

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

8TH JANUARY, 2015

A MEETING of the HEALTH AND WELLBEING BOARD was held at ST CATHERINE'S HOUSE, BALBY, DONCASTER on THURSDAY 8TH JANUARY, 2015 at 9.30 A.M.

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

Dr Tony Baxter	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Christine Bain	Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
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
Norma Wardman Chief Superintendent	Chief Executive, Doncaster CVS District Commander for Doncaster, South Yorkshire Police
Richard Tweed	
Trevor Smith	Chief Executive, New Horizons
Steve Shore	Chair of Healthwatch Doncaster
Carole Lavelle	Assistant Director of Nursing, Patient Experience, NHS England (South Yorkshire & Bassetlaw), substituting for Margaret Kitching
Councillor Cynthia Ransome	DMBC Conservative Group Representative
Colin Hilton	Chair of Doncaster Children's Services Trust
Susan Jordan	Chief Executive, St Leger Homes

Also in attendance:

Andy Maddox, Business Development Manager, Leisure Services, DMBC
Allan Wiltshire, Policy and Performance Manager, DMBC
Andrea Butcher, Senior Manager, Strategy & Delivery, DCCG
Dr Rupert Suckling, Assistant Director Public Health, DMBC
Nick Germain, Senior Public Health Analyst, DMBC
John Leask, Policy and Partnerships Officer, DMBC

APOLOGIES:

Apologies for absence were received from the Chair, Councillor Pat Knight, Eleanor Brazil (Director of Learning and Opportunities: Children and Young People, DMBC), Dave Hamilton (Director of Adults, Health and Wellbeing, DMBC) and Margaret Kitching (Director of Quality & Nursing, NHS England, South Yorkshire & Bassetlaw).

38. WELCOME AND INTRODUCTIONS

The Vice-Chair, Councillor Tony Corden (in the Chair), welcomed Colin Hilton, Chair of the Doncaster Children's Services Trust, who was attending his first meeting as a formal Board member following his appointment to the Board at the Council meeting held in November 2014.

39. CHAIR'S ANNOUNCEMENTS

The Chair, Councillor Tony Corden, reported that two induction sessions for recently appointed Board members had been arranged and these were to be held at the Civic Office on Wednesday 11 February at 10.00 a.m. and Thursday 26 February at 2.00 p.m. Jonathan Goodrum would confirm these details by email with the relevant Board Members following this meeting, but in the meantime, members were requested to make a note of these dates in their diaries.

40. DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

41. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 6TH NOVEMBER, 2014

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 6th November, 2014 be approved as a correct record and signed by the Chair.

42. PHYSICAL ACTIVITY AND SPORT STRATEGY

The Board considered a report which presented the Doncaster Physical Activity and Sport Strategy 2014-2020 for the Board's endorsement.

In introducing this item, Andy Maddox gave a detailed presentation on the salient points set out in the Strategy. It was noted that, through a partnership approach, the overarching aim of the Strategy was to increase the levels of participation in physical activity and sport by putting activity back into the lives of the population, which would help improve the health and wellbeing of Doncaster.

In particular, the Board noted and/or discussed the following key points during the presentation:-

- There had been an upward trend in participation levels in Doncaster in relation to sport and physical activity over a seven year period. Male participation levels were higher than those for females, and therefore research was being undertaken into ways of increasing participation amongst females;
- With regard to participation levels in young people, these could typically be arranged in 3 categories – approximately 20% of young people actively participated in sport and physical activity on a regular basis; 60% dipped in and out of activities; and 20% did not participate in any physical or sporting activities. It was in the 60% middle ground where a focus was needed to encourage those young people to participate in activities on a more regular basis.

- Profiles of various population/age groups in the Borough were utilised to tailor communications to the different sections of the community to encourage people to participate in physical activities.
- An Active Fusion School Sport Survey in 2014 had shown significant reductions in youth participation in sporting activities within schools since 2010. The Doncaster Active Partnership would address this negative trend by working more closely with the early years and education sectors, although it was acknowledged that while advice and assistance could be provided to schools in respect of their physical education provision, it was ultimately up to schools to determine the extent of their activities in this respect.
- The total direct economic value of sport and physical activity in Doncaster was £106.7m, with 3199 people employed across these sectors. Arising from a query as to why there was a nil value figure shown against TV/Satellite subscriptions in the presentation, Andy Maddox undertook to check whether this was correct.
- The overall picture in the Strategy was a positive one, but it was acknowledged that there was more work to be done to encourage more people to participate in physical activities and sport. The main barrier to progress was a shortage of funding, so there was a need for the Council and partners to be innovative to identify different ways of working and engaging with people.
- It was noted that levels of participation in sport and physical activity dropped in the winter months, and it was felt that one factor in this was the lack of indoor facilities in some areas.
- Members recognised the importance of providing access to sport and physical activities for people suffering with mental health problems and also those living in rural areas, and the Board noted ways in which these were being addressed by the Strategy.
- Further work was needed to ensure that the Health Improvement Framework was connected to the Physical Activity and Sport Strategy.
- In response to a comment by Trevor Smith regarding the availability of grants from the WREN Community Fund towards projects such as the provision of all-weather play surfaces, skate parks and cycle ways in public parks, Andy Maddox indicated that he would be happy to work with New Horizons on a strategic level in assisting organisations in the bidding process.
- In response to a query from Mike Pinkerton as to whether there was a good practice checklist available for employers to enable them to support the Strategy, the officers confirmed that this was covered by the Workplace Wellbeing Charter. Arising from discussion, Jacqui Wiltschinsky agreed to liaise with DMBC's partnership team and facilitate a conversation about the Charter at a Team Doncaster meeting. Mike Pinkerton added that the Doncaster and Bassetlaw Hospitals NHS Foundation Trust had recently

appointed a Health and Wellbeing Officer, so this would enable the Trust to join up with this area of work.

It was then

RESOLVED to endorse the Physical Activity and Sport Strategy.

43. QUARTER 2 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 2 (Q2) period. The paper set out the current performance against the agreed priorities in the Health and Wellbeing Strategy.

It was reported that a refreshed Outcomes Based Accountability' (OBA) exercise had resulted in 27 whole population indicators and 10 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.

Allan Wiltshire summarised the key points and narrative behind the latest performance figures, as set out in Appendix A to the report, and Board Members made various comments/observations on specific Performance Indicators.

With regard to the indicators relating to alcohol misuse, Dr Nick Tupper felt that more contextual information behind these performance statistics was needed, given that a rise in the numbers of people accessing or leaving alcohol treatment services could suggest that there had been a significant increase in alcohol misuse. Chris Stainforth added that, from a commissioning perspective, it would be interesting to ascertain the reasons behind the apparent improvement in numbers of people being treated. In reply to a query by Councillor Cynthia Ransome regarding the scope for utilising alcohol sales statistics from supermarkets, Allan Wiltshire explained that such information might be difficult to access, but he suggested that it might be possible to extract some relevant information from the Council's enforcement team's activities. Dr Tupper added that he felt that there was a general issue to address about how performance data reached this Board and how the Board could use this in a meaningful way and take ownership of it.

The Board noted that in relation to the Stronger Families Indicator SF03 (number of families turned around through the Stronger Families Programme), if a target of 75% was attained, this would allow access to Phase II of the programme, which would bring additional benefits, such as the unlocking of funding.

In referring to the Indicators relating to Dementia, Allan Wiltshire highlighted the continued rise in the number of Dementia Friends identified in Doncaster, which had reached 3952 as at 20th November, 2014. Christine Bain referred to the Indicator for Dementia Diagnosis Rate and informed the Board that as a result of the Older People's Liaison Team at RDaSH working with individual practices in cross-referencing their records, a number of additional cases of dementia had been identified, which were yet to filter through to the performance statistics.

Andrea Butcher then summarised the main points in the Mental Health Crisis Care Concordat action plan, as set out in Appendix B of the report, which would deliver the key principles of the Crisis Care Concordat. It was noted that the Concordat

would be a year old in February, and significant progress had been made since its inception. In thanking Andrea Butcher for her work on the Concordat, Christine Bain pointed out that Doncaster's progress in taking the Concordat forward was well ahead of that in other areas.

It was then

RESOLVED:

- 1) To note the performance against the key priorities;
- 2) In relation to the Mental Health Crisis Concordat, to:
 - a) Endorse Doncaster's response to the Crisis Care Concordat;
 - b) Share the plan with the National Team and give agreement for this to be shared nationally through upload onto the national data base; and
 - c) To act as the accountable partnership board for the delivery of the actions and receive updates on progress quarterly.

44. PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered the draft Pharmaceutical Needs Assessment (PNA) 2015-2018 report. It was noted that the production of the Pharmaceutical Needs Assessment (PNA) 2015-18 was one of the new duties of the Health and Wellbeing Board. It had been produced for the Board by Doncaster Council in conjunction with NHS England Area Team, Doncaster Clinical Commissioning Group, Doncaster Local Pharmaceutical Committee and the wider stakeholders and residents of Doncaster community.

In presenting the report, Dr Rupert Suckling explained that the PNA was an assessment of the current provision of pharmaceutical services across Doncaster, whether they met the needs of the population and identified any potential gaps to service delivery. Dr Suckling outlined the methodology and process followed in carrying out the PNA, and he summarised the findings of the public survey (279 responses received) and pharmacy survey (44 responses received).

It was noted that current pharmacy provision and services in Doncaster comprised 79 community pharmacies, 1 appliance contractor and 2 dispensing General Practices, which represented an overall increase of 6 pharmacies (7% increase) since the last PNA in 2011. With regard to needle exchange services, it was highlighted that there were some gaps in provision in some areas.

With regard to future impacts, Dr Suckling advised that future considerations in relation to pharmacy provision would need to take into account the impact of new housing developments in the Borough, the impact of a growing population and increasing life expectancy, and increasing diversity, which meant that language barriers could become more of an issue in the future. Dr Suckling concluded by suggesting that an annual review of pharmaceutical developments against the current PNA recommendations should be undertaken.

General discussion followed, during which Dr Tony Baxter congratulated the team behind the review on their completion of this valuable piece of work.

Colin Hilton stated that he would be interested to learn more about what was happening in GP practices in relation to the numbers of people visiting their GPs when they should have gone to pharmacies instead. In reply, Dr Suckling agreed that this would be an interesting piece of work and was a matter which could be discussed further with Chris Stainforth.

Concerning palliative care drug services, Chris Stainforth commented that it was a big help when pharmacies were able to offer these services. In reply, Carole Lavelle stated that there was scope for seeing how the NHS could incentivise pharmacies to also offer additional services.

After further discussion, during which Dr Suckling answered questions on a range of issues, including how pharmacy services were monitored, it was

RESOLVED:

- 1) to receive and endorse the Pharmaceutical Needs Assessment report and approve the proposed recommendations contained therein; and
- 2) to undertake an annual review of pharmaceutical developments against the current PNA recommendations and, where there are any changes to current services, notifications should be made available on the Council website.

45. TEAM DONCASTER STRATEGIC PARTNERSHIPS UPDATE

The Board received a presentation by John Leask, Policy and Partnerships Officer, aimed at raising awareness of the information contained in the Team Doncaster website (www.teamdoncaster.org.uk), which consisted of a summary of the work and priorities of the Partnership and each of its Theme Boards:

- Children and Families
- Health and Wellbeing
- Enterprising Doncaster
- Safer and Stronger

It also highlighted the progress in publishing the Borough Strategy Refresh 2014 and the Partnership Charter. It was noted that the website was aimed at improving communication about the work being done by each of the respective Boards.

After John Leask had confirmed, in reply to a query, that links to other partner organisations' websites would be provided on the Team Doncaster website, it was

RESOLVED to note the presentation on the range of information contained within the Team Doncaster website.

46. NHS ENGLAND FIVE YEAR FORWARD VIEW

The Board received a presentation by Carole Lavelle, Assistant Director of Nursing, Patient Experience, NHS England (South Yorkshire & Bassetlaw) on the NHS England 5 Year Forward View. The 5 Year Forward View was the NHS's strategic approach to the delivery of health care and proposed a number of new care models for the future, the details of which were outlined for the Board's information.

During subsequent discussion, Chris Stainforth informed the Board that with primary care coming more into its remit, the CCG was pulling together a strategic framework in relation to primary care covering a 5 year period and he felt that it would be useful to bring the framework to this Board at the appropriate time.

Arising from a reference made by Carole Lavelle to recent structural changes within the NHS, the Board requested an update at its next meeting on the re-organisation being carried out within NHS England in moving from South Yorkshire & Bassetlaw to a Yorkshire and Humber footprint.

Mike Pinkerton felt that the 5 Year Forward View served to highlight the value of local hospitals and he referred to the opportunities that would be offered by some of the new care models. He added that all public health organisations were backing the 5 Year Forward View.

In response to a query from the Chair as to the feasibility of larger GP practices bringing a wider range of skills, including hospital consultants, nurses and therapists, Chris Stainforth stated that it might be possible in some areas to have such an arrangement in place, but he stressed that this was just one of a number of different options for providing health services in the future. Dr Tony Baxter added that he felt the overriding message coming through with regard to the shape of future health services was that local solutions worked.

It was then

RESOLVED:

- 1) to note and review the NHS England Five Year Forward View as presented; and
- 2) that the Board receive an update at its next meeting on the re-organisation being carried out within NHS England in moving from South Yorkshire & Bassetlaw to a Yorkshire and Humber footprint.

47. BETTER CARE FUND IMPLEMENTATION PLAN

Dr Rupert Suckling presented an update on the Better Care Fund (BCF) in the wider context of the Doncaster Health and Social Care Transformation Programme, which was a single transformation programme that recognised a number of schemes with cross cutting themes and same/similar outcomes and measures, including BCF, Care Act, Well North and DMBC's Modernisation Strategy.

After Chris Stainforth had explained that the implementation arrangements for the BCF would be fine-tuned over the next 3 months, following which this Board would be able to have an input in how the fund was spent, it was

RESOLVED to receive and note the presentation on the Doncaster Health and Social Care Transformation Programme.

48. 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:

- Correspondence received since last meeting; and
- Forward Plan for the Board.

In summarising the correspondence received since the last meeting, Dr Rupert Suckling drew particular attention to the recommendation that children's health and wellbeing be added to a future Board agenda in response to points raised in correspondence from the Office of the Children's Commissioner and Every Disabled Child Matters.

With regard to the letter received from Dr Chris Walton which raised the importance of preventative pathways for patients at 'high risk' of developing diabetes, Dr Suckling stated that it was not intended to address this specific issue at the present time, but that it might be an issue that the Board would like to consider in the future.

After Dr Suckling had undertaken to speak with CGG colleagues in response to a suggestion by Colin Hilton that the PNA work be brought back to a future meeting, it was

RESOLVED to:

- 1) note the update from the Officer Group; and
- 2) agree the proposed Forward Plan, as detailed in Appendix A to the report, subject to the addition of items in relation to:-
 - an update at the Board's next meeting on the NHS England re-organisation;
 - children's health and wellbeing, in response to points raised in correspondence in relation to the Office of the Children's Commissioner and the Every Disabled Child Matters Charter;
 - Pharmaceutical Needs Assessment – follow up report.