

**To the Chair and Members of the  
HEALTH AND WELLBEING BOARD**

**REPORT FROM THE HEALTH AND WELLBEING BOARD OFFICER GROUP  
AND FORWARD PLAN**

**EXECUTIVE SUMMARY**

1. The purpose of this report is to provide an update to the members of the Health and Wellbeing Board on the work of the Officer Group to deliver the Board's work programme and also provides a draft forward plan for future Board meetings.

**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

2. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, system management and any decisions that are made as a result of Board meetings.

**EXEMPT REPORT**

3. N/A

**RECOMMENDATIONS**

4. That the Board RECEIVES the update from the Officer Group, and CONSIDERS and AGREES the proposed forward plan at Appendix A.

**PROGRESS**

5. At the first full Board meeting on 6<sup>th</sup> June 2013, Board members agreed that there would be a Health and Wellbeing Officer group to provide regular support and a limited support infrastructure to the Board.

The Officer group has had two meetings since the last Board in May and can report the following:

- **Gambling Addiction**

In response to a public question about gambling addiction the following information was obtained through the Board and partners.

- Doncaster holds no locally collected prevalence data on problem gambling. For the purposes of the British Gambling Prevalence Survey

(BGPS), problem gambling was defined as "gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits". The last BGPS was in 2010 but the survey tools (screens) used in the survey were used in the Health Survey for England in 2013. The problem gambling prevalence for England was measured against two internationally recognised screens – it was 0.8% for men and 0.2% for women by the DSM-IV measure and 0.6% for men and 0.1% for women by the PGSI measure. Overall the problem gambling rate was 0.5% by the DSM-IV measure and 0.4% by the PGSI measure. If these estimates are true for Doncaster, then there would be approximately 1000-1200 adults in the borough who might be classed as having problem gambling.

- There is voluntary sector support for gamblers provided by Gamblers Anonymous UK in Doncaster CVS Building 5 at Trafford Court on Tuesday's between 7-9pm. There are also Gamblers Anonymous meetings in Barnsley, Wakefield and Sheffield. The [Gambleaware.co.uk](http://Gambleaware.co.uk) website provides direction to confidential advice and support to problem gamblers and their families.
- No NHS services are currently commissioned specifically for gambling addiction neither by Doncaster CCG nor by other neighbouring CCGs.
- NHS secondary care services (RDASH) are available to gamblers with mental health issues. As gambling is not a primary diagnostic code the only way of determining levels of service to people with mental health issues directly as a consequence of gambling addiction would be to manually review records to search for gambling as a contributory factor and I have been advised that this would be significantly resource intensive.
- A question is being asked at specialist clinical network meetings in Yorkshire and Humber on Doncaster's behalf to see if Gambling Addiction is managed differently in other areas and I await the response to this.
- There are no specific gambling addiction services commissioned by NHS England. This issue was also raised by Eleri de Gilbert at the national Mental Health Delivery Group and no specific gambling addiction services were identified although many mental health services and counselling services, commissioned by CCGs do support patients with mental health problems and depression brought on by gambling addiction and debt.
- We are working with local partners including the Coroner to review our local suicide audit process which will help to inform Doncaster's Suicide Prevention Strategy. Information we hold from this process to date has identified no recent suicides that refer to gambling addiction but some refer to financial problems such as debt or fraud.
- In relation to announcements in April 2014 from Department of Culture Media and Sports with regard to Gambling Protections and Controls we have had advice from colleagues in licensing in the Council. The

Government is looking to amend legislation that currently allows betting shops to be established in premises previously used for other purposes without the need for planning permission. Once new legislation is introduced and planning applications are submitted the council will judge such applications on their merits and against the planning issues that any new legislation or guidance that is introduced allows.

The Officer Group RECOMMENDS the following approach based on successful approaches in New Zealand and Australia.

1. Raise the awareness of the availability of current services among the public and professionals and improve signposting to these services.
  2. Improve the ability of professionals to identify problem gambling.
  3. Develop and pilot a 'gambling' metric as part of the revised set of mental health metrics being developed by Adults and Communities.
  4. Seek opportunities for external funding e.g. Joseph Rowntree Foundation to explore this issue further
  5. Lobby for tighter regulation of gambling
  6. Commit to develop a strategic response including
    - a. Build a 'richer picture' of the size and scale of the problem using patient/public stories collected via Health Watch
    - b. Prevention education in schools and high risk communities
    - c. Promote alternative/diversionary activities
    - d. Mobilise communities
    - e. Consider running a gambling awareness week
- **Think Local, Act Personal. Developing the Power of Strong Inclusive Communities to Boost Health and Well-Being.**

The Health and Wellbeing Board have been selected as one of 10 Health and Wellbeing Boards to co-produce a framework for National use to develop stronger communities to boost health and wellbeing.

An initial meeting took place on 14<sup>th</sup> January 2014 to review the framework and a further stakeholder event was held on 28<sup>th</sup> February 2014. The Community and Universal block of the Doncaster Better Care Fund plan is based on this model.

The model is based on 5 elements:

- Peer Support
- Community connectors
- Inclusive Organisations
- Coproducing universal and targeted services

## Community development

From the work so far, it is apparent that:

- There is a huge amount of work going on led by and developed with communities and this is a good base to work from.
- Many elements and discussions are wider than the Health and Wellbeing Board
- It would be beneficial for the third sector to have more input and to join this work up with the Stronger Communities Theme Group, which should report both to the Health and Wellbeing Board as well as the Safer Doncaster Partnership.
- There are 2 workshops that could be held. The first an internal DMBC stocktake to capture activity and in particular the key connectors and ensure they are working together. The second is a wider workshop to agree a vision and indicators for this work and what we might do using the Outcome Based Accountability approach.
- **Maternity, Children and Young People Joint Commissioning Group.**

The Maternity, Children and Young People's commissioning group continues to meet on a monthly basis. A first draft of a Maternity, Children and Young People's needs assessment went to the first Children and Families Strategic Partnership. The assessment is being updated and in future years will be commissioned and specified by the Children and Families Board. The group are addressing the commission implications of the new Education and Health Care plans and the Doncaster Early Help Strategy. Annie Callanan (Interim AD CYPS) is leading on developing a commission strategy for CYPS and this will involve a workshop of local commissioners.

- **Hidden Harm**

In 2003, The Advisory Council on the Misuse of Drugs (ACMD) produced a report considering the negative consequences of parental drug and alcohol misuse on children and young people. It highlighted that often the children were unidentified by services and therefore appropriate support was not offered. The report described the adverse consequences for the children as multiple and cumulative in nature, varying according to age, stage of development and the level of protective factors within the wider environment.

**Public Health C&YP services to redesign as exploratory behaviour service.** As part of service redesign in preparation for re-tender in 2015, the services that were previously known as Better Deal (YP Substance Misuse), Jigsaw (early intervention) and the young person's element of contraception and sexual health (CASH) have merged to become one integrated service. Within this service will be a dedicated programme to work with those young people and families that are affected by Hidden Harm. With both adult and young people's substance misuse commissioners working in partnership, we

will ensure that there is greater emphasis placed on the identification, support and onward referral to this dedicated service and to other areas of support for those in need of a service.

**Neglect is a safeguarding board priority.** The Doncaster Safeguarding Board has identified child neglect as a key priority for 2014-16, and while Hidden Harm encompasses many risks, including impacted development and long lasting emotional and mental health conditions, it is clear that neglect is an issue that is prevalent throughout the document, and states that “The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose” and that the child may be exposed to many factors as result of parental use, including “poverty; physical and emotional abuse or neglect; dangerously inadequate supervision; other inappropriate parenting practices”.

**An opportunity to link with the family justice review where proceedings will be concluded within 26 weeks.** Under reforms introduced in April 2014, through the Children and Families Act, care proceedings should now be completed within 26 weeks except where there are exceptional circumstances. Court proceedings are to be ‘front loaded’ to improve the outcomes for children who are unable to return home, and for who the average length of proceedings was previously 62 weeks. Delay in any part of the system causes a knock-on delay elsewhere so the guidance is in place to make every part of the system work to its optimum efficiency.

The implementation of a hidden harm strategy across the borough would provide earlier identification of the families in need of support and the timely implementation of a package designed to improve the circumstances and outcomes for all involved.

- **Local Professional Networks**

The Health and Wellbeing Board has been contacted by both the Local Dental Network and the Local Pharmaceutical network. The Board will want to explore how to work with these (and other) professional networks and NHS England.

- **Forward plan for the Board.**

This is attached at Appendix A.

## **IMPACT ON THE COUNCIL’S KEY PRIORITIES**

6.

	<b>Priority Outcome</b>	<b>Implications of this initiative</b>
1.	Doncaster’s economy develops and thrives, underpinned by effective education and skills	
2.	Children are safe	The HWBB work programme contributes to this outcome

3.	Stronger families and stronger communities	The HWBB work programme contributes to this outcome
4.	Modernised and sustainable Adult Social Care Services with increased choice and control	The HWBB work programme contributes to this outcome
5.	Effective arrangements are in place to deliver a clean, safe and attractive local environment	The HWBB work programme contributes to this outcome
6.	The Council is operating effectively, with change embedded and sustained with robust plans in place to operate within future resource allocations	The HWBB work programme contributes to this outcome

### **RISKS AND ASSUMPTIONS**

7. The outputs from the LGA Peer Challenge may affect some or all of these actions.

### **LEGAL IMPLICATIONS**

8. None.

### **FINANCIAL IMPLICATIONS**

9. None

### **EQUALITY IMPLICATIONS**

10. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The officer group will ensure that all equality issues are considered as part of the work plan and will support the Area of Focus Leads to fulfil these objectives.

### **CONSULTATION**

11. None

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## DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2014/15

	Board Core Business		Partner Organisation and Partnership issues	Officer group work plan
	Item (Meeting/Workshop)	Venue		
4 <sup>th</sup> September 2014	<p><b>Meeting</b></p> <ul style="list-style-type: none"> <li>• Safeguarding (Adults and Children)</li> <li>• Adults and Social Care Quality Account</li> <li>• Quarterly performance report (Q1)</li> <li>• JHWS refresh</li> <li>• JSNA refresh</li> <li>• PNA Update</li> <li>• PDSI Update</li> <li>• Better Care Fund Update</li> <li>• Fuel Poverty Update</li> <li>• Health Improvement Strategy</li> </ul>	Montagu Hospital, Mexborough	<ul style="list-style-type: none"> <li>• Plans and reports from <ul style="list-style-type: none"> <li>○ CCG</li> <li>○ NHSE</li> <li>○ DMBC</li> <li>○ Healthwatch</li> <li>○ RDaSH</li> <li>○ DBH</li> </ul> </li> <li>• Safeguarding reports</li> <li>• DPH annual report</li> <li>• Role in partnership stocktake</li> <li>• Wider stakeholder engagement and event</li> <li>• Relationship with COG</li> <li>• Relationship with other key local partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Areas of focus – schedule of reports and workshop plans</li> <li>• Other subgroups – schedule of reports</li> <li>• Communications strategy</li> <li>• Liaison with key local partnerships</li> <li>• Liaison with other Health and Wellbeing Boards</li> <li>• Learning from Knowledge Hub</li> <li>• Mapping Process</li> <li>• Integrated Transformation Fund</li> <li>• Thinking Local, Acting Personal (TLAP)</li> </ul>
2 <sup>nd</sup> October 2014 9.30-12.30	<ul style="list-style-type: none"> <li>• Peer Challenge Follow up session</li> <li>• Forward Planning</li> </ul>	TBC		
6 <sup>th</sup> November 2014	<p><b>Meeting</b></p> <ul style="list-style-type: none"> <li>• DPH Annual Report (Nov)</li> <li>• Quarterly Performance Report (Q2)</li> </ul>	Civic Office TBC		