

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

5TH SEPTEMBER, 2013

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE, DONCASTER, on THURSDAY 5TH SEPTEMBER, 2013 at 9.30 A.M.

PRESENT:

Chair - Councillor Pat Knight

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| Councillor Barbara Hoyle               | Doncaster Council Conservative Group representative                       |
| Dr Tony Baxter                         | Director of Public Health, Doncaster Council                              |
| Joan Beck                              | Director of Adults and Communities, Doncaster Council                     |
| Eleanor Brazil                         | Director of Children and Young People's Service, Doncaster Council        |
| Janet Greenwood                        | Chair of Healthwatch Doncaster  |
| Mike Pinkerton                         | Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust |
| Dr Nick Tupper<br>Chief Superintendent | Chair of Doncaster Clinical Commissioning Group (DCCG)                    |
| Richard Tweed                          | District Commander for Doncaster, South Yorkshire Police                  |
| Jackie Pederson                        | Chief of Strategy and Delivery, DCCG                                      |
| Tracey Clarke                          | Commercial Director, RDaSH  |
| Laura Sherburn                         | Assistant Director Clinical Strategy, NHS England                         |

Also in attendance:

Councillor Jane Kidd.

APOLOGIES:

Apologies for absence were received from Councillor Tony Corden (Vice-Chair), Christine Bain (Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust), Eleri de Gilbert (Area Director NHS England (South Yorkshire and Bassetlaw) and Chris Stainforth (Chief Officer, Doncaster Clinical Commissioning Group).

11. WELCOME AND INTRODUCTIONS

In welcoming everyone to the meeting, the Chair, Councillor Pat Knight, introduced the Board's new members Eleanor Brazil, Janet Greenwood and Chief Superintendent Richard Tweed.

12. CHAIR'S ANNOUNCEMENTS

The Chair referred to the following question from Councillor Cynthia Ransome, as raised at the Full Council Meeting on 25th July 2013:

“Cadeby is a rural community in the north of Doncaster where there are no shops or surgery, they just have a bus stop, but now they don’t have a bus service. They are stranded. How do they get to the surgery, shops etc. What is Doncaster Council going to do about it? The revised joint Health and Wellbeing Strategy states that the mission of the Health and Wellbeing Board is to ‘ensure everyone works together to improve Health and Wellbeing for and with the people of Doncaster’. What is the Health and Wellbeing Board doing for the people of Doncaster and what are they doing for those residents who are stranded?”

Having noted the contents of the question, the Board concurred with a suggestion by the Chair and

RESOLVED that a copy of the Health and Wellbeing Strategy be sent to Councillor Ransome to inform her of the work being undertaken by the Board.

13. PUBLIC QUESTIONS

There were no questions received from the public.

With the consent of the Chair, Councillor Jane Kidd took the opportunity to reiterate to the Board the detrimental impact that benefit changes were having on people suffering from mental health problems because of the financial stress these were causing.

In response, the Chair, Cllr Pat Knight thanked Councillor Kidd for highlighting this problem once more and stated that she was sure that the Board would be looking at this and other mental health issues over the coming months.

14. DECLARATIONS OF INTEREST, IF ANY

No declarations were made at the meeting.

15. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 6TH JUNE, 2013

RESOLVED that, subject to the amendment of Chris Stainforth’s job title on page 1 to read ‘Chief Officer, Doncaster Clinical Commissioning Group’ the minutes of the meeting of the Health and Wellbeing Board held on 6th June, 2013 be approved as a correct record and signed by the Chair.

16. NHS ENGLAND PRIMARY CARE STRATEGY

Laura Sherburn, Assistant Director Clinical Strategy, NHS England presented a discussion document on a Vision for Primary Care. She reported that NHS England was currently in the process of developing a national strategic framework for primary care, which would then be implemented locally within local Primary Care Strategies. In preparation for this national framework, which was due out in October, the South Yorkshire and Bassetlaw Area team was seeking views from key local stakeholders on what the vision for primary care locally should be, across the four main categories of dentistry, GP practice, pharmacy and optometry, to enable it to feed into the national work, and also to start planning local solutions for the future.

During discussion, Dr Tony Baxter observed that this was a high level Strategy, containing only a limited amount of detail. Whilst he felt that the Vision was acceptable, he suggested that more performance data was needed on primary care provision in Doncaster before the Board could comment on the subject of how well the local primary care community was working currently and the issues that needed addressing, in order to help inform any local primary care strategy. He added that it was important to demonstrate that the Strategy was contributing to the Joint Strategic Needs Assessment and that it took into account the needs of local people and the aspirations of this Board.

Other Members of the Board shared the view that the question to be addressed was how the Primary Care Strategy could be brought down to a local level for Doncaster. The Chair added that the role that Overview and Scrutiny could play in this process was also an issue that needing looking at.

In reply to the comments made, Laura Sherburn stated that it was recognised that there was a need to convert the Vision into a meaningful local Strategy, and she undertook to report back to this Board in early 2014 with relevant performance data, as requested.

RESOLVED to:-

- (1) Endorse the high level Vision for Primary Care; and
- (2) Agree that the Board receives a further report in early 2014 setting out performance data in relation to Primary Care provision in Doncaster.

#### 17. FUNDING TRANSFER FROM THE NHS TO SOCIAL SERVICES IN 2013/14

The Board considered a report presented by Jackie Pederson, Chief of Strategy and Delivery, DCCG, which outlined a high level plan that had been developed by the Joint Adult Commissioning Forum (JACF) for spending the allocation of £5.404m available to Doncaster for supporting adult social care and health services. The Supporting and Maintaining Independence Programme plan was underpinned by a detailed schedule of 48 activities that aimed to focus on 3 key themes:

1. Developing Early Intervention;
2. Transforming the current range and nature of social care provision; and
3. Changing and developing the way we operate our commissioning processes.

It was noted that a number of key conditions had to be satisfied before an Agreement under Section 256 of the NHS Act 2006 could be made and funding transfers took place, the details of which were set out in the report. The Board noted that confirmation had been received from NHS England that the high level plan and proposed monitoring arrangements had adequately met all of the conditions.

With regard to a performance framework, Members noted that the plan would be monitored by the JACF on a quarterly basis, with an annual report on performance/outcomes and spend being presented to this Board to demonstrate

how the funding was being used locally against the delivery of the programme, expenditure and impact on outcomes.

Concerning the signing of the Section 256 Agreement, the Director of Adults and Communities pointed out that whilst the Board could endorse the agreement, she would need to personally sign the document.

Arising from a comment on the limited level of detail in Table 1 (Supporting and Maintaining Independence Programme plan) of the report, Members noted that a fuller report could be brought to the Board next year if desired.

RESOLVED that:-

- (1) the high level plan for 2013/14 proposed for Supporting and Maintaining Independence, as detailed in the report, be agreed;
- (2) the proposed performance framework arrangement highlighted in section 5 of the report be agreed;
- (3) the signing of the Section 256 Agreement by Joan Beck, Director of Adults and Communities be supported; and
- (4) the Board recommends the plan to NHS England to support the signing of the Section 256 Agreement.

18. PROGRESS IN RELATION TO COMPLEX LEARNING DISABILITY CASES (POST WINTERBOURNE)

The Board received and noted a verbal update by the Director of Adults and Communities on progress in relation to improvements in provision for people with complex learning disabilities post Winterbourne.

The Director reported that following the Panorama report which exposed the systematic abuse of adults with learning disabilities and autism at the Winterbourne View hospital, a number of reports and a Joint Concordat had been agreed and published. The Joint Concordat generated a national programme, the Winterbourne View Joint Improvement Project, to support local areas to deliver improvements in services required for this group of people. Each area had to provide an action plan related to the Joint Concordat to ensure that planning and support for this group of people was appropriate. This required that all those placed in inpatient beds, wherever located, were reviewed and wherever appropriate supported to live as independently as possible in their local area.

As a consequence, the Director confirmed that such a review had now been undertaken in Doncaster, resulting in some people being moved to facilities closer to, or within, Doncaster. The review had not found anyone in situations where they were deemed to be 'not safe'. It was noted that there was a total of 300 beds for people with learning difficulties in both the private and voluntary sectors in Doncaster. The Director summarised the current provision in Doncaster, which included 76 beds at Hesley College, 33 beds at Autism Plus in Thorne together with other residential placements at Doncaster School for the Deaf and at Walton Lodge. The Director stated that the health and social care community in Doncaster allocated people to 150 of these beds. The remaining beds were filled

by people outside of the Borough and the Director explained that the Council had no knowledge of these individuals, nor did it have any responsibility for these other than to investigate safeguarding concerns, nor power to access, which was a cause for concern. It was noted that relations with providers in the Borough were good.

Arising from discussion, Janet Greenwood undertook to check what rights of access Healthwatch Doncaster had to bed placements for non-Doncaster residents in independent providers' facilities with the National Board and report back to this Board on her findings.

RESOLVED to note the update by the Director of Adults and Communities.

## 19. INTEGRATED HEALTH AND SOCIAL CARE REPORT

Members considered a report which gave background information on Doncaster's previously unsuccessful expression of interest in becoming a health and social care integration 'pioneer' and gave details of proposals for a health and social care Integration Transformation Fund (ITF) to be established from 2015/16. It was noted that the ITF was described as a 'single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities'. Nationally this fund was reported to be £3.8 billion and was made up of £1.9 billion of existing funds and £1.9 billion from NHS allocations. Local plans would need to be developed jointly to deploy the local allocation of the ITF in line with the local vision for health and social care integration, and this Board would play a key role in this process.

Dr. Rupert Suckling, Assistant Director Public Health, reported that the next steps in moving towards health and social care integration were as follows:

- the need to agree an overarching vision for integration in Doncaster;
- establishing a realistic roadmap for integration;
- considering what, if any, additional leadership and/or governance arrangements were required, and what the role of each HWB Member might be in the process; and
- identifying the key plans that required sign off by the Board.

During discussion, Eleanor Brazil stated that it was acknowledged that more integration was needed in Children's Services, with effective multi-agency partnerships, and she reported that currently there was a focus on early intervention aspects of services provided across organisations, including Family Support.

At the suggestion of the Chair, the Board agreed that it would be beneficial to hold a timeout session for the Board to focus on agreeing a vision for integration.

After Members had also agreed that it would be useful to collect baseline data in relation to feedback from service users, it was

RESOLVED that:-

- (1) the Board agree and approve the 'next steps' as listed below:
  - i. Urgent need to agree an overarching vision for integration in Doncaster;
  - ii. Establish roadmap for integration;
  - iii. Agree what, if any, additional leadership and/or governance arrangements are required; and
  - iv. Identify the key plans that require Health and Wellbeing Board sign off;
- (2) a HWB workshop to formulate a vision for integration be held on a date to be agreed.

20. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA): KEY FINDINGS FROM THE 2011 CENSUS

Members received a report which outlined the key findings from the last JSNA census conducted on 27th March 2011. In presenting the report, Laurie Mott, Head of Public Health Intelligence, explained that the data relevant to the work of the Board had been analysed using the following set of specific questions as guidance:

- What does the census data tell us about Doncaster?
- How does Doncaster compare to the rest of England and Wales?
- How does Doncaster compare to similar areas?
- How has Doncaster changed in the period between 2001 and 2011?

Members noted that it had proved difficult to compare the position in 2001 with the present day, due to some of the previous data being questionable. It was also noted that, with regard to demography, because the resident population was approximately 11,000 higher than predicted by the Office for National Statistics, this could mean that some of the performance statistics were more favourable than first thought.

After the Board had discussed issues including the likely underestimation of the population figures in relation to the Gypsy/Traveller communities and whether the difference in the Borough's resident population figure would have much of an effect on the capitation funding received by the DCCG, it was

RESOLVED to approve the JSNA report.

## 21. JSNA: DEMENTIA HEALTH NEEDS ASSESSMENT

The Board considered a report which presented the Dementia Health Needs Assessment, describing the epidemiology of dementia in Doncaster, the demand on local services and a projection of these figures in the future. The data was presented alongside feedback from service users and stakeholders.

It was noted that there were estimated to be 3700 people with dementia in Doncaster, with one third of these being in residential homes/nursing care and two thirds in their own homes. The Dementia Health Needs Assessment collated local intelligence so that partners could coordinate and prioritise work on dementia. It provided a basis for the Doncaster Dementia Alliance to introduce or improve services for people with dementia and their carers.

The Board was asked to note, in particular, the priorities set out on page 4 of the Assessment document, which had been grouped into three broad themes that aligned with the national and local strategies:

- Raise awareness and understanding of dementia;
- Early diagnosis and support;
- Living well with dementia.

These priorities had been approved by the Doncaster Dementia Alliance and would act as a point of reference for partners.

RESOLVED that the priorities detailed at page 4 of the Dementia Health Needs Assessment document be noted and the Assessment be approved for wider dissemination.

## 22. HEALTH AND WELLBEING BOARD WORK PROGRAMME AND FORWARD PLAN

The Board considered a report which provided an update on the work of the Officer Group and proposed a Board work programme and forward plan, as set out in Appendix 1 of the report, together with proposed future Board meeting dates for the next 3 years, as detailed in Appendix 2 of the report.

After Members had noted that an updated forward plan would be brought to each meeting of the Board to enable the effective monitoring and scheduling of business, it was

RESOLVED to approve the Board's work programme and forward plan and proposed future Board dates for the next 3 years, as set out in the report.