

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

9TH JANUARY, 2014

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE, DONCASTER, on THURSDAY 9TH JANUARY, 2014 at 9.30 A.M.

PRESENT:

Chair - Councillor Pat Knight

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
Christine Bain	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust, RDaSH

Also in attendance:

Jane Carmara, New Horizons  
Mrs Anne Evans  
Wayne Goddard, Head of Strategy & System Management (Vulnerable People),  
DCCG  
Tracey Harwood, Interim Assistant Director, Strategic Housing (DMBC)  
Gary Jones, Head of Service Co-ordinator, Commissioning and Contracts (DMBC)  
Judith Jones, Director of Housing Services, St Leger Homes of Doncaster  
John Leask, Policy and Partnerships Officer (DMBC)  
Joanne Poole, Senate Manager  
Louise Robson, Public Health Specialist (DMBC)  
Councillor Patricia Schofield  
Dr Rupert Suckling, Assistant Director, Public Health (DMBC)  
Sue Womack, Health Manager, Doncaster CVS.

APOLOGIES:

Apologies for absence were received from Councillor Tony Corden (Vice-Chair) and Councillor Barbara Hoyle (Doncaster Council Conservative Group representative).

#### 39. WELCOME AND INTRODUCTIONS

The Chair, Councillor Pat Knight, welcomed Sue Womack (Doncaster CVS), Jane Carmara (New Horizons), Tracey Harwood (Interim Assistant Director, Strategic Housing) and Judith Jones (Director of Housing Services, St Leger Homes of Doncaster) to the meeting.

#### 40. CHAIR'S ANNOUNCEMENTS

Having wished all those present a Happy New Year, the Chair referred to the positive feedback received from the Local Government Association's (LGA) recent Health and Wellbeing Peer Challenge and she thanked everyone who had participated in the Review.

The Chair confirmed that the Board would be holding a number of time out events/workshops during the coming year. The next workshop was scheduled for 13 February and would cover the following 3 topics:

1. Primary Care Strategy;
2. Joint Strategic Needs Assessment; and
3. HWB developments post LGA Peer Challenge.

#### 41. PUBLIC QUESTIONS

A period of 15 minutes was afforded to members of the public to ask questions on any matter falling within the Board's remit.

Mrs Anne Evans thanked the Board for the opportunity to ask a question. She explained that on 30th June 2010, her youngest son had died by suicide due to a gambling addiction. Mrs Evans stated that although she had previously worked in various health fields, she never knew who to contact for help or what services were available to treat her son's addiction. She explained that because gambling was not recognised as an addiction, very little help was provided for gamblers or their families by the NHS, Public Health, Town Councils or Government. This was in sharp contrast to the vast amount of information and resources available to addicts of alcohol, smoking and drugs. Mrs Evans explained that she had received support from Rosie Winterton MP, who had raised this issue within Government departments. Mrs Evans stressed, however, that gambling addiction was still being largely ignored at a time when it was now easier than ever for people to become addicted, due to the ever increasing publicity and advertising on television and in the media, and with the growth in internet gambling and easier access to gambling websites via smart phones. This was likely to lead to a sharp rise in numbers of sufferers and families destroyed.

Mrs Evans highlighted that far more money was spent by people addicted to gambling than that which was spent on other addictions, such as smoking and drinking, and she felt that more help was needed for families affected by gambling, as this was a problem that impacted on people's health. In referring to a recent RDaSh meeting she had attended, Mrs Evans explained that she had learned that no services in relation to gambling addiction were currently provided by RDaSH. In light of this, Mrs Evans asked the Board to support measures including making information widely available to the public, signposting where they can go for help,

setting up a self-help group for gambling addicts in the Borough and commissioning RDaSH to provide cognitive behavioural therapy for gambling addicts.

Discussion followed, during which Christine Bain explained that whilst RDaSH was not currently commissioned either by the CCG or by the Local Authority to provide specific support to those with gambling addictions, it did however treat the results of gambling addiction, such as depression and mental health problems. She advised that it was difficult to quantify the number of people with gambling addictions and/or receiving treatment as this was not coded. When gambling addiction became obvious, patients tended to receive generic services, including signposting to where they could receive further help, but she stressed that the signposting was limited. She explained that this was a specialist area and suggested that it would be useful to identify best practice elsewhere.

Dr Nick Tupper stated that it was important to try and quantify the number of people affected by gambling addiction. He explained that when a suicide occurred, usually some events analysis was carried out, which might give a notion of the numbers of people being affected by this problem. He added that, as a GP, he saw patients with gambling addictions and it seemed to be a growing problem. With regard to treatment, Dr Tupper suggested that more work was needed in addressing the question of whether the types of treatment currently used for other addictions could also be successfully applied to gambling addiction. Dr Tupper stated that it was recognised that more could be done to help people affected by gambling. He explained that local CCGs met on a regional basis and he advised that this was an issue that they could look at.

In thanking Mrs Evans for sharing her moving and powerful story, Dr Tony Baxter stated that casual gambling had become the norm in today's society, due to the internet and the media. He agreed that the priority for this Board was in identifying the extent to which this problem affected local people. To this end, he suggested that detailed work could be undertaken with RDaSH and DCCG to identify the numbers affected, together with prioritisation in terms of where support was most needed by looking at current availability of local services/self-help groups, with a view to developing a commissioning strategy in the future.

Eleri de Gilbert supported previous comments that there was a need to understand the scale of the problem. She added that she would check to see what was being done by the NHS nationally.

Sue Womack advised the Board that Gamblers Anonymous currently met at Doncaster CVS and she undertook to find out what was happening on a local level.

The Chair, Councillor Pat Knight, informed the Board that Public Health would also be able to work closely with the Council's Licensing Team to see if they could also help in dealing with this problem.

After Dr Baxter had advised that he would write to Mrs Evans in due course to update her on the actions being taken, it was

RESOLVED that Board members follow up the points raised by Mrs Evans in their respective fields and the Director of Public Health write to Mrs Evans in due course confirming the actions being taken.

42. DECLARATIONS OF INTEREST, IF ANY

Christine Bain, Mike Pinkerton and Eleri de Gilbert each declared a non-disclosable pecuniary interest in agenda item number 8 – Options and Outline Proposals for Progressing the Doncaster Better Care Fund (minute number 45).

43. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 7TH NOVEMBER, 2013

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 7th November, 2013 be approved as a correct record and signed by the Chair.

44. MENTAL HEALTH AND HOUSING

The Board considered a report which outlined the concerns and issues in relation to mental health, emotional wellbeing and housing and provided options to be considered and agreed in relation to mental health and housing. It was noted that this built on the current work commissioned by the CCG to review the wider mental health agenda, which had been due to report in December 2013.

Wayne Goddard (DCCG) explained that this report was the result of a joint partnership wide workshop held in October 2013 which had explored issues and common themes from a number of complex case studies presented by Estate Officers from St Leger Homes. This workshop had identified a number of common and recurring themes, including a lack of communication across the partnership, a lack of information sharing, a lack of consistency and uncoordinated working practices (unclear pathways) and isolated but very committed front line workers trying to make a difference. The Board was therefore being asked to support a review of current mental health arrangements across the partnership in relation to housing, and for this review to include a mapping exercise to indicate gaps in service provision.

Discussion followed, during which Eleanor Brazil stated that she hoped the impact on children would be taken into account in the review and that ways of supporting families with early interventions through 'One Team Working' would be examined.

The Board noted that it was acknowledged by all partners that there was a need for closer working and improved information sharing across organisations in dealing with people with mental health and housing problems in the community.

After the Officers had answered questions on the proposed review methodology and confirmed that the review would be wide in scope, it was

RESOLVED that:-

- a) the Board support:-

- 1) A review of current mental health arrangements across the partnership in relation to housing, which includes a mapping exercise to indicate gaps in service provision.
  - 2) A review of partnership working, which includes a focus on workforce development and empowering front-line workers.
  - 3) A delivery approach that promotes 'One Team Working' and consistent decision making that can be understood by service users and workers across the partnership.
- b) the Board receives an update on progress in 6 months' time in an Areas of Focus report.

#### 45. OPTIONS AND OUTLINE PROPOSALS FOR PROGRESSING THE DONCASTER BETTER CARE FUND

The Board considered a report which outlined how the Better Care Fund could be developed in Doncaster, the principles, values and governance of operation, early priority areas for budget allocation and examined the risk of the changes for the DCCG and Doncaster Council.

Chris Stainforth explained that the aim of the Better Care Fund was to create a significant pooled fund to help people live outside of hospital – by taking measures to avoid some hospital admissions and to ensure that people spent less time in hospital when they were admitted. It was noted that Doncaster was already in a strong position in this respect, with the establishment of a 'Supporting and Maintaining Independence' team in the Council's Adults and Communities Directorate.

In referring to the indicative fund figures set out in Appendix 5 to the report, Chris explained that the funding would be used to cover existing commitments, so it was not new money, and the Fund focused around using existing resources in more effective ways.

The Board noted that other key issues requiring consideration in relation to the Doncaster Better Care Fund included:-

- The need to ensure transparency around money (e.g. avoiding double counting);
- Proposed governance arrangements (strategic and operational), which were detailed in Appendix 4 to the report;
- Development of the Better Care Plan;
- Looking at the future potential for pooled arrangements for other areas, such as dementia and children.

General discussion followed, during which Eleri de Gilbert stressed that this was very important and challenging work, with an expectation that Better Care Funds would enable a 15% reduction in emergency admissions over 5 years.

Having commented on the role of commissioning support and business intelligence in supporting transformational change of this nature, Dr Nick Tupper spoke of the need to consider the issues of external support and improving joined

up working. He also stressed the need to carefully watch for any unintended circumstances, such as ensuring that these changes did not destabilise the groups/organisations already providing services in Doncaster.

Mike Pinkerton highlighted the importance of looking at both the upside and downside risks of this proposal and mitigation measures. With regard to the governance structure, he pointed out that it might be worth considering the inclusion of a critical friend element, as had been done elsewhere. Janet Greenwood also enquired where the public and the voluntary/community sectors would fit in the governance arrangements.

Joan Beck pointed out that LGA/NHS guidance indicated that ultimate responsibility for signing off the Better Care Fund rested with Health and Wellbeing Boards, therefore there was a need to consider any necessary Constitutional revisions in respect of the HWB's delegations to enable final sign off by the Board.

After the Chair had proposed that the Board hold a timeout workshop around 20th March to consider the draft Better Care Fund submission when it came back from NHS England, it was

RESOLVED to:-

1. Endorse the proposal set out in Option 2 of the report and support progression to a fully developed joint plan to be submitted to NHS England within the required timeframe;
2. Give delegated authority to the Director of Adults and Communities, the Chief Officer of the DCCG and Chair of the Health and Wellbeing Board to sign off the initial Better Care Fund submission to NHS England;
3. Hold a workshop around 20 March 2014 to consider the draft submission when it has come back from NHS England.

46. PROPOSAL FOR DEVELOPING DONCASTER'S PHARMACEUTICAL NEEDS ASSESSMENT 2014/15

The Board considered a report which presented a proposal for the development of the Doncaster Health and Wellbeing Board's first Pharmaceutical Needs Assessment (PNA) outlining a proposal and timescale for delivery in 2014/15.

It was reported that in 2011 a PNA report (2011-2014) was produced and disseminated to key stakeholders across Doncaster following an extensive consultation period, a copy of which was detailed in Appendix A to the report. The report contained a number of key areas in terms of current pharmaceutical service provision, locality mapping against health outcomes, local demographics, stakeholder and public engagement, consultation and future developments/recommendations.

The current PNA expired in 2014. Since the Health and Social Care Act 2012, the responsibility of developing and updating Pharmaceutical Needs Assessments had now transferred to Health and Wellbeing Boards. In discussing who should lead on the PNA process, the Board noted that the Council's Public Health Directorate

had offered to take this on and Members supported this proposal.

Concerning the issue of locality mapping, the Board noted a suggestion that this could mirror the Joint Strategic Needs Assessment localities, but that the exact parameters to be used for the mapping would be considered in more detail by the Core Group and Stakeholder Group as part of the planning process.

With regard to the proposed membership of the Core Group for overseeing and steering the PNA process, Eleri de Gilbert suggested that the entry relating to 'NHS Area Team Primary Care' should be amended by deleting the words 'Primary Care'.

In response to a query as to the extent to which the previous PNA was utilised and relied upon, Eleri de Gilbert explained that NHS England's Pharmacy Committee, which dealt with applications to open new pharmacy premises, referred to the PNA to help inform its decisions when determining applications.

After Dr Rupert Suckling had advised that the Board would receive regular updates on the development of the 2014/15 PNA, it was

RESOLVED that:-

1. subject to the above amendment to the membership of the Core Group, the proposal for the 2014/15 PNA as set out in the report be approved, with Public Health leading the process;
2. the Board receives regular updates on progress with the development of the 2014/15 PNA.

#### 47. CLINICAL SENATE UPDATE

Joanne Poole, Senate Manager, presented a paper which provided an update on the development of the Yorkshire and the Humber Clinical Senate. The aim of the Senate was to provide credible clinical leadership and independent clinical advice and recommendations to CCGs, HWBs and NHS England to support commissioners in making the best decisions about health care for the populations they represent. The Yorkshire and Humber Senate would therefore need to provide a broad, strategic view on the totality of healthcare within Yorkshire and Humber bringing together experts to understand the impact of any one single initiative, or group of initiatives, upon the wider geographical area.

Having outlined some examples of the type of work that the Senate could assist with, Joanne confirmed that the Senate was still developing its work programme and, therefore, members of the Board were welcome to forward any topics to her that they would like the Senate to consider over the forthcoming months.

Regarding the composition of the Senate Council, it was noted that the South Yorkshire and Bassetlaw region was under-represented and therefore Board members were asked to encourage interested colleagues to contact Joanne Poole in respect of the positions for a nursing representative and a clinical commissioner, together with clinicians from any disciplines.

After the Board had discussed the role of the Senate and Joanne Poole had advised that she had written to the Chairs of Scrutiny Committees suggesting that they might wish to seek the Senate's views on health issues when considering them, it was

RESOLVED to note the update on the development of the Yorkshire and the Humber Clinical Senate.

#### 48. PEER CHALLENGE FEEDBACK AND NEXT STEPS

Dr Tony Baxter reported back to the Board on feedback from the Health and Wellbeing Peer Challenge conducted by the Local Government Association between 19th – 22nd November 2013 and the proposed next steps, including the development of an action plan picking up the key points raised during the Peer Challenge. A copy of the feedback letter received from the Local Government Association was included in the agenda papers for this meeting.

The Board was informed that this visit was the first formal Health and Wellbeing Peer Review carried out in the Country. In their feedback presentation at the end of the visit, the peer team had identified many strengths and suggested areas for consideration. Headline messages were:-

- There is much enthusiasm and commitment to improving the health and wellbeing of residents
- Plans should be better aligned to ensure the shared strategic direction matches our ambitions for Doncaster
- Make better use of the potential from data intelligence to focus priorities and resources
- Better communicate the rationale behind the priorities to enable all partners, including neighbourhood teams, to deliver the Health and Wellbeing Strategy and reduce health inequalities
- Celebrate our successes and spread the learning from what works
- We need to take key partners with us in further developing the Health and Wellbeing Board to be the health system leader
- There is energy and passion from the health and wellbeing sector for the opportunities to be seized for more integration and joint working
- Build on these strong and more stable foundations to forge ahead together with confidence and pace

In addition, the peer team had identified four areas of notable practice which they were intending to post and promote on the LGA website. These were:

- Co-design of an intervention to increase physical exercise - an example of Council Directorates working together and with private sector and academia;
- Dementia friendly communities – Council working with NHS and wider health sector;
- Co-production to support independence for adults in Doncaster – Council working with third sector and communities;
- Redesign of tobacco control commissioning – Council working with other South Yorkshire Councils.



The LGA's feedback letter provided a summary of the Peer Team's findings and built on the feedback presentation delivered by the team at the end of the onsite visit. It was noted that in presenting the feedback, the Peer Challenge team had stated that they hoped the feedback helped to provide recognition of the progress the Council and its Health and Wellbeing Board had made whilst stimulating debate and thinking about future challenges.

After the Board had supported a proposal to develop an action plan arising from the feedback letter at the Board's workshop to be held in February 2014, after which offers of further support activity by the LGA would be pursued, it was

RESOLVED to note the Peer Challenge feedback and agree to develop an action plan at the Board's workshop in February picking up the key points raised during the Peer Challenge.

#### 49. VENUE(S) FOR FUTURE BOARD MEETINGS

The Chair, Councillor Pat Knight reported that, as part of the feedback she had received from the Peer Challenge, she had been asked to consider holding HWB meetings in various venues in the Borough in order to raise the Board's profile and make meetings more widely accessible. She therefore welcomed offers from members of the Board to host meetings at their respective offices.

After Members had offered to host future HWB meetings at St Catherine's House, Montagu Hospital and Sovereign House, it was

RESOLVED to agree to hold HWB meetings at various venues in the Borough in the future, the details of which would be circulated to the membership once finalised.

#### 50. 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.

Dr Rupert Suckling summarised the key points in the report, which included updates on the following issues:

- Health and Social Care System Transformation
- Think Local, Act Personal. Developing the Power of Strong Inclusive Communities to Boost Health and Well-Being
- Public Health Procurement Forward Plan
- Mapping of local health and social care planning groups
- Maternity, Children and Young People Joint Commissioning Group
- Primary Care Strategy
- Forward Plan for the Board

RESOLVED to:

- 1) receive the update from the Officer Group;
- 2) support the sourcing of training on Outcomes Based Accountability for the lead officers for the Areas of Focus and their planning groups;  
and
- 3) agree the proposed Forward Plan, as detailed in the Appendix to the report.