

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

13TH MARCH, 2014

A MEETING of the HEALTH AND WELLBEING BOARD was held at ST. CATHERINE'S HOUSE, BALBY, DONCASTER, on THURSDAY 13TH MARCH, 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 (for minute number 66)
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
Chief Superintendent	
Richard Tweed	District Commander for Doncaster, South Yorkshire Police
Helen Dabbs	Deputy Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) (Representing Christine Bain)
Laura Sherburn	Assistant Director Clinical Strategy, NHS England (South Yorkshire & Bassetlaw) (Representing Cathy Edwards)

Also in attendance:

John Leask, Policy and Partnerships Officer (DMBC)
Louise Robson, Public Health Specialist (DMBC)
Allan Wiltshire, Policy and Performance Manager (DMBC)
Laurie Mott, Head of Public Health Intelligence (DMBC)
Victor Joseph, Consultant in Public Health (DMBC)
Karen Milner, Workforce Development Manager (DMBC)
Sue Womack, Health Manager, Doncaster CVS.

APOLOGIES:

Apologies for absence were received from Councillor Tony Corden (Vice-Chair), Councillor Barbara Hoyle (Doncaster Council Conservative Group representative), Janet Greenwood (Interim Chair of Healthwatch Doncaster), Cathy Edwards (Director of Commissioning, NHS England (South Yorkshire & Bassetlaw)) and Christine Bain (Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust, RDaSH).

51. WELCOME AND INTRODUCTIONS

Having welcomed everyone to the meeting, the Chair, Councillor Pat Knight, advised that she had been notified by Eleri de Gilbert, Area Director for NHS England, that she had unfortunately had to stand down from the Board with immediate effect due to her work demands. Eleri's place on the Board would be taken by Cathy Edwards, Director of Commissioning at NHS England (South Yorkshire & Bassetlaw).

52. CHAIR'S ANNOUNCEMENTS

The Chair informed the Board that she had asked the Director of Adults and Communities to bring a report to the Board's next meeting on the findings of the recent Adult Social Care Peer Review conducted by the Local Government Association, the outcome of which had been very positive.

53. PUBLIC QUESTIONS

There were no questions from members of the public.

54. DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

55. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 9TH JANUARY, 2014

With regard to minute number 41 (Public Questions) of the Board's last meeting, the Chair confirmed that a detailed response to the question submitted by Mrs Evans regarding gambling addiction was currently being pulled together by Dr Tony Baxter and would be sent to Mrs Evans in the near future.

In referring to minute number 47 (Clinical Senate Update), Mike Pinkerton advised the Board that the South Yorkshire and Bassetlaw region was no longer under-represented on the Senate Council, following the recent appointments of Richard Parker, Director of Nursing and Midwifery at DBH and Sewa Singh, Medical Director at DBH.

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9th January, 2014 be approved as a correct record and signed by the Chair.

56. QUARTER 3 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 3 (Q3) period. The paper set out the current performance against the agreed priorities in the Health and Wellbeing Strategy.

With regard to the format of the report, Members asked that, in future, clarification be given on what was meant by the terms 'short trend' and 'long trend' in relation to actual time periods.

The Board then discussed at length the performance data provided for each of the Board's agreed priorities and the methods used to measure these, and commented on the need to identify ways of challenging the performance being achieved. In this respect, Dr Tony Baxter stated that the planned training session on Outcomes Based Accountability (OBA) on 3rd April would assist in this regard and help to identify those areas which were in need of particular focus.

During discussion on the priority relating to dementia, the Board noted that the new 'dementia friendly' hospital ward at the Doncaster Royal Infirmary had been very well received by both patients and their relatives and was proving to be a great success. The Chair also pointed out that other projects that had received dementia funding were nearing completion, including those at Rokeby Gardens and Charles Court.

RESOLVED that, subject to clarification being provided in future reports on the terms 'Short Trend' and 'Long Trend', the Q3 Performance Report be noted.

57. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REFRESH

The Board considered a report which summarised the outcomes from the Board's development day held on 13th February 2014. Members were reminded that at the session held in February, the Board and its supporting officer group had been asked to consider the following 3 questions:

- What form should the JSNA take?
- What should be included in the JSNA?
- How could the effectiveness of the JSNA be evaluated?

The report summarised the key points discussed at the development day and the principles agreed in terms of how the JSNA should be developed in the future.

After Members had commented that the development day had been very useful as a means of identifying some enduring principles to inform future JSNAs and agreed that there should be an annual 'refresh' exercise carried out on the JSNA, it was

RESOLVED to:-

1. Agree the principles outlined in the report regarding how the JSNA should be developed in the future; and
2. Commission the Officer Group to develop a JSNA operational plan based on these principles.

58. PROPOSAL FOR DEVELOPING REFRESH OF JOINT HEALTH AND WELLBEING STRATEGY

The Board considered a report which outlined a proposal to review the Joint Health and Wellbeing Strategy that was approved by the Board in June 2013. The paper set out a proposal for consideration around time-scale, key areas of focus and consultation.

In discussing the options available, Members supported the proposal to refresh the current Strategy as opposed to commencing work on a new one. Dr Tony Baxter explained that there were a number of issues arising from the recent Health and Wellbeing Peer Challenge that would help to shape the content of the Strategy in future.

After the Board had noted that the revised Strategy would be aligned with the Borough Strategy, which was also due to be refreshed this year, it was

RESOLVED to:-

1. Agree the proposed timeline and programme for the Strategy review as detailed in the report; and
2. Endorse the vision and the 'I' statements from the current strategy.

59. BETTER CARE FUND UPDATE

Further to the discussion at the Board's last meeting on the Doncaster Better Care Fund (BCF), the Board received a verbal update from Joan Beck, Director of Adults and Communities and Chris Stainforth, Chief Officer of Doncaster Clinical Commissioning Group (DCCG) outlining the latest position regarding the development of the BCF.

The Board was informed that the initial draft BCF submission had been made to NHS England within the deadline period. This had subsequently been reviewed by NHS England and also subjected to a Peer Review by another Director in the region. Feedback from the review had generally been positive, with 4 green and 5 amber areas being identified in terms of the content of the submission. It was also noted that the Board's submission had not been nominated as needing 'extra help' and that NHS England had indicated that they had no doubt that the Board's final BCF submission would meet all of their requirements. A second draft of the submission was now being worked up by the BCF Manager, Wendy Bennett.

After Chris Stainforth had reminded the Board that a BCF workshop was scheduled to be held on 25th March 2014 and had summarised the expected funding figures over the next few years, it was

RESOLVED to note the update on the development of the BCF.

60. NHS ENGLAND SUMMARY 5 YEAR STRATEGIC PLANS (DRAFT)

The Board received, in summary form, the first draft of the 5 year plans for services directly commissioned by NHS England, covering primary care commissioning, public health commissioning and specialised commissioning. It was noted that these plans, as they developed, would inform the overall service strategy for the services which need to be provided for the Doncaster population.

With reference to the work of the Health Protection Group, Dr Tony Baxter felt that it was important to consider how the Strategic Plans could assist in evidencing the extent to which resources were being used to safeguard the residents of Doncaster.

After the Board had discussed the Plans at length, during which Members had spoken of the need to ensure that high quality services were provided for people on a local basis, it was

RESOLVED to note the NHS England Summary 5 Year Strategic Plans.

61. DRAFT ADULT SOCIAL CARE WORKFORCE STRATEGY 2013-18

The Board received the draft Adult Social Care Workforce Strategy 2013-2018, which set out Doncaster's five year plan to work collaboratively with partners across health and social care to ensure:

- The effective supply, recruitment and retention of the current and future workforce;
- A strong, confident and skilled workforce fit for the future; and
- A vibrant and responsive health and social care sector able to meet the changing expectations of people using health and social care support.

It was noted that this was the first joint workforce strategy covering statutory, independent, private and voluntary sector providers as well as service users, their families and carers and those organisations in supporting roles, such as housing, leisure and training providers. The Strategy supported many of the DHWB Strategy areas, including Mental Health and Dementia, Family and Personal Responsibility.

Members of the Board welcomed the Strategy, which they felt was well written. In response to comments, Karen Milner, Workforce Development Manager, explained that an action plan would be put in place to measure progress and delivery of specific targets/outcomes within the Strategy.

After Joan Beck had undertaken to amend the wording under the sub heading 'Financial Strategy' on page 8 of the Strategy to include a reference to the effect that local authorities were needing to identify new ways of working in the light of the current budgetary constraints, some of which would be funded from the Better Care Fund, it was

RESOLVED to endorse the content of the Draft Adult Social Care Workforce Strategy, prior to more detailed action plans being developed to achieve the outcomes within the Strategy.

62. HEALTH PROTECTION ASSURANCE GROUP UPDATE

The Board received an exception report on health protection matters in Doncaster. Victor Joseph, Consultant in Public Health, summarised the salient points, which were as follows:

- Suicide deaths – the notification system for apparent suicide deaths from the Coroner's Office to the NHS and local authority system needed to be re-established;

- Infection Prevention and Control (IPC) – a review of IPC service support in the community had identified some development needs in areas such as specialist advice, audit and policy development. Options were being explored on how best to address these issues;
- Tuberculosis service – business continuity arrangements in relation to TB services in Doncaster had been reviewed. The Doncaster TB Steering Group was monitoring progress on these arrangements.

During subsequent discussion, Dr Tony Baxter informed the Board that Doncaster had shared its health protection model with other local authorities and it was now being implemented in other areas.

In response to a question by the Chair as to the timeline for re-establishing the notification system from the Coroner's Office for suicide deaths, Victor Joseph explained that colleagues in Public Health were currently working with the Coroner's Office and identifying which agencies were best placed to be involved. Dr Baxter added that both local and national suicide prevention groups were also looking at measures to help in this regard.

It was then

RESOLVED to note the exception report on health protection in Doncaster.

63. CLINICAL COMMISSIONING GROUP UPDATE

The Board received a verbal update on CCG matters from Dr Nick Tupper and Chris Stainforth. Dr Tupper reported that the CCG was currently considering its strategic direction for the next 3-5 years, and looking at various issues including care out of hospital, care of the elderly and co-ordinated care. The CCG was also considering the implications of the Better Care Fund on its budget.

Dr Tupper explained that the CCG was also developing a matrix approach to care, with a focus on long term conditions such as diabetes and cancer and the care related to them. This would assist the CCG by giving a picture of where there was a need to concentrate resources on.

With regard to clinical outcome based commissioning, Dr Tupper informed the Board that, for the first time, there was clear evidence demonstrating that tangible improvements were being made in relation to the treatment of cancer. This included a 2% improvement in patients receiving curative treatment for cancer, which equated to 50 people, and more cancers were being diagnosed and at an earlier stage.

Chris Stainforth advised the Board that the CCG had completed a review of mental health services with RDaSH. This would assist in enabling attention to be focused on those areas of the system that were considered to be important.

RESOLVED to note the verbal update on CCG matters.

64. 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 Appendix A to the report. In particular, the report included updates on:

- Health and Social Care System Transformation;
- Think Local, Act Personal – Developing the power of strong inclusive communities to boost Health and Wellbeing;
- Mapping of local health and social care planning groups; and
- Maternity, Children and Young People Joint Commissioning Group.

The report included at Appendix B a copy of the draft framework paper produced by the 'Think Local, Act Personal' Partnership, on Developing the power of strong, inclusive communities.

After Louise Robson, Public Health Specialist, had summarised the key points in the report, and highlighted that the Board might wish to consider holding a further timeout session to specifically look at its Forward Plan, it was

RESOLVED to:

- 1) note 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 Appendix A to the report.

65. PEER REVIEW: NEXT STEPS FROM FEBRUARY WORKSHOP

The Board received a verbal update from Dr Tony Baxter on follow-up work since the LGA Peer Review in November last year and the workshop held in February 2014. This had included the completion of self-assessment questionnaires and a maturity matrix by Board members. Dr Baxter highlighted the questions from the questionnaire where there had been disagreement with the statements of more than 50%, or a lot of unknown/unsure responses. These were:

- Is the local Health and Wellbeing Board (HWB) governance structure understood?
- Is the HWB having an impact and influencing decision making for the Council, CCG and other organisations?
- Is the HWB effecting change in Doncaster, through the delivery of the Strategy?
- Is the HWB having an impact on reducing inequalities within Doncaster?

Dr Baxter reported that the Workshop in February had also examined the recommendations resulting from the Peer Review, and from these a number of

high priority issues had been identified, the top five of which were considered to be:

1. Be an ambitious and visible strategic leader for health and wellbeing;
2. Develop shared view of future shape of services understanding pressures and future capacity;
3. Be clear how HWB's agenda enables delivery of key priorities and maintaining a strategic view;
4. The Health and Wellbeing Strategy and other plans need to mesh together for aligned strategic direction and to drive service and integration agendas;
5. Celebrate successes and spread the learning.

Dr Baxter explained that the next step would be to build these key priority issues into the Board's Forward Plan.

RESOLVED to note the update.

66. EARLY HELP STRATEGY

The Board received a report which outlined the work being carried out in relation to Early Help and sought the views of Board members on the proposed framework and delivery plan.

Eleanor Brazil, Director of Children and Young People's Service (CYPS), informed the Board that in response to concerns that the Early Help offer in Doncaster had not always been sufficient, a multi-agency steering group had been established in October 2013 to oversee the development of a more consistent and effective approach to supporting families. This work to date had included agreeing an Early Help Strategy, a set of principles to underpin future service delivery and putting in place temporary arrangements to improve the current effectiveness of the CYPS integrated family support service.

In referring to the Early Help Model illustrated in the report, Eleanor explained that the introduction of local area 'Early Help Collaboratives' was designed to provide a key element of the Early Help Strategy. These collaborations would bring together the local leaders of services and provisions who were best placed to jointly deliver effective integrated early help to children, young people and families, including local primary schools, secondary schools, Children's Centre staff and Youth Centre staff. A total of 16 potential collaborative groupings of schools and services across the Doncaster area had been identified. It was also reported that the Schools Forum had met on 20th February 2014 and agreed that £750,000 of DSG underspend should be utilised during 2014/15 to support the development of the collaboratives and to enable them to begin to meet identified needs in local areas.

Eleanor concluded by advising that the Safeguarding Children Board had asked for a range of performance measures to be developed and she suggested that this Board might also wish to receive regular monitoring reports covering these in future. In reply, Dr Tony Baxter suggested that these could be received by the Health and Wellbeing Board via its existing quarterly performance reports.

After Board members had given their full support for the work being carried out in relation to Early Help, it was

RESOLVED:

1. To note the report and support the implementation of new ways of working; and
2. That the Board receive updates on Early Help performance via the quarterly performance reports in future.

DRAFT