

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

4TH SEPTEMBER, 2014

A MEETING of the HEALTH AND WELLBEING BOARD was held at MONTAGU HOSPITAL, ADWICK ROAD, MEXBOROUGH, on THURSDAY 4TH SEPTEMBER, 2014 at 9.30 A.M.

PRESENT:

Vice-Chair – Councillor Tony Corden (In the Chair)

Christine Bain	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Sheila Barnes	Interim Chair of Healthwatch Doncaster
David Hamilton	Director of Adults, Health and Wellbeing, Doncaster Metropolitan Borough Council (DMBC)
Eleanor Brazil	Director of Children and Young People's Service, Doncaster Council
Margaret Kitching	Director of Quality & Nursing, NHS England (South Yorkshire & Bassetlaw)
Mike Pinkerton	Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Chris Stainforth	Chief Officer, Doncaster Clinical Commissioning Group (DCCG)
Dr Nick Tupper	Chair of DCCG
Councillor Cynthia Ransome	Doncaster Council Conservative Group Representative
Dr Rupert Suckling	Assistant Director Public Health, DMBC (Representing Dr Tony Baxter)
Norma Wardman	Chief Executive, Doncaster CVS

Also in attendance:

Jacqui Wiltschinsky, Assistant Director Public Health (DMBC)  
Allan Wiltshire, Policy and Performance Manager (DMBC)  
Louise Robson, Public Health Specialist (DMBC)  
John Leask, Policy and Partnerships Officer (DMBC)  
Wayne Goddard, Doncaster Dementia Programme Lead (for minute no. 15)

APOLOGIES:

Apologies for absence were received from the Chair, Councillor Pat Knight, Dr Tony Baxter (Director of Public Health, Doncaster Council), Chief Superintendent Richard Tweed (District Commander for Doncaster, South Yorkshire Police), Susan Jordan (Chief Executive of St Leger Homes) and Trevor Smith (Chief Executive of New Horizons).

14. WELCOME AND INTRODUCTIONS

The Vice-Chair, Councillor Tony Corden (in the Chair) welcomed everyone to the meeting and read out a brief statement from the Chair, Councillor Pat Knight, in which she explained that she was sorry to be missing the meeting, as she was

undergoing surgery for breast cancer. Councillor Knight went on to state that she hoped the Board Members were all in 'fine voice' for the part the Board would be taking in the recording of the 'Dementia Friends' video at today's meeting.

Arising from a suggestion by Dr Nick Tupper, Mike Pinkerton offered to arrange for flowers and a 'Get Well Soon' card to be sent to Councillor Knight on behalf of the Board.

#### 15. CHAIR'S ANNOUNCEMENTS

Following an introduction by the Chair, Board Members participated in the filming of a 'Dementia Friends' video to help raise awareness of dementia, which involved Members singing part of the song 'With a Little Help From My Friends'.

#### 16. 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.

The Chair, Councillor Tony Corden, advised that he had been asked to read out the following question he had received from Natalie Yarrow, Adult Services Development Worker at Paces Sheffield, who was present at the meeting:-

"Regarding the prevalence of people with high level support needs in assessment and treatment units.

There are a number of articles doing the rounds regarding the 'inappropriate' placement of some people in assessment and treatment units, along with calls to bring those people closer to their communities of origin. Is the Board able to:-

- Make known the numbers of Doncaster people currently in assessment and treatment units?
- Say what is happening in Doncaster to address the matter of bringing people closer to home?
- Suggest how local providers can aid this process?
- Give details of the people best placed to have this conversation with providers?"

After Natalie Yarrow had given further background information to explain the context of her question, and the Board had discussed the points raised by the questioner, Eleanor Brazil suggested that Natalie might find it helpful to speak to Linda Calverley at DMBC in the first instance, who would be able to provide Natalie with further information on the work being undertaken in this regard, prior to linking in with the other partner organisations. In reply, Natalie thanked the Board for giving consideration to her question and stated that she would make contact with Linda Calverley, as suggested.

It was also agreed that it would be useful for the Board to receive an update on this same issue at a future meeting, and Dr Rupert Suckling suggested that this

could be scheduled into the Board's Forward Plan at the timeout session in October 2014.

RESOLVED that an update on this matter be scheduled into the Board's Forward Plan for consideration at a future meeting.

17. DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

18. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 3RD JULY, 2014

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 3rd July, 2014 be approved as a correct record and signed by the Chair.

19. HEALTH AND WELLBEING STRATEGY 2014/15 UPDATE

The Board considered a report which provided an update on progress towards refreshing the Health and Wellbeing Strategy.

In presenting the report, Dr Rupert Suckling explained that since the Board's last meeting in July, the outputs from the stakeholder event in June had been analysed and presented at the recently established Health and Adult Social Care Scrutiny Panel. The Panel had been happy with the progress and agreed that the Board should consider including the wellbeing dimensions as areas of activity within the work of the Board.

The report summarised those elements of the refreshed strategy already agreed by the Board, together with the key priorities for each theme identified at the stakeholder event held at the Hub. A more detailed analysis of the results from the stakeholder event was set out in the Appendix to the report.

Dr Suckling reported that, on the basis that there was a consensus that the Health and Wellbeing Board should be concerned with wider wellbeing measures, it was proposed that the next version of the Strategy should be based on three sections:-

1. Areas of Focus.
2. A safety-net of services.
3. Wellbeing domains.

It was noted that the details of the level of ambition for these sections were to be worked on at the Board timeout in October, which would allow a draft Strategy to be written and brought back to the November Board prior to wider consultation.

Discussion followed, during which Councillor Tony Corden advised the Board of the following comments submitted by the Chair, Councillor Pat Knight:

- That the Areas of Focus should be re-visited, not necessarily with a view to changing them, but to re-word them where necessary;

- Specific wording was required on how to incorporate Loneliness into the areas. In addition, in the light of recent news items on Obesity, there was a need to identify what was happening throughout Doncaster and who was doing what.
- It would be useful to hear from Partners on what their respective organisations were doing to meet their goals and how they linked with the Health and Wellbeing Board. To enable this, a rolling programme of Partners delivering short presentations at Board meetings explaining where they were, what their plans were and what they hoped to deliver, could be arranged via the Board's Officer Group.

With regard to the point concerning input from Partners, Dr Suckling suggested that the Board would have the opportunity to consider who else has a part to play at its timeout session in October.

In referring to the goals for Doncaster people, known as the 'I' statements, set out in the Strategy, Councillor Cynthia Ransome expressed the view that these were a little ambitious and that there was a need to be realistic about people's attitudes towards their health. Discussion followed, during which other Members felt that it was right to include these statements, as whilst they were aspirational and ambitious, it was hoped that one day they would be achieved. Louise Robson added that concept testing had been carried out on the 'I' statements through a telephone research study, a third sector workshop and a general public and stakeholder consultation. The 'I' statements had on the whole been received positively and only one amendment was made to one 'I' statement following the consultation.

It was then

RESOLVED to note the update on progress towards a refreshed Health and Wellbeing Strategy.

## 20. QUARTER 1 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 1 (Q1) period. The paper set out the current performance against the agreed priorities in the Health and Wellbeing Strategy.

In presenting the report, Allan Wiltshire informed the Board that a refreshed 'Outcomes Based Accountability' (OBA) exercise had resulted in 26 whole population indicators and 9 service performance measures for the five health and well-being priorities. It was noted that nearly half were improving, which was positive, and a number had new reporting arrangements in 2014-15 which could not be analysed with regard to trend. It was also noted that, with regard to the first indicator listed under the 'Alcohol Misuse' priority ('Alcohol related A&E Admissions'), this should in fact read 'Alcohol related A&E **Attendances**'.

Discussion followed, during which the Board Members made various comments/observations on the Performance Indicators. Margaret Kitching stated that certain indicators, such as those relating to the number of people with dementia receiving social care, and number of hospital admissions, could be

viewed as being positive indicators rather than negative ones, as the figures might be an indication of improved services and smarter working.

Referring to the Dementia indicators, Sheila Barnes asked whether any specific cause had been identified for the hospital re-admissions within 30 days, especially in relation to possible premature discharge. In reply, Allan Wiltshire undertook to provide background detail behind the re-admissions in the Q2 performance report as part of an improved commentary.

Christine Bain referred to the Indicator listed under the Mental Health Priority in relation to 'Proportion of adults in contact with secondary mental health services in paid employment', which was shown as being 'on track', and felt it was important that the Board acknowledged, as a point of principle, that there was always a need to avoid complacency with regard to setting and meeting performance target levels. She felt that it was important to question whether target levels were ambitious enough instead of being content to see Doncaster's performance hovering around the national average.

During further discussion, it was suggested by Mike Pinkerton and Christine Bain that it might be useful if they arranged for the respective leads on performance within their organisations to be put in touch with Allan Wiltshire so that they could liaise in checking the data prior to each performance report being produced.

RESOLVED that, subject to the above comments, the Q1 Performance Report be noted.

## 21. HEALTH IMPROVEMENT FRAMEWORK

Members considered a report which informed the Board of the intended Health Improvement Framework. Jacqui Wiltschinsky outlined the salient points, explaining that the Framework was part of the public health duties and responsibilities for health improvement in Doncaster and would provide a common understanding of health improvement and an agreed vision and priority areas for partnership action to improve health outcomes. In particular, the Board was asked to comment on the proposed template for the Framework, an example of which was set out in the Appendix to the report.

The Board discussed the proposed template document for the Health Improvement Framework and observations were made as follows:

- Eleanor Brazil felt that the content of the template leaned more towards a public health perspective rather than a wider partnership perspective and did not reflect the range of activities currently being undertaken across agencies;
- Margaret Kitching expressed the view that the document came across more as a strategy at the present time, but that it would effectively become a framework once the various activities had been scoped.
- Christine Bain questioned how the templates would interact with other Strategies and asked what the benefits of these documents would be. In reply, Jacqui Wiltschinsky explained that currently there

was no place where 'upstream work' such as health promotion activities, was based. She acknowledged, however, that inevitably there might be some element of duplication across the contents of the various Strategy documents and the Framework template. Dr Rupert Suckling added that it was likely that the Framework would eventually become the front end of the Health and Wellbeing Strategy.

RESOLVED to:

- 1) Agree the template for the Framework, subject to the points raised at the meeting; and
- 2) Agree to work as a partnership to deliver the Framework over the next 5 years.

## 22. DONCASTER SAFEGUARDING CHILDREN BOARD REPORT

The Board received a presentation by John Harris, the Independent Chair of the Doncaster Safeguarding Children Board (DSCB), setting out the key findings from the DSCB's draft Annual Report for 2013-14, which was due to be published on 9th September 2014, and Business Plan and Strategic Priorities for 2014-15. In particular, Mr Harris briefed the Board on the following subjects:-

- Remit for new Independent Chair
- Role of DSCB
- Children's Safeguarding in Doncaster in context
- Current Safeguarding Issues
- Working Together Compliance
- Quality Assurance and Performance Management
- Effectiveness, Contribution and Challenge
- Business Plan Priorities

General discussion followed, during which Eleanor Brazil felt that the presentation was a very good summary of what had been a significant amount of work carried out during the past 12 months. She continued by reporting that the number of older children coming into care was now decreasing, with the number falling below the 500 mark for the first time. She added that if such cases could be redirected to Early Help services, it was hoped that this trend would continue.

In answer to a question regarding the recruitment programme for social workers, Eleanor Brazil stated that the situation had improved significantly, with the Council now being in a position whereby agency social workers were only called upon to cover vacancies in the establishment, with the proportion of agency social workers currently standing at 19%. It was also reported that social workers' caseloads were currently at a reasonable level and that sickness levels had reduced.

In answer to a point raised by Councillor Corden on behalf of the Board's Chair, as regards the possibility of the Chairs of the respective Safeguarding Boards becoming members of the Health and Wellbeing Board, both Roger Thompson and John Harris shared the view that they should remain detached from the

Council's decision making bodies, including the Health and Wellbeing Board, to enable them to continue to provide an element of external challenge.

After the Board had endorsed the draft protocol drawn up by the DSCB to cover its relationship with the HWB and other partnerships in Doncaster, as set out at Appendix 1 of the report, it was

RESOLVED:

- 1) That the draft protocol between DSCB and the Doncaster Health and Well-Being Board, as set out at Appendix 1 of the report, be agreed; and
- 2) To note the Chair's presentation on the DSCB Annual Report 2013-14, including the key implications for children and young people's health and wellbeing.

23. DONCASTER SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2013/14

Roger Thompson, Independent Chair of Doncaster Safeguarding Adults Partnership Board (DSAPB), presented the Annual report of the DSAPB for 2013/14.

The Annual Report described the work of the Board over the period from April 2013 up to March 2014. During that period, the Board had given priority to the delivery of its strategic objectives and any other identified work streams triggered by national incentives during the course of the year. Part One of the Report described the work of the sub-groups in this period. Part Two of the Report provided a summary of Doncaster's data about activity in respect of safeguarding vulnerable adults, setting out the number of alerts and referrals, analysed by ethnicity, client group, sources of referral, and nature of the alleged abuse, where the abuse had been taken and alleged perpetrator. The Report also provided information about the outcome of these referrals. Information about safeguarding adults training during the year was also included in the Report.

In summarising the salient points, Roger Thompson drew particular attention to the following issues:

- The 'Making Safeguarding Personal' project, which Doncaster was participating in as a pilot area;
- Review of South Yorkshire procedures – the DSAPB had contributed significantly in 2013/14 to the review of the South Yorkshire procedures for Safeguarding Adults, and the revised procedures had now been completed.
- A Mental Capacity Act 2005 (MCA) Joint Agency Agreement had been developed to provide assurance that agencies were compliant with the provisions set out in the Act.
- A quality assurance process for multi-agency training was nearing completion.

- The case file audit programme had been introduced in order to measure qualitative aspects of performance and identify areas of good and weak practice in order to make recommendations to improve the Safeguarding Adults service in Doncaster.
- Mr Thompson commended Susan Jordan's work as Chair of the Engagement Sub-Group during 2013/14.
- The Safeguarding Adults Review Panel had been established in 2013 to oversee the Lessons Learned and Serious Case Reviews processes.
- The DSAPB would become a statutory body in April 2015. Final guidelines were still awaited, but this change would result in the Board having a higher profile and provide greater accountability in the future.
- The DSAPB had been complimented in the LGA's Peer Review of Adult Social Care conducted earlier in 2014.

After Mr Thompson had answered a question regarding the steps that could be taken to help ensure that instances of abuse were detected, particularly when the abuse was taking place in an individual's own home, it was

RESOLVED to note the contents of the DSAPB Annual Report 2013/14.

#### 24. BETTER CARE FUND UPDATE

David Hamilton presented an update report on the development of the Better Care Fund (BCF) programme in Doncaster. It was reported that a first and second cut Better Care Fund Plan was submitted to the Local Government Association and NHS England in February and June 2014 respectively. The feedback from NHS England and the LGA Peer review process RAG rated 9 of the 12 conditional domains as green with 3 areas requiring additional information as plans progressed.

The Board noted that on July 25<sup>th</sup> 2014 new guidance and changes to the Better Care Fund arrangements had been announced by NHS England with a revised submission date for a 3<sup>rd</sup> version of Plans due by the 19<sup>th</sup> September 2014. The changes and revised guidance were set out in the report, as well as further detail on the impact and risk the recent changes may have on Doncaster plans.

In response to a question as to why there were no implications identified in relation to Obesity on the cover sheet for this agenda item, Chris Stainforth explained that, at this stage, this was more about finances rather than local ambition. Following the BCF Plan's sign off, there would be an opportunity to look specifically at Obesity, along with other areas of focus.

After Dr Rupert Suckling had pointed out that the other large providers such as RDaSH and Doncaster and Bassetlaw Hospitals NHS Foundation Trust would also have an input into the Plan prior to it being signed off, it was

RESOLVED to:



- 1) Agree with the outline and principles of the 3<sup>rd</sup> Doncaster Better Care Fund submission set out in the report, and support the sign off of the Doncaster BCF Plan by the Chair of the HWB and the Chief Officer of the Doncaster Clinical Commissioning Group, as the submission date of the BCF plan to NHS England does not align with the HWB meeting arrangements; and
- 2) Agree to endorse and sign off the transfer of Better Care Funding to Doncaster Council via a Section 256 agreement of the Health Care Act.

## 25. 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:

- Tobacco Alliance – adoption of a 'Tobacco Declaration';
- Maternity, Children and Young People Joint Commissioning Group;
- Pharmaceutical Needs Assessment and Other Needs Assessments;
- Veterans Health and Wellbeing;
- Effectiveness of the Officer Group; and
- Forward Plan for the Board.

In presenting the report, Dr Rupert Suckling drew attention to the request from the Tobacco Alliance that all members of the Board consider adopting the 'Declaration on Tobacco Control', a copy of which was appended to the report. It was noted that the Doncaster and Bassetlaw Hospitals had already signed up to an NHS version of this Declaration.

With regard to Veterans Health and Wellbeing, Dr Suckling referred to the action highlighted in the report, that the HWB Officer Group would review the Joint Strategic Needs Assessment in relation to considering the needs of the Armed Forces Community and advise on amendments or the need for a separate assessment. He added that this work would be carried out in collaboration with the Veterans Group, with a meeting due to be held during the coming week.

After Dr Suckling had highlighted that it was proposed to review the effectiveness of the Officer Group, together with its business, membership and process at the same time as the Board updated its Forward Plan at the October workshop, and Councillor Tony Corden had read out comments by the Chair, Councillor Pat Knight, on this particular issue, it was

RESOLVED to:

- 1) note the update from the Officer Group;

- 2) agree the proposal from the Doncaster Tobacco Alliance that all members of the Board adopt the 'Tobacco Declaration';
- 3) note that, with regard to Veterans Health and Wellbeing, the Officer Group will be working with the Veterans Group to consider the needs of the Armed Forces Community in the Joint Strategic Needs Assessment and advise on amendments or the need for a separate assessment; and
- 4) agree the proposed Forward Plan, as detailed in Appendix A to the report.

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