

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 15TH MARCH, 2018

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE on THURSDAY, 15TH MARCH, 2018, at 9.30 am.

PRESENT:

Chair -	Councillor Rachael Blake, Portfolio Holder for Adult Social Care
Vice-Chair -	Dr David Crichton, Chair of Doncaster Clinical Commissioning Group (DCCG)
Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People & Schools
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Mark Douglas	Chief Operating Officer, Doncaster Children's Services Trust, substituting for Paul Moffat
Damian Allen	Director of People (DCS/DASS), Doncaster Council
Richard Parker	Chief Executive, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Steve Helps	Head of Prevention & Protection, SY Fire and Rescue
Paul Tanney	Chief Executive, St Leger Homes of Doncaster
Steve Hackett	Director of Finance & Performance, RDaSH, substituting for Kathryn Singh

Also in attendance:

Councillor Mark Houlbrook (Observer)
Councillor Derek Smith (Observer)
Susan Hampshire, Public Health Principal, Doncaster Council
Dr Victor Joseph, Public Health Consultant, Doncaster Council
Laurie Mott, Senior Strategy and Performance Manager, Doncaster Council
Chris Marsh, Development and Transformation Support – Doncaster Place Plan, Doncaster Council
Dominic Armstrong, Programme Manager, Doncaster Council
Helen Conroy, Public Health Specialist, Doncaster Council
Sarah Smith, Public Health Improvement Coordinator, Doncaster Council
Nasar Ahmed, Public Health Improvement Officer, Doncaster Council
Vanessa Powell-Hoyland, Public Health Improvement Coordinator, Doncaster Council
David Ayre, Head of Service, Strategy and Performance Unit, Doncaster Council
Thomas Kohut, Uscreates

46 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Jackie Pederson, Kathryn Singh (Steve Hackett deputised), Councillor Cynthia Ransome, Peter Dale, Steve Shore and Paul Moffat (Mark Douglas deputised).

47 CHAIR'S ANNOUNCEMENTS

The Chair referred to the announcement made on her behalf at the Council meeting held on 5th March 2018 confirming that Doncaster Council was to sign up to the Motor Neurone Disease (MND) Charter. She confirmed that the MND Charter was on the agenda for this meeting (item no. 15 – report from HWB Steering Group) and stated that it would be fantastic if partners around the table could also sign up to the Charter. The Chair also pointed out that Mrs Valerie Wood and Councillor Mark Houlbrook were in attendance at today's meeting to speak on this subject.

48 PUBLIC QUESTIONS

In addressing the Board, Councillor Mark Houlbrook explained that he was attending today's meeting in support of his constituent Mrs Valerie Wood, whose husband suffered from MND. Cllr Houlbrook stressed that by signing up to the MND Charter, partner organisations would help to send a powerful message that MND sufferers and their carers were being supported. It would also assist in raising awareness of the disease and contribute towards improving the quality of life of those affected. Cllr Houlbrook concluded by thanking Dr Rupert Suckling and Cllr Rachael Blake for listening to the people of Doncaster and supporting this cause. He also thanked Mrs Wood for all her hard work and persistence in furthering this campaign.

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Mrs Valerie Wood explained that she had attended and addressed a meeting of this Board 3 years ago to raise awareness of MND and ask that the organisations represented on the HWB agree to sign up to the MND Charter. However, following the meeting she had felt let down by the lack of action taken by the various partners.

Mrs Wood continued by outlining her experiences as wife and carer to her husband, who had been diagnosed with MND 5 years ago. She referred to the MND information packs she had brought to the meeting, copies of which were tabled for Members' consideration. In particular, she drew attention to the 'Red Flag' card which was aimed at assisting GPs to diagnose the condition. She explained that mis-diagnosis was a problem in some cases, and in the past, there had also been issues regarding the condition being flagged up on her husband's medical records when seeing other GPs. Mrs Wood felt that this highlighted that there were still weaknesses in terms of GPs flagging up chronic illnesses on patients' records and, more generally, with communication about the specific needs of individual patients. On the latter point, Mrs Wood gave an example where her husband's physical ability had been over-estimated by hospital staff to the point where he had become exhausted, and she explained that this incident could have been avoided had the staff consulted with her as carer to her husband, as she was fully aware of his physical needs.

Mrs Wood advised that her husband had taken part in the first human trials of a new drug treatment for MND, and fortunately this did appear to be working.

Mrs Wood concluded by welcoming the recent announcement that Doncaster Council was to sign up to the MND Charter, and she expressed the hope that all of the partners around the table would now follow suit.

Discussion followed, during which Dr David Crichton spoke in support of the MND Charter, particularly in terms of raising awareness of MND amongst GPs. He

confirmed that the CCG would ensure that the points set out in the Charter were considered in all of our services.

Richard Parker stated that he was sorry to hear of Mrs Woods' and her husband's experiences in hospital and offered to meet with her to discuss these issues outside the meeting. He stressed that this highlighted the need for a personal care plan approach for patients.

Having thanked Mrs Wood for attending today's meeting, the Chair stated that it was important to maintain a scrutiny element with matters such as this, so she asked that this issue be brought back to the Board in 6 months' time in order to monitor implementation amongst the partner organisations.

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Councillor Derek Smith stated that he wished to put a question to the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. He referred to the recent awarding of a new catering contract by the Trust to Sodexo and stated that he was disappointed to see this work being outsourced to an external provider and not kept in-house. He stated that he was concerned that under the new contract, the 20% discount for hospital staff had been discontinued. He felt this was unfair for staff who had been working hard under increasing pressures and endured years of pay gaps and also had to pay car park charges. He questioned why it had not been possible to safeguard the staff discount, when the same company had maintained similar discounts in other parts of the country. He felt that this move would have an adverse impact on staff morale.

In response, Richard Parker outlined the background to the awarding of the contract, explaining that whilst a range of options including in-house provision had been considered, the 10 year contract with Sodexo had offered the best value for money. He explained that the new contract would offer an improved service with better quality and choice. For example, patients would be able to select their choice of meal on the same day instead of having to make their menu selections the day before. Richard confirmed that the Sodexo contract would offer staff a loyalty system which would equate to more than the previous 20% discount in relative terms. In light of the fact that the new loyalty scheme had not been available to staff in the initial weeks of the new contract, measures had been taken to ensure that staff did not miss out in the intervening period. He added that, as before, the lowest paid staff would still be entitled to a heavily discounted meal with the new service. In addition, the terms of the contract prohibited Sodexo from increasing prices without prior consultation with the Trust, and regular monitoring of service standards under the contract would be carried out.

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In addressing the Board, Mr Tim Brown stated that he had been calling for a BME Health Needs Assessment (HNA) for years. However, he feared that the recommendations in the HNA would just be 'kicked into the long grass'.

Mr Brown then referred to the Director of Public Health's Annual Report, in which he stated that "the best predictor of good health is having a good job". He stated that a FOI response sent to him suggested that BME candidates across DMBC are still over 2 times less likely to be appointed after shortlisting than white candidates who were

shortlisted. As a parent, he could not understand this position, and he felt it was incumbent upon local authorities and other organisations to address such racial disparities.

Mr Brown concluded by referring to the 70<sup>th</sup> anniversaries this year of both the NHS and the arrival of the ship SS Empire Windrush to this country and asked how the partner organisations would be marking these events.

In reply, the Chair gave Mr Brown an assurance that the recommendations arising from the BME HNA would not be kicked into the long grass, and she stated that the partners around the table had taken all of his comments on board.

49 DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

50 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 11TH JANUARY 2018

RESOLVED that the minutes of the HWB meeting held on 11th January 2018 be approved as a correct record and signed by the Chair, subject to the deletion of the word 'affordable' from the first line of the second paragraph of minute number 41 (Housing and Health Update), to read 'During subsequent discussion, the Board noted that, with regard to meeting Affordable Housing need, 1200 houses per year had been provided in Doncaster over the last 2 years.'

51 TACKLING HEALTH INEQUALITIES IN DONCASTER - AN UPDATE ON THE APPROACH

The Board considered a report, and received a presentation, which provided an update on the work being undertaken to address health inequalities in Doncaster, supported by the Health Inequalities Working Group. Included in the report at Appendix 1 was a copy of the report outlining the findings in respect of the BME Health Needs Assessment community engagement work undertaken by the Council's Public Health team under the oversight of the Health Inequalities Working Group. Appendix 2 to the report set out the Health Inequalities Action Plan.

Members noted that, with regard to chronic mental health disorders, females from BME communities were more likely to suffer from these conditions and also less likely to be referred into the relevant health services for treatment. However, once they entered treatment, there were no apparent disparities and they were just as likely to benefit from the treatment as any other patients. It was also noted that males from BME communities were less likely to have reliable recovery. It was reported that some of these issues were already being addressed.

The Board was then informed of the community engagement work undertaken in relation to the BME Health Needs Assessment (HNA), together with the headline findings and resulting recommendations. Moving forward, it was noted that an action plan would be developed in co-ordination with relevant partners, and it was also proposed to establish a BME Advisory Group, reporting via the Health Inequality Working Group. In reply to a question regarding the proposed membership of the

Advisory Group, Victor Joseph explained that this was yet to be confirmed, but that it was hoped that some of the members of this Board would be able to sit on the new Group.

During subsequent discussion, Members made a number of comments/observations including the following:-

- Councillor Nigel Ball referred to the apparent barriers to employment opportunities faced by people from BME groups and he was pleased to see that there was a recommendation in the HNA specifically aimed at addressing this concern.
- In discussing the terms of reference of the proposed BME Advisory Group, Damian Allen stressed the importance of striking the right balance in terms of ensuring the appropriate pace and direction for the Group.
- Steve Hackett invited the Officers to bring their presentation from today's meeting to a future meeting of the operational management team at RDASH.
- The Chair congratulated the Officers concerned for their work to date in tackling health inequalities, and advised that the model being developed was already viewed as good practice on a national level.

After Dr Rupert Suckling had suggested that the Board receive a further update on this work in 6 months' time, it was

RESOLVED to:-

- (1) Note and endorse the proposed approach to tackling health inequality and agree to receive regular updates on progress, the next update to be scheduled on the Board's Forward Plan for 6 months' time;
- (2) Note the approach to identifying, understanding and acting on unequal access and outcomes for BME citizens in respect of mental health;
- (3) Note the on-going work to developing and agree the recommendations arising out of the BME focus group work, as detailed in the appendix to the report; and
- (4) Agree to establish a BME advisory group reporting to the Health Inequality Work Group.

## 52 HEALTH AND WELLBEING BOARD OUTCOMES FRAMEWORK 2018-2021 AND JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received a report and presentation which provided an update on the Outcomes Framework for the Health and Wellbeing Board, which was aimed at allowing the Board to drive delivery and be sighted on the key outcomes and indicators identified as important for the Board. It also gave an update on the Joint Strategic Needs Assessment (JSNA) 2017/18 which provided strategic insight and direction for the Board's activity over the next year.

It was reported that the JSNA for 2017-18 was combining a series of products to give a richer picture of Health and well-being across the Borough. A full list of products was described in paragraph 8 of the report but included an assessment on the newly agreed Outcomes Framework for the Board.

During subsequent discussion, Dr David Crichton felt that the directional arrows used in the outcome framework summary page still needed clarifying, in terms of whether an upward arrow always indicated a positive (i.e. good) trend or not.

Members also acknowledged the importance of ensuring the triangulation of data (e.g. hospitalisations from falls), so that a consistent approach was taken in using data across the various Plans and Strategies, particularly when aligning Plan targets.

RESOLVED to note the information contained within the JSNA and endorse the proposed method of receiving future reports on the Health and Wellbeing Board Outcomes Framework as an effective means of identifying 'hot spots' for the Board's consideration.

#### 53 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017

Dr Rupert Suckling presented to the Board the Director of Public Health Annual Report for 2017, which had been approved for publication by Doncaster Council at its meeting in January 2018. Dr Suckling began by summarising the main questions asked at the Council meeting, which had related to subjects including taking a whole life approach to supporting people with disabilities, the measures taken to support people with health issues in work, and the issue of needing to balance economic development with health risk implications, such as air pollution.

It was noted that the 2017 Annual Report had a specific focus on the impact the wider Council was having on public health. It also advocated a continued focus on the four building blocks for good health and wellbeing previously identified, but also proposed further work on a fifth building block, in relation to building a sustainable and resilient Borough. Dr Suckling pointed out that this year, he had identified in the Report the appropriate board or body to take forward each of the main recommendations for 2018, and highlighted that he expected the Health and Wellbeing Board to lead on:

- Improve healthy life expectancy through preventing disability; and
- Tackle unfairness and health inequalities

After Dr Suckling had stressed that the Board would need to schedule the subject of Prevention into its future work plan, it was

RESOLVED to note the contents of the Annual Report and agree the relevant actions to deliver against the recommendations for 2018.

#### 54 HEALTH AND SOCIAL CARE TRANSFORMATION/BETTER CARE FUND (BCF) UPDATE:

#### a. Place Plan Update

Chris Marsh gave a verbal update to the Board on progress with the implementation of the Doncaster Place Plan. He reported that work was underway to develop Joint Commissioning and Provider Collaboration Agreements, which would help create the right conditions and environment for integration and collaboration between health and social care service commissioners and providers across all sectors. Regarding the timeline for implementation, the Board noted that it was aimed to have the Agreements formally signed off by the respective Governing Boards, and embed the commitments in existing contracts, by the end of April 2018.

RESOLVED to note the verbal update on progress with the Doncaster Place Plan.

#### b. BCF - Use of Earmarked Reserve

The Board received a report which gave details of the spending plan for the joint BCF non-recurrent earmarked reserve of circa £8.5m and set out the joint decision making governance with the Doncaster Clinical Commissioning Group. In summarising the key work streams featured in the spending plan, Dr Rupert Suckling explained that the main focus was on Integration, including projects such as the development of an integrated Digital Care Record for Doncaster health and care services.

It was noted that these proposals were due to be considered by Cabinet on 27<sup>th</sup> March 2018 and would seek approval to draw down the balances for 2017/18, agree the plan for future years and delegate decision making arrangements.

RESOLVED to note the details of the non-recurring BCF spend plan (earmarked reserve), prior to the report being considered by the Cabinet on 27<sup>th</sup> March 2018.

#### c. BCF Quarter 3 Update

The Board received a report which provided an update on the Quarter 3 position of the BCF in accordance with the requirement to provide a statutory quarterly return. In presenting the paper, Dominic Armstrong advised that the partnership was fully meeting all of the national conditions for BCF and was on track to meet the targets set out for the four areas. He added that a small underspend of £11,000, mainly relating to vacancies, was forecast against the BCF plan.

After the Chair had stated that it was pleasing to note that the partnership was meeting all of the national BCF conditions, it was

RESOLVED to note progress against planned spend, the national conditions, performance indicators and wider integration of health and social care.

The Board considered a report and received a presentation, which gave details of the Local Action Plan that had been developed in Doncaster which set out clear objectives with targeted actions in line with the National Suicide Prevention Strategy.

After Members had discussed various issues in relation to the content of the Action Plan, including the correlation between cases of Self Harm and Suicides and the value of research into the circumstances surrounding individual suicide cases in order to help identify any common themes, it was

RESOLVED to endorse the Doncaster Suicide Prevention Local Action Plan 2017-2020.

56 PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021

The Board considered a report and an accompanying presentation on the findings of the Pharmaceutical Needs Assessment (PNA) for 2018-2021. Members noted that, in summary, the PNA confirmed that:

- On the whole, access to pharmaceutical services was good.
- 87.2% of residents lived within 1 mile of a community pharmacy.
- Nearly all GP practices were within 1km of a community pharmacy.
- There was good coverage of pharmacies in poorer areas of Doncaster.
- Pharmacies offered brief lifestyle advice and were ideally placed to support the Public Health agenda.

After Dr David Crichton had stated that the Borough was served well by pharmaceutical services and stressed the important role that these would play in Doncaster's success and direction of travel going forward in terms of supporting the self-care agenda, it was

RESOLVED to approve the Pharmaceutical Needs Assessment 2018-2021.

57 DONCASTER'S AFFORDABLE WARMTH STRATEGY 2018-2021

The Board received the Affordable Warmth Strategy 2018-2021, which set out a partnership approach in Doncaster to achieving affordable warmth, setting specified actions to be taken by all partners.

It was noted that the Strategy would provide direction and a clear action plan for preventing people living in cold homes and reducing excess winter death incorporating the National Institute of Clinical Excellence (NICE) recommendations. Once agreed, the Strategy would give guidance to partners and key holders and drive delivery of the Affordable Warmth programme.

After the Chair had stated that it was striking from reading the Strategy that cold weather had a significant impact on people's health, it was

RESOLVED to endorse the Affordable Warmth Strategy 2018-2021.



58 DONCASTER APPROACH TO CUSTOMER INSIGHT

David Ayre, Head of Service, Strategy and Performance Unit, (DMBC) and Thomas Kohut, Senior Consultant at Uscreates, gave a presentation to accompany the Doncaster Talks insight report, which provided actionable insight about the habits, motivations and behaviours of Doncaster residents pertaining to their health.

The Board noted that using a mixture of ethnography, face to face engagement and an online platform with nearly 200 residents signed up, the findings represented a step change in partners' abilities to focus on early help and prevention, resulting in a service and/or support that was better tailored to the needs of residents. Ultimately, it would allow public sector partners to focus on 'what matters to them, not what is the matter with them'. Furthermore, the findings would provide the foundation for all partners involved in the Team Doncaster Place Plan to take a more insight-led approach to the design, commissioning and improvement of services, and to enabling and encouraging a greater number of community led initiatives to improve health outcomes.

The Officers confirmed that they would be taking the report 'on tour' around the various partner organisations to report back on their findings from this piece of research and engagement.

After Board Members had acknowledged that this initiative was a novel way of gaining insights and engaging with communities, and a valuable means of gathering information to sit alongside other existing evidence bases, it was

RESOLVED to:

- (1) note the findings of the research;
- (2) endorse the approach to insight generation and application for further work; and
- (3) note the suggested prototypes as ways of testing potential solutions.

59 REPORT FROM HEALTH AND WELLBEING BOARD 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:

- Joint Strategic Needs Assessment 2017/18;
- the Motor Neurone Disease Charter;
- Minutes of the last two SY&B STP Collaborative Partnership Board meetings held in December 2017 and January 2018; and

- Forward Plan for the Board.

RESOLVED that:

- (1) the update from the HWB Steering Group be received and noted;  
and
- (2) the proposed Forward Plan, as detailed in Appendix A to the report, be agreed.

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

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