

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 7TH SEPTEMBER, 2017

A MEETING of the HEALTH AND WELLBEING BOARD was held in Rooms 007A AND B - CIVIC OFFICE on THURSDAY, 7TH SEPTEMBER, 2017, at 9.30 a.m.

<u>PRESENT:</u>	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 and Schools
Councillor Cynthia Ransome		Conservative Group Representative
Dr Rupert Suckling		Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Rosie Johnson		Deputy CEO, RDaSH, substituting for Kathryn Singh
Richard Parker		Chief Executive, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Damian Allen		Director of People (DCS/DASS), DMBC
Steve Shore		Chair of Healthwatch Doncaster
Paul Tanney		Chief Executive, St Leger Homes of Doncaster
Karen Curran		Head of Co-Commissioning, NHS England (Yorkshire & Humber)

Also in attendance:

Chris Marsh, Strategy and Performance Unit, DMBC
Pat Hagan, Head of Service (Communities), DMBC
Lee Golze, Head of Strategy and Delivery, DCCG
Councillor Derek Smith (Observer)

13 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Kathryn Singh (Rosie Johnson deputised), Jackie Pederson, Paul Moffat and Steve Helps.

14 CHAIR'S ANNOUNCEMENTS

Councillor Rachael Blake, Cabinet Member for Adult Social Care, stated that she was very pleased to be the new Chair of the Board.

15 PUBLIC QUESTIONS

Mr Doug Wright pointed out that he was still waiting to receive answers to some of the points he had raised at the Board's last meeting.

In referring to the update on the Better Care Fund on today's agenda, Mr Wright expressed concern that plans would be subject to regional assurance and moderation and asked whether this meant that Doncaster's Plan could potentially be changed on a regional level. In reply, Dr Rupert Suckling confirmed that there was a process of regional assurance by the Local Government Association (LGA) and the NHS, but he explained that while they could refer Plans back for suggested amendments, they could not change Plans. He added that there would need to be a serious conversation in the event that there was a difference of opinion as to whether the Plan should be amended or not, with the overarching aim being to submit a Plan that was realistic and which worked for Doncaster.

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Councillor Derek Smith referred to the 4 main areas of focus in the Better Care Fund Plan and queried why Learning Disability Services was not included in these. In response, Dr Rupert Suckling explained that there was a separate programme and funding stream for learning disabilities, hence its absence from the BCF Plan. He stressed, however, that learning disability services were considered to be a key priority and that assurances were sought from the Learning Disability Partnership Board as a means of monitoring performance in this area. Damian Allen added that Learning Disabilities was also one of the areas of opportunity set out in the Doncaster Place Plan.

16 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

17 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 29TH JUNE 2017

RESOLVED that the minutes of the Health and Wellbeing Board held on 29th June 2017 be approved as a correct record and signed by the Chair.

18 UPDATE ON BETTER CARE FUND 2 YEAR PLAN

Members received a paper which updated the Board on the development of the Better Care Fund Plan for 2017-19. In presenting the paper, Dr Rupert Suckling drew particular attention to the reduction in the number of national conditions from eight to four, which local areas would need to meet through the planning process in order to access the funding. Dr Suckling also highlighted the specific focus on reducing the number of delayed transfers of care, as poorly performing areas in this regard could be the subject of financial clawback by the Government when it reviewed the 2018-19 allocations of the social care funding. He added that the submission date for Plans was 11 September 2017. Dr Suckling then summarised the salient points in the Narrative Plan template 2017/19. Members noted the intention to bring quarterly updates on performance against the national metrics and a high level risk register to future Board meetings.

Discussion followed, during which Members acknowledged that winter pressures could impact on the Plan, with quality standards being at risk, if a hard winter was experienced.

Dr David Crichton stressed the importance of viewing the BCF as transformation funding, and not for spending on the delivery of day to day services, as the latter would not result in positive changes being made.

In response to questions by the Chair, Dr Rupert Suckling confirmed that the submission of Doncaster's BCF Plan was on track. He also gave an assurance that, as far as the short term was concerned, partners were taking all necessary steps in relation to risk mitigation.

After the Board had noted, with regard to the timeline for the BCF Plan, that the formal approval letters were expected to be issued in the week commencing 6 October 2017, it was

RESOLVED to agree to delegate sign off of the Plan to the Chair of the Board and to note that the final version once assessed by NHS England will be brought to the Board thereafter for ratification.

## 19 HEALTHWATCH DONCASTER ANNUAL REPORT 2016-17

Steve Shore, Chair of Healthwatch Doncaster, presented to the Board the Healthwatch Doncaster Annual Report 2016/17. He reported that the last 12 months had seen a period of change and transformation for the organisation, with the creation of a new Community Interest Company (CIC), relocation to new premises and the appointment of a new Chief Operating Officer all taking place within the space of three months. Steve was also pleased to confirm that Healthwatch Doncaster had recently been awarded the Healthwatch contract by Doncaster Council for the next 3 years, with options for two more years after that.

Steve then gave an overview of the wide ranging work carried out by Healthwatch Doncaster in relation to engaging with local people, communities and groups and providing feedback to health providers, and the various initiatives that the organisation was involved in. He explained that, as Healthwatch Doncaster moved forward into 2017-18, it would maintain its focus on engagement with local people to support them to share their stories and experiences with a commitment to using the common themes to influence commissioners and providers of local health and care services to make improvements and developments.

General discussion ensued, during which Board Members commented on the content of the Annual Report and raised the following points:-

- Paul Tanney stated that he would welcome the opportunity to engage with Healthwatch Doncaster to look at ways of raising awareness amongst the Council's tenants of the work of the organisation and providing a platform for greater engagement between tenants and Healthwatch Doncaster.
- In welcoming the report, Damian Allen suggested that some of the feedback collected by Healthwatch Doncaster could be used to help inform commissioning activities when considering providers of services.
- On the issue of public awareness, Councillor Nigel Ball stated that he was unsure as to whether many people in his Ward would know about Healthwatch

Doncaster and the work that it did. He also queried the reasons behind the significant increases quoted on page 19 of the Report in the provision of signposting and information to people in relation to ICAS Advocacy and GP Surgery/Health Centres. In reply, Steve Shore explained that this was mostly due to Healthwatch Doncaster being more proactive, together with increased publicity and public awareness of the work of Healthwatch Doncaster and the services it provided.

- In commending the Report, Dr Rupert Suckling advised that Healthwatch Doncaster were welcome to use this Board and the partners around the table where it was felt that partners might be able to collectively help with specific issues, particularly those concerned with cross-cutting services.
- The Chair felt that the name 'Healthwatch' did not do enough justice to the wide ranging work of the organisation, including its activities in relation to Social Care. She added that she felt it would be beneficial to strengthen links further with Healthwatch Doncaster as a means of gathering intelligence and learning more about people's concerns and suggested that it would be useful to arrange a future seminar for all Members on the work of Healthwatch Doncaster.

It was then

RESOLVED:-

- (1) to note the contents of the Healthwatch Doncaster Annual Report 2016/17; and;
- (2) that a future Members' Seminar be arranged on the work of Healthwatch Doncaster.

20 DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST - STRATEGIC DIRECTION

The Board received a verbal update from Richard Parker, Chief Executive of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH FT) on the Trust's Strategic Direction, which was due to be launched at the Trust's AGM on 20<sup>th</sup> September, 2017 at Montagu Hospital (Rehabilitation Centre), Mexborough. It was noted that the Strategic Direction, which would set out the Trust's ambitions for the next 5 years, would present a vision of sustainability and safety, with the overarching aim of improving the quality of services provided. Members noted that it was proposed that the Board would receive a more detailed report on the Strategic Direction at its next meeting, once it had been officially launched.

RESOLVED to note the verbal update on the DBTH FT's Strategic Direction and agree to receive a more detailed report at the Board's next meeting.

21 COMPLEX LIVES UPDATE

Members considered a report which updated the Board on progress on work with people with complex lives, one of two pilots for developing new ways of working

between partners in Doncaster. The report and appendix outlined the creation of a 'Complex Lives Alliance', a whole system specification and provided information on progress with the implementation of the new model.

In presenting this item, Chris Marsh and Pat Hagan gave an overview of how this pilot was being practically applied in Doncaster. They explained that this work was set in the context of the partnership governance and delivery arrangements now emerging through the Doncaster Place Plan, as one of two more advanced areas of opportunity (the other being intermediate care). In practice this meant the complex lives work would be used to model how the Place Plan conceptual frameworks and agreements would be applied to improve outcomes and reduce demand and costs.

The Board noted that this was an extremely challenging piece of work, due to the complexity involved in developing an integrated approach, including the strengthening of joint commissioning, integrated case management and establishing clearer routes into the homelessness and supported housing system pathways. The officers explained that resulting from intensive case work focusing on Doncaster Town Centre, the number of individuals in the town centre identified as being in the cohort of people with complex lives currently stood at 97, while across the Borough the total number of people was estimated to be in the region of 4500. Members noted that a key aim of this work was to develop a stronger multi-agency and proactive approach to helping these individuals, who typically were passed around between the various agencies.

Members then discussed at length various aspects of the Complex Lives work and made a wide range of comments/observations on issues, including:-

- Concerns over the potential future impact of welfare reform and universal credit on individuals and the additional pressures this might place on this work;
- The intention to focus on working closer with Prisons in managing discharges in order to carry out more pre-emptive work with Prison leavers;
- Damian Allen stressed that a significant amount of collective working had gone into this initiative, which he fully supported. Moving forward, he suggested that it would be useful to receive regular reports back on progress, as part of the developmental evaluation and learning strategy.
- Paul Tanney stated that he wished to thank the officers for the amount of time they had devoted to this project. He then spoke of the challenges being faced from a housing perspective, and drew the Board's attention to a number of issues, including the importance of being able to offer supported accommodation to individuals, the steps being taken to encourage people to engage with St Leger Homes in light of the changes to the housing allocations system, and his support for the proposed creation of a Complex Lives Team.
- It was recognised that the Complex Lives work would have implications for a wide range of teams, such as Stronger Families, so it was vital that there was a

collective buy-in at the most senior level within the Council and across the partnerships;

- The Chair stated that people with complex lives often felt let down by various services and asked what steps were being taken to ensure that lessons were learned. In response, Chris Marsh explained that the evaluation strategy allowed for ongoing learning and reflection, and a User Group would be established to provide regular feedback to service providers.

RESOLVED:-

- (1) to note the progress in developing the Complex Lives Alliance and whole system model; and;
- (2) to confirm the Board's support for the next steps in full mobilisation of the model in the context of the Place Plan.

22 CHILDREN'S MENTAL HEALTH (LOCAL TRANSFORMATION PLAN) UPDATE

The Board received a paper and presentation by Lee Golze which gave an update on progress with the Local Transformation Plan (LTP) at the end of Quarter one, 2017/18 in respect of children and young people's mental health and emotional wellbeing.

In receiving the progress update, Members noted that a focus on supporting schools to provide advice and help to pupils in relation to mental health had resulted in 81% of schools now having a named mental health champion in place. In addition, 31 schools were helping to drive forward the development of a new schools competency framework, with the ultimate aim of achieving equal standards across schools in dealing with mental health and emotional wellbeing.

During subsequent discussion, Members acknowledged the vital role carried out by CAMHs workers in providing early help to people in cases where GP referral was unnecessary. It was also recognised that often children and young people felt more comfortable seeking help via their school rather than going through a formal medical route.

Damian Allen highlighted that more resources were needed to help deal with low level mental health issues in schools and asked what Indicators would be used to evidence that positive results were being achieved, once the number of CAMHs workers was at full capacity. In reply, Lee Golze reported that a local systems dashboard was being developed as a means of providing performance indicators in the future, and he offered to share details of this with the Board when available. Dr Rupert Suckling added that there would be an opportunity to consider how young people's outcomes would be taken forward when the Board looked at the new Outcomes Framework at its workshop in October, including identifying which Boards/Partnerships should manage those outcomes on this Board's behalf.

RESOLVED to note the information and progression of the LTP.

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:

- Health and Wellbeing Board Outcome Framework;
- Doncaster Festival of Research 2017;
- Antimicrobial Resistance;
- Yorkshire and the Humber HWB Chairs' Event; and
- Forward Plan for the Board.

In addition to the events detailed in the report, Dr Rupert Suckling informed the Board that the Council would also be supporting World Suicide Awareness Day, which was to be held on Sunday 10<sup>th</sup> September.

Dr David Crichton reported that the DCCG's Annual General Meeting was to be held on Thursday 28 September at the Keepmoat Stadium, Doncaster, from 6.30 -8.30 p.m. and all were welcome to attend.

RESOLVED to:

- (1) receive and note the update from the HWB Steering Group;
- (2) agree the proposed Forward Plan, as detailed in Appendix A to the report.

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

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