

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

7TH NOVEMBER, 2013

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE, DONCASTER, on THURSDAY 7TH NOVEMBER, 2013 at 9.30 A.M.

PRESENT:

Chair - Councillor Pat Knight
Vice-Chair - Councillor Tony Corden

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	Chair of Doncaster Clinical Commissioning Group (DCCG)
Chris Stainforth	Chief Officer DCCG
Eleri de Gilbert	Area Director NHS England (South Yorkshire & Bassetlaw)
Chief Superintendent	
Richard Tweed	District Commander for Doncaster, South Yorkshire Police
Ian Jerams	Transformation Director, RDaSH

Also in attendance:

Sheila Barnes, Healthwatch Doncaster.
Clare Batty, Local Government Association (LGA) Peer Challenge Team.
Councillor Patricia Schofield.
Roger Thompson, Independent Chair of the Children and Adults Safeguarding Boards.

APOLOGIES:

Apologies for absence were received from Councillor Barbara Hoyle (Doncaster Council Conservative Group representative) and Christine Bain (Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust).

23. WELCOME AND INTRODUCTIONS

The Chair, Councillor Pat Knight, welcomed Clare Batty to the meeting, who was a member of the LGA's Peer Challenge Team and attending as an observer, and Roger Thompson, Independent Chair of the Children and Adults Safeguarding Boards, who was attending to present the Boards' Annual Reports (see minute no. 34).

24. CHAIR'S ANNOUNCEMENTS

There were no announcements made by the Chair.

25. PUBLIC QUESTIONS

There were no questions received from the public.

26. DECLARATIONS OF INTEREST, IF ANY

No declarations were made at the meeting.

27. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 5TH SEPTEMBER, 2013

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 5th September, 2013 be approved as a correct record and signed by the Chair.

28. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Dr Tony Baxter, Director of Public Health, stated that he was proud to present his first Annual Report to the Board. He began by reading a passage from the very first Public Health report produced in Doncaster in 1866. Whilst the Borough was a vastly different place then compared to the present day, Dr Baxter explained that the 1866 report nevertheless demonstrated that there was sound public health work being undertaken in Doncaster 147 years ago.

Dr Baxter then summarised the key features of the report, which included:

- a reflection on the opportunities and challenges posed by the new Public Health duties in local government and what the Council and partners were doing to meet these effectively;
- consideration of the key Public Health challenges for Doncaster identified in the Public Health Outcomes Framework;
- a description of progress against recommendations made in the 2012 DPH Annual Report; and
- a number of recommendations for decision makers locally which would contribute to the improvement of Health and Wellbeing in Doncaster.

During subsequent discussion, Janet Greenwood commented that the strength of the Public Health report from 1866 was in its grass roots approach to service provision and the fact that it was community orientated, and felt it was important that today's Public Health service providers were mindful of the need to ensure that they too remained in touch with the local communities that they served.

RESOLVED to note the 2013 Annual Report of the Director of Public Health.

29. ANNUAL HEALTH PROFILE 2013

The Board received the Annual Health Profile 2013 for Doncaster, published by Public Health England. The Profile gave a picture of health in Doncaster and was designed to help local government and health services understand their community's needs, so that they could work to improve people's health and reduce health inequalities.

Laurie Mott, Head of Public Health Intelligence (DMBC) summarised the key findings and statistics in this year's Profile. In referring to the Health summary for Doncaster, which showed how the health of people in the area compared with the rest of England, Laurie made specific reference to the indicators in relation to teenage pregnancy (under 18), drug misuse and people diagnosed with diabetes and suggested that these were 3 issues that would be worthy of greater examination by the Board in the future if it so wished. Dr Tony Baxter stated that teenage pregnancy remained an on-going concern, and he referred to the work currently being undertaken by the Sexual Health Partnership in this respect.

RESOLVED to note the contents of the Health Profile 2013.

30. PERFORMANCE REPORT – QUARTER 2

The Board received a report setting out the latest figures for performance against the agreed priorities set out in the Health and Wellbeing Strategy, in Quarter 2 2013-14. A summary with detail on each of the priorities was provided in Appendix A to the paper.

During discussion, Dr Tony Baxter highlighted that this was the first time the Board had received a performance report in this format, which he felt was very useful. He confirmed that the performance data was based around the Board's agreed priorities/areas of focus, which effectively comprised a jigsaw of interventions. He added that the report provided the Board with an opportunity to hold dialogue on whether the priorities were being measured effectively.

In commenting on the performance indicators, some Members spoke of the need for caution in the way the data was interpreted, and also recognised that indicators did not always measure the quality of services provided.

Eleanor Brazil, Director of Children and Young People's Service (DMBC) referred to the priority in respect of redesigning and commissioning multi-agency locality early help services for families and advised that early help was a key part of improving children's services. She stressed the need to be clear about the difference between early help services for families and the stronger families programme. The early help services covered a much wider remit to that of the stronger families programme, which included taking steps to try and reduce the number of families ending up in the situation where they might need help as part of the Stronger Families programme.

Mike Pinkerton informed the Board that the Doncaster and Bassetlaw Hospitals Trust had won an award for the 'Best Dementia-Friendly Hospital' at the 4th National Dementia Care Awards, held in Nottingham on 6 November. He stated that the Trust was absolutely delighted to have won this national award and he was extremely proud of the staff who had put in so much hard work in recent years to improve the service provided to people living with dementia. In congratulating the Trust, the Chair, Councillor Pat Knight stated that this was really positive news and re-iterated that one of her personal aims was to help make Doncaster become a Dementia Friendly Community.

RESOLVED to note the performance data for the Quarter 2 reporting period.

31. UPDATE ON CHILDREN'S TRUST DEVELOPMENTS AND REVISED CHILDREN AND YOUNG PEOPLE'S SERVICE (CYPS) IMPROVEMENT PLAN

Eleanor Brazil presented, for the Board's information, the revised CYPS Improvement Plan, which built on previous plans and work and provided a high level overview of the following 4 key themes:

1. Strategic Direction - an over-arching vision for children and families with an aspirational plan;
2. Improving the child and family journey - right response in the right place at the right time;
3. Stable and high performing workforce - strong leadership supporting the front line;
4. Fit for purpose organisation - efficient and value for money.

Members noted that there were a number of projects under each theme and all four themes were relevant to the Health and Wellbeing Board. Key to the success would be how the Council and its partners worked to deliver more joined up approaches to working in order to improve the quality of life for vulnerable families and children. In particular, having a strategic aspiration for families, and how early help was delivered by the partnership, including schools and the third sector with comprehensive involvement of children and their families. Similarly, work on better and clearer commissioning arrangements would complement the work of the Board.

A significant addition to the plan was the preparation and work required to meet the Secretary of State's direction to establish a Children's Trust. Eleanor Brazil confirmed that the Council had appointed an improvement partner, iMPOWER in June, who would play a key role in helping to deliver the plan by bringing capacity to Children's Services.

In answer to a Member's observation that the timescales for delivery of the Plan were quite short, Eleanor Brazil confirmed that the timescales were ambitious, but this was felt to be important given the nature of the task in hand. She advised that the Plan was considered to be deliverable and she hoped that none of the timescales would slip.

RESOLVED to note the new Improvement Plan and update on the establishment of a Children's Trust.

32. DONCASTER CLINICAL COMMISSIONING GROUP (DCCG) STRATEGY AND PRIORITIES REFRESH

Members received a verbal update from Dr Nick Tupper, Chair of the DCCG and Chris Stainforth, Chief Officer DCCG on the DCCG Strategy and Priorities Refresh.

Dr Tupper explained, with the aid of some handouts, that an intelligence driven approach was being taken to refresh the Group's priorities, with the Joint Strategic Needs Assessment featuring significantly in this process. In terms of consultation,

Dr Tupper reported that a provider engagement event had been held, along with patient and public engagement. All of the data and evidence being collected would be filtered down into the Group's priorities. It was intended that meaningful indicators of outcomes and success would be produced. Dr Tupper then summarised the other key elements of the DCCG's strategy and priorities refresh, which included:

- Organisation of patient centred care;
- Clinical priorities;
- Cross cutting themes;
- A 5 year Strategy with agreed priority areas each year.

During discussion, Eleri de Gilbert (Area Director NHS England, South Yorkshire & Bassetlaw) spoke of the importance of aligning the activities and plans of the various Health partners with those of the DCCG. She made reference to the massive financial challenge faced by the NHS and stressed the need to look at working towards integration in the future.

After Dr Tony Baxter had advised that the Health and Wellbeing Board would formally receive the DCCG's refreshed Strategy in due course, and commented on how the ownership of such strategies was very important in a shrinking financial climate, it was

RESOLVED to note the update.

33. STRONGER COMMUNITIES THEME GROUP UPDATE

The Board received a presentation by Pat Hagan, Head of Service (Communities) which provided an update on the work of the Stronger Communities Theme Group.

It was noted that much of the work carried out by the Group concentrated on creating the conditions for people to engage with public services and become more active in community life, which had a positive impact on citizens' sense of safety. It also contributed towards creative solutions to local problems, stronger local networks that connected people and got things done, community spirit, improving people's quality of life, resilient communities, civic pride and thriving businesses. It was also concerned with fostering inclusive communities and breaking down barriers that stopped people from being able to fulfil their potential in life, building fairness, inclusion and community spirit.

The Stronger Communities Theme Group was a branch of the Community Safety Partnership (Safer-Stronger Doncaster) and primarily had a strategic/policy focus. The focus of work for the Theme Group had the following 3 strands:

- Community engagement
- Community activity/volunteering
- Inclusion and fairness

Having summarised the aims, priority work and outcomes that the Group had identified for each of the 3 main strands above, Pat Hagan explained that the Group was trying to reach out to other areas of the partnership, and to this end, he welcomed comments/observations from Members on:

- whether they could see any links between the work of this Board and the Theme Group;
- whether there were any potential tensions?
- how the Theme Group could add value to the Board's work; and
- any potential areas of joint working between the Board and the Group.

During subsequent discussion, Members recognised the importance of this area of work, and the need for all agencies and partners to co-ordinate their activities, in order to avoid unnecessary duplication. In response to a comment regarding the role of Healthwatch in supporting this work, Pat Hagan confirmed that the Stronger Communities Theme Group had been doing some work with Healthwatch.

RESOLVED to note the presentation on the work of the Stronger Communities Theme Group.

34. ANNUAL REPORTS OF THE DONCASTER CHILDREN AND ADULTS SAFEGUARDING BOARDS

The Board welcomed to the meeting Roger Thompson, Independent Chair of the Doncaster Children and Adults Safeguarding Boards. Mr Thompson began by thanking the Board for agreeing to receive the Annual Reports of the Doncaster Safeguarding Children Board and Doncaster Safeguarding Adults Partnership Board. Having outlined the functions of the Safeguarding Boards, Mr Thompson presented the respective Annual Reports.

Doncaster Safeguarding Adults Partnership Board

In summarising the salient points, Mr Thompson drew particular attention to the marked increase in the number of safeguarding referrals made in the last 12 months which had risen by over 18% since last year. This indicated an increased awareness of Safeguarding Adults processes and reporting mechanisms across Doncaster. It was noted that there were robust safeguarding arrangements in place in the Borough and that the Adults Safeguarding Board (ASB) was working on raising awareness of Safeguarding issues in Doncaster.

With regard to new developments that were not included in the Annual Report, Mr Thompson advised that the ASB was not currently a statutory Board like the Safeguarding Children Board. However, the Government had indicated that it intended to implement legislation putting Safeguarding Adults Boards on a statutory footing in the future, and this was likely to be introduced in 2015. Mr Thompson also referred to work being undertaken by the Director of Adults and Communities in relation to dealing with safeguarding issues in prisons. It was also noted that the ASB had commissioned 3 serious case reviews which might attract publicity in the future. This was a new development for the Board.

Doncaster Safeguarding Children Board (DSCB)

Mr Thompson reported that whilst these were difficult times for Children's services in Doncaster, in light of the Government Intervention and concerns highlighted in the most recent Ofsted inspection report into safeguarding and looked after children, carried out in October 2012, positive improvements had been made and measures taken by the DSCB to address these concerns. These included the setting up of an effective management performance framework and work to

establish a regular multi-agency auditing of cases. Furthermore, the DSCB had established 6 Sub-Groups all of which reported to the Board. Mr Thompson stated that it was recognised that the DSCB needed to enhance its role in ensuring that Children's Services were being delivered and improved. He reported that the DSCB's Serious Cases Panel had commissioned 7 Learning Lessons Reviews since 2009. This Panel had responsibility to ensure that all lessons and action plans were completed and evidenced by the agency concerned. The DSCB also carried out a follow up dip audit sample to ensure that action was in fact taken and embedded into practice. Mr Thompson then summarised the remits of the other DSCB Sub-Groups and, in particular, commended the work carried out during the past year by the Child Death Overview Panel.

With regard to the nature of future liaison and communication between the Safeguarding Boards and the Health and Wellbeing Board, Dr Tony Baxter expressed the view that this Board would want an assurance that robust safeguarding systems were in place to look after vulnerable people. Therefore, the question for this Board to consider was whether the Annual Reports of the Safeguarding Boards provided that assurance or whether any additional reporting was required. Dr Baxter added that he was aware that some members of this Board also sat on the Safeguarding Boards. In reply, Roger Thompson suggested that it might be more useful to the Health and Wellbeing Board if it received more timely reports/visits by himself at other times of the year and not just when the Annual Reports were published. Regarding Member representation on the Safeguarding Boards, Joan Beck confirmed that 4 members of this Board sat on the DCSB and 2 members sat on the ASB. She suggested that it would be useful if a report was brought to this Board earlier each year outlining the Safeguarding Boards' forthcoming priorities for the coming year, in addition to receiving the Annual Reports later on. Dr Baxter then suggested that the Officer Group could take this forward by liaising with Roger Thompson to schedule these items into the Health and Wellbeing Board's forward plan.

RESOLVED:

- 1) to note the Annual Reports of the Children and Adults Safeguarding Boards; and
- 2) that future arrangements for this Board to receive reports by the Safeguarding Boards be finalised by the HWB Officer Group in liaison with Roger Thompson and included in the Board's forward plan.

35. LOCAL ACCOUNT OF ADULT SOCIAL CARE 2012-13

The Board considered a report which presented the Local Account of Adult Social Care for 2012-13. The Local Account was a people's performance report for Adult Social Care, which all Councils with Adult Social Care responsibility were required to produce annually to demonstrate performance and progress made in improving Adult Social Care. It also gave details of the Council's future intentions and priorities for change. This was the third Local Account produced in Doncaster under the 'Transparency in Outcomes' performance framework. The Local Account had been approved by the Council's Cabinet on 18th September and published on 30th September 2013.

In presenting the report, Joan Beck made particular reference to the formal feedback on the 2012 Account that had been obtained through the independent peer assessment of performance under the Sector Led Improvement (SLI) framework. The SLI report included a professional assessment of the Local Account and also an assessment by a review group made up of members of the public. It was noted that the general assessment of the 2012 Account was positive with readers noting the layout and readability of the document.

The Board noted that the view of Elected Members was that Adult Social Care should be subject to independent review/scrutiny in the same way as Children and Young People's Services (i.e. an Ofsted type inspection). It was hoped that this need for an independent view would be met through the SLI independent performance assessment. Joan Beck also confirmed that the Council would be participating in a peer review of Adult Social Care in the New Year to be undertaken by the Local Government Association, the outcome of which would help to inform next year's Local Account.

After the Chair, Councillor Pat Knight, had thanked the Officers concerned for their work in producing the Local Account, it was

RESOLVED to note the development and publication of the Local Account and note that the priorities outlined for Adult Social Care development in 2013/14 align with the Health and Wellbeing priorities in Doncaster.

36. HEALTH PROTECTION ASSURANCE STATEMENT

The Board received a Governance Statement on Health Protection Assurance in Doncaster, which described what was being done to protect the people of Doncaster from harms/threats from incidents, including from communicable diseases or environmental incidents. Victor Joseph, Consultant in Public Health presented the Statement and highlighted the main sections which provided assurance in line with the key strategic objectives underpinning the local health protection assurance framework.

Dr Tony Baxter stressed that whilst protecting the health of the local population was a statutory duty placed on him as Director of Public Health, it was the responsibility of all partner organisations and agencies to ensure that effective systems were in place to provide assurance in relation to health protection. He stated that he hoped that this Statement was useful to the Board, and explained that future reports would be able to focus more on exceptions rather than detailed descriptions of the actions being taken.

The Chair, Councillor Pat Knight stated that, as a layperson, she would like to learn more about the work being carried out behind some of the headline issues identified in reports such as this, and she cited the screening programmes as an example. In reply, Dr Tony Baxter explained that the detail behind the report could be shared with members of this Board, if they so wished.

RESOLVED to note the Health Protection Assurance Statement.

37. PEER CHALLENGE UPDATE

The Board received a verbal update from Dr Tony Baxter on the forthcoming LGA Peer Challenge, which was due to take place from 19th – 22nd November. Dr Baxter stated that the Council was looking forward to the Peer Challenge, which would aid improvement and learning. He explained that this was not the same as an inspection and that the Peers would be working as critical friends and advisors. It was noted that the Peer Challenge would comprise the following 3 main elements:

1. The establishment of an effective Health and Wellbeing Board;
2. The transfer of the Public Health function to the Council; and
3. The establishment of a local Healthwatch organisation.

In return, the Council had specifically asked the Peer Challenge Team to examine/advise on the following issues:

1. The Council's approach towards tackling alcohol abuse and examples of best practice elsewhere;
2. How the proposed Children's Trust could become an effective partner in the Health and Wellbeing system in Doncaster.

After the Chair had confirmed that the findings from the Peer Challenge would be reported to a future meeting of the Board, it was

RESOLVED to note the update.

38. REPORT FROM HWB OFFICER GROUP AND FORWARD PLAN

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

In summarising the salient points in the report, Dr Rupert Suckling confirmed that, with regard to implementing the Integration Transformation Fund, the Officer Group was proposing that the Joint Adult Commissioning Forum led the drafting of the planning template working with the relevant providers and stakeholders. This planning template would need to be considered at a future HWB meeting and it was hoped this would start to translate the Board's vision for a transformed health and social care system into reality.

After the Board had acknowledged the need to be selective in determining which strategies it wished to receive in future, in order to maintain a realistically achievable work programme, it was

RESOLVED to:

- 1) receive the update from the Officer Group;
- 2) agree the proposal for the Joint Adults Commissioning Forum to draft the planning template for the Integration Transformation Fund; and
- 3) agree the proposed Forward Plan, as detailed in the Appendix to the report.