this work stream and associated engagement activities	In kind support from St Ledger Homes Better Care Fund	March 2018		Health and Housing Project Manager	Funding not yet agreed
Develop and promote key health messages and targeted campaigns	Ensure that current round of Pharmacy campaigns includes BME targeted messages	Pharmacies Public Health core budget	March 2018	Communication plan to be developed and will include BME groups.	Steve Betts Public Health Communications Lead/ Nasar Ahmed	In progress
The needs assessment report highlighted the	Within the new Public Health commissioning strategy the Due		immediate		Dr Victor Joseph	

Background: Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
importance of Due Regard statements to ensure BME needs were identified and acted upon within the commissioning process and recommended work be done in this area.	Regard statement has included the following detail 'all commissioned services should produce an equity profile on who uses the service which should be mapped against population needs. In year actions to rectify significant gaps in services should be addressed. In addition all commissioned services should profile the outcomes of the service by protected groups and take any remedial action where outcomes are significantly different for protected groups. These should be made public.'					

APPENDIX A - DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2017

Date	Board Core Business		Partner Organisation and Partnership Issues	HWBB Steering Group Work plan
	Meeting/Workshop	Venue		

7th September 2017	• Q4/Q1 Performance Report (Obesity update)
	• Health and Social Care Update
	• HWBB Steering group update
	• Town centre Developments update
		Civic Office007a and b	• Plans and reports from
			  ○ CCG
			  ○ NHSE
			  ○ DMBC
			  ○ Health watch
			  ○ RDaSH
			  ○ DBH
			• Safeguarding reports
			• Better Care Fund
			• DPH annual report
			• Role in partnership stocktake
			• Wider stakeholder engagement and event
			• Relationship with Team Doncaster and other Theme Boards
			• Relationship with other key local partnerships
			• Health Improvement Framework
			• Health Protection Assurance Framework
			• Wellbeing and Recovery strategy
			• Adults and Social care Prevention Strategy
			• Housing
			• Environment
			• Regeneration
				• Areas of focus – schedule of reports and workshop plans
				• Integration of health and social care (BCF)) workshop plan
				• Other subgroups – schedule of reports
				• Communications strategy
				• Liaison with key local partnerships
				• Liaison with other Health and Wellbeing Boards (regional officers group)
				• Learning from Knowledge Hub

5th October 2017	**Workshop** • TBC	Mary Woollett centre		
2nd November 2017	• Q2 Performance Report • Health and Social Care Transformation update • Safeguarding Reports (Adults/childrens) • HWBB Steering group update	Civic office 007a and 007b		

2017/18 Health and Wellbeing Board meetings

7 September 2017 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

2 November 2017 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

11 January 2018 (Venue: St Catherine's House, Balby)

15 March 2018 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

Health and Wellbeing Workshop Dates – Topics to be confirmed (Mary Woollett centre 9am-1pm)

5th October 9 – 1pm

7th December 9 – 1pm