

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 4TH JUNE, 2015

A MEETING of the HEALTH AND WELLBEING BOARD was held at the 008 - CIVIC OFFICE on THURSDAY, 4TH JUNE, 2015, at 9.30 am.

PRESENT:

Chair - Councillor Pat Knight

Vice-Chair - Chris Stainforth

Mayor -

Councillors Nuala Fennelly, Glyn Jones, Ransome, Brazil, Curran, DHamilton, Jordan, Pinkerton, Shore, Tupper, Tweed, Wardman, Suckling, Singh and Helps

APOLOGIES:

Apologies for absence were received from Councillors Hilton

1 Welcome, Introductions and Apologies for Absence

The Chair, Councillor Pat Knight, welcomed everyone to the meeting, particularly the newest members of the Board who were in attendance:

- Cllr Glyn Jones, Cabinet Member for Adult Social Care and Equalities
- Cllr Nuala Fennelly, Cabinet Member for Children, Young People and Schools
- Kathryn Singh, who had replaced Christine Bain as the new Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
- Steve Helps, Head of Prevention and Protection at South Yorkshire Fire & Rescue.

The Chair congratulated and welcomed Dr Rupert Suckling who was now a formal member of the Board following his recent appointment as Doncaster's Director of Public Health.

The Chair advised that this would be Eleanor Brazil's last meeting as a Board Member prior to her retirement. Consequently, she thanked Eleanor for all her work and the contribution she had made as a Member of the Board.

On behalf of the Board, the Chair thanked Councillor Tony Corden, the former Vice-Chair of the Board, and Christine Bain from RDaSH for the significant contributions they had made to the work of the Board.

2 Appointment of Vice-Chair

The Chair, Councillor Pat Knight, informed the Board that at Doncaster Council's AGM held on 22nd May, it had been agreed to defer the appointment of a Vice-Chair of the Health and Wellbeing Board to enable this Board to appoint a person to this position at today's meeting. She explained that it was intended to offer the role to one of the partner members on the Board who was a health professional, to help ensure that the best use was made of the rich resource of specialist expertise and knowledge available amongst this Board's membership.

Accordingly, the Chair invited nominations for the appointment of a Vice-Chair of the Health and Wellbeing Board for the 2015/16 Municipal Year.

It was proposed by Councillor Cynthia Ransome, seconded by Eleanor Brazil, and unanimously

RESOLVED that Chris Stainforth (Chief Officer, DCCG) be appointed as Vice-Chair of the Health and Wellbeing Board for the 2015/16 Municipal Year.

3 Chair's Announcements

The Chair placed on record her thanks to former Board member Councillor Tony Corden for stepping in to Chair the Board's meetings from September 2014 to March 2015 during the period of her illness. She was pleased to say that she was now fighting fit and glad to be back, and thanked Board Members for their support and the good wishes she had received while she was ill.

4 To consider the extent, if any, to which the public and press are to be excluded from the meeting.

There were no items of business which required the public and press to be excluded from the meeting.

5 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.

a) Cllr Richard A. Jones

Speaking on behalf of Parkinson's volunteers, Councillor Richard A Jones referred to those residents of the Borough who suffered from Parkinson's Disease, who were not in control of their care and needed additional support. He asked what measures could be taken to ensure that those suffering from Parkinson's Disease received appropriate and timely administration of medication in the hospital setting, which was of great importance to these patients in terms of their wellbeing and quality of life.

In reply, Mike Pinkerton invited Councillor Jones to attend a future meeting of the DRI Patient Experience group to discuss this matter in more detail.

b) Mr Tim Brown

Mr Tim Brown stated that there was little mention in the agenda papers for this meeting of how the needs of people from BME communities were being considered or evidence of meaningful engagement with these communities in identifying health inequalities in Doncaster. He asked if the Board could provide him with some assurance that the activities of the organisations represented on the Board were in line with good practice and accorded with the public sector equality duty.

In response, Dr Rupert Suckling referred to the revised H&WB Strategy, which was an item of business on today's agenda and which included a specific section on health inequalities and advised that people from all minority groups and sections of the community would be consulted on the development of the Strategy.

6 Declarations of Interest, if any.

No declarations of interest were made.

7 Minutes of the meeting of the Health and Wellbeing Board held on 5 March, 2015. (Attached)

With regard to minute no. 51 – public question from Mrs Valerie Wood in relation to Motor Neurone Disease – Dr Rupert Suckling asked Board members to send him their feedback on the points raised by Mrs Wood, as Nasreen Bhatti had since left DMBC.

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 5th March, 2015 be approved as a correct record and signed by the Chair.

8 Refresh of Joint Health and Wellbeing Strategy 2015-20

The Board considered a report which presented a draft refresh of the Joint Health and Wellbeing Strategy for 2015-20. In presenting the report, Louise Robson summarised the background history to the development and subsequent refresh of the Strategy. With reference to the draft consultation plan set out in the appendix to the report, the Board noted that it was intended to engage with as many different sectors of the community as possible on the Strategy and, regarding the timescale for the refresh exercise, it was hoped that the revised draft Strategy would be brought back to this Board in November 2015.

During subsequent discussion, Board Members made a number of observations/comments on the draft Strategy, as follows:-

- Eleanor Brazil referred to the work being undertaken by the Children & Families Strategic Partnership in relation to emotional health and wellbeing amongst young people and stressed the need to recognise the links that this area of work had with the remit of this Board.
- Paul Moffat commented that a stronger focus on the links to the various strategic partnerships would be useful in the Strategy, as this was an area that Ofsted would be interested in.
- Susan Jordan felt that the examples of Outcomes Based Accountability templates provided in the Strategy were a useful inclusion, and she added that St Leger Homes of Doncaster would be happy to assist in the consultation exercise if required.
- Norma Wardman advised that Doncaster CVS would also be happy to assist with any consultation on the Strategy. In referring to page 27 of the Strategy, she pointed out that the reference to 'ladies' in the 8th bullet pointed paragraph should instead read 'women'.
- In referring to the Consultation Plan, the Chair felt that it would be more appropriate to take the Strategy Refresh to the Health and Adult Social Care Overview and Scrutiny Panel rather than the Overview and Scrutiny Management Committee.
- Councillor Cynthia Ransome stressed that there was still a great deal of work to be done in addressing obesity in Doncaster and she felt that higher levels of proactivity were needed to resolve this problem.

After Councillor Nuala Fennelly had expressed the view that it was a shame that Mr Brown was no longer present at the meeting as this item of business had addressed many of his concerns in relation to consultation with different communities, including protected groups, it was

RESOLVED:

- 1) to endorse the draft Health and Wellbeing Strategy refresh 2015-20 subject to further drafting amendments and graphic design input; and
- 2) to agree the proposed consultation process for the Health and Wellbeing Board.

9 Health Improvement Framework Update

The Board considered a report which provided an update on the progress of the Health Improvement Framework. In presenting the paper, Caroline Temperton explained that the views of the Board were being sought, in particular, on whether the suggested approach used in the example template attached to the report for the Starting Well theme, was a suitable layout and fit for purpose.

During discussion, Dr Rupert Suckling stated that the Framework would serve as a useful reference point in outlining the roles of the respective health organisations and would allow the various partner organisations to hold each other to account. He added that it was also important to examine the various groups operating below this Board and consider whether these were effective, where they sat in terms of a priority list and whether there was a need to provide them with more support. He also felt that it was important to be clear on which organisations were taking the lead on issues in each case.

Paul Moffat commented that, where appropriate, there was a need to highlight the links with child sexual exploitation, as this was a health matter.

With regard to domestic abuse, Chief Superintendent Richard Tweed suggested that there was scope for expanding on the activities of various agencies, including South Yorkshire Police.

RESOLVED:

- 1) to note the update on the progress of the Health Improvement Framework and to endorse the approach used on the Starting Well section as a template; and
- 2) to agree that the suggested approach for maintaining and updating each section is the most appropriate way (e.g. Starting Well Strategy Group).

10 Quarter 4 2014-15 Performance Report

The Board considered a report which provided the latest performance figures for the Quarter 4 (Q4) 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 24 whole population indicators and 13 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 advised that a basic forecast had been introduced into some of the indicators, with the aim of helping the Board to assess if the direction of travel was acceptable and, if not, to seek to understand the options and implications of such a trend. The forecast was a linear forecast and only used where there was an acceptable amount of data to base a forecast on.

Discussion followed, during which Board Members made various comments/observations on specific Performance Indicators. Concerning the second indicator listed under Mental Health (Proportion of adults in contact with secondary mental health services living independently, with or without support), Dave Hamilton suggested that it would be useful if this indicator could be split in order to show separate statistics for the number of adults living independently with support and for those living without support.

After lengthy discussion on various issues surrounding the indicators relating to alcohol misuse, including the question of whether the national focus on tackling this problem had delivered tangible results, and also whether more information could be gleaned from secondary indicators, such as alcohol related crimes, it was

RESOLVED to note the performance against the key priorities.

11 Dementia Performance Update

The Board received an update from Wayne Goddard on behalf of the Doncaster Dementia Strategic Partnership (DDSP) which summarised progress in dealing with dementia in the year 2014/15 and outlined the plans for the year 2015/16.

It was reported that during the year 2014/15, significant progress had been made against the 3 key outcomes of:

- Raising awareness and reducing stigma
- Improving diagnostic rate.
- Supporting people to live well with dementia

This was borne out in the annual performance data for 2014/15, with most of the 11 indicators either reaching or exceeding target.

With regard to the plans for 2015/16, it was noted that the DDSP planned to continue to address the needs of raising awareness and reducing stigma, increasing diagnosis rates and supporting people to live well with dementia. In addition, there would be a keen focus on reducing variance across the pathway to ensure people with dementia and their families, living in Doncaster, received effective and timely support no matter where they lived and what stage of the disease they were presenting with; from early signs and symptoms to the end of life.

Discussion followed, during which the Board discussed the importance of empowering people with dementia by various means, such as introducing personalised budgets,

which could potentially help to enable families to take more control of decisions in relation to how dementia sufferers were treated and how they lived their lives.

The Board also discussed ways of enabling those with dementia to live longer at home, including the use of assistive technology and adaptations. Members also discussed the issue of how people with dementia could be given choices as to how they informed others about their condition, without placing them in a position where their safety or wellbeing may be put at risk.

After Wayne Goddard had thanked everyone for their support during the recently held National Dementia Awareness Week, it was

RESOLVED to note the Dementia Performance Update from the Doncaster Dementia Strategic Partnership.

12 Health and Social Care Transformation Programme Update

The Board received a presentation by Dave Hamilton and Chris Stainforth which summarised the Doncaster Health and Social Care Transformation Programme Year End Report for 2014/15 and gave an overview of the 2015/16 Transformation Programme, which would be focusing on developing a world class health and social care system that 'supports people to maintain their independence for as long as possible and when people are in need, local services will be responsive, personalised and appropriate'.

After general discussion on a range of points raised during the presentation, including the measures being taken to improve commissioning in respect of children's services and the benefits that had come from undertaking the Outcomes Based Accountability programme plans, it was

RESOLVED to note the content of the presentation.

13 Learning Disabilities Update (Verbal Update)

The Board received a verbal update by Peter Collier and Andrea Butcher on behalf of the Learning Disability Partnership Board on the Learning Disability Joint Health and Social Care Self-Assessment Framework (SAF), which was pioneered in the Yorkshire & Humber region and had now been extended across England.

It was explained that the intention of the process was to examine progress in three key areas:-

- Staying Healthy, covering a range of general health issues;

- Keeping Safe, covering areas such reviews, contract monitoring and safeguarding and advocacy; and
- Living Well, covering a wider range of activities such as transport, arts, culture, sport and leisure and joint working.

In addition, demographic and performance data was supplied, which then provided the basis of a local action plan for each area.

The Board noted that from this exercise, 5 areas had been identified as being improvement priorities. In Staying Healthy there was a need to improve performance in diagnosing and managing long term conditions. This required further work to improve performance in monitoring but it was pleasing that 42 out of 45 GP practices had signed up for the directed enhanced service.

Performance on producing individualised health action plans needed to improve but a high number of health checks had been carried out. These would now need converting into formalised health action plans. In addition, a Primary health care liaison nurse position was being funded to provide support to practices to increase numbers in addition to supporting them with registers, call or recall of patients and specific individual pieces of work.

In Keeping Safe, it had been a struggle to reach the target of 100% of all provided services being reviewed. There was a need to increase the numbers being reviewed (90% of reviews had been completed up to March 14). This area remained challenging as assessment and care management continue to prioritise new and urgent work.

The commissioning strategy needed redrafting but it had been agreed to complete the Learning Disability service review which would feed into a new strategy. This would enable the wider health needs assessment and specific challenges around Complex care to be taken into account.

Finally, within the Living Well section, further development work was required to improve the strategic planning and monitoring of transition for people with a learning disability. It was noted that at front line level, workers had been located within the children's disability team from adult services to improve communication and this was having a beneficial effect in improving the transition experience for this group.

Members noted that a review of supported living was currently underway to ensure service users had appropriate packages and to increase the use of assistive technology where possible, with the aim of supporting more people in the community.

During subsequent discussion, Eleanor Brazil highlighted the need to take into account children's and young people's services in the proposed review of all Learning Disability services commissioned in the borough and the pathways between different services. She also spoke of the need to pick up on transitions at a strategic level and stressed the importance of having an all age disability team.

RESOLVED to note the Learning Disabilities update.

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:

- Progress on Problem Gambling;
- Feedback from the Health and Wellbeing Board Workshop on Health and Housing held on 16 April 2015, including a recommendation that, subject to Portfolio Holder agreement, the Health and Housing Group be tasked with prioritising the recommendations and developing an action plan to address the key points;
- Maternity, Children and Young People's Health, including a recommendation that children and young people's emotional health and wellbeing should be added to the Forward Plan for the Board;
- Health Protection;
- Well North; and
- Forward Plan for the Board.

Arising from a comment by Cllr Cynthia Ransome, it was agreed to incorporate the topic of Obesity into a future Board Workshop, possibly at the session on Environment and Wellbeing to be held on 16 July 2015.

RESOLVED:

- 1) to note the update from the Officer Group;
- 2) to agree the proposed Forward Plan, as detailed in Appendix A to the report;
- 3) that, subject to Portfolio Holder agreement, the Health and Housing Group should be tasked with prioritising the recommendations arising from the HWB Workshop on Health and Housing and developing an action plan to address the key issues;
- 4) to add children and young people's emotional health and wellbeing to the Forward Plan for the Board; and
- 5) to incorporate the topic of Obesity into a future Board Workshop, possibly at the session on Environment and Wellbeing to be held on 16 July 2015.

CHAIR: _____

DATE: _____