

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

3RD SEPTEMBER, 2015

A MEETING of the HEALTH AND WELLBEING BOARD was held at the MONTAGU HOSPITAL, MEXBOROUGH on THURSDAY 3RD SEPTEMBER, 2015 at 9.30 A.M.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing

Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Councillor Cynthia Ransome	Doncaster Council Conservative Group Representative
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Damian Allen	Director of Learning, Opportunities and Skills, DMBC
Paul Wilkin	Director of Finance, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH), substituting for Kathryn Singh
Jackie Pederson	Chief of Strategy & Delivery, Doncaster Clinical Commissioning Group (DCCG), substituting for Chris Stainforth
Trevor Smith	Chief Executive, New Horizons
David Hamilton	Director of Adults, Health and Wellbeing, DMBC
Kathy Gillatt	Director of Finance & Company Secretary, Doncaster Children's Services Trust, substituting for Colin Hilton
Susan Jordan	Chief Executive, St Leger Homes
Mike Pinkerton	Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Steve Shore	Chair of Healthwatch Doncaster
Chief Superintendent Richard Tweed	District Commander for Doncaster, South Yorkshire Police
Norma Wardman	Chief Executive, Doncaster CVS
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue

Also in attendance:

Allan Wiltshire, Policy and Performance Manager, DMBC
Lisa Swainston, Stronger Communities Wellbeing Manager, DMBC
Roger Thompson, Independent Chair of Doncaster Safeguarding Adults Board (for Min.No. 22)
Prof. Alistair Burns, National Clinical Director for Dementia (for Min. No. 23)
Wayne Goddard, Doncaster Dementia Programme Lead (for Min. No. 23)
Lee Tillman, Head of Service Skills, Enterprise, Policy & Improvement, DMBC
John Leask, Policy and Partnerships Officer, DMBC

APOLOGIES:

Apologies for absence were received from Chris Stainforth - Chief Officer, Doncaster Clinical Commissioning Group (DCCG), Colin Hilton - Chair of Doncaster Children's Services Trust, Councillor Nuala Fennelly - Portfolio Holder for Children, Young People and Schools, Karen Curran - Head of Co-Commissioning, NHS England (Yorkshire & Humber), Dr Nick Tupper - Chair of DCCG, Kathryn Singh - Chief Executive of RDaSH and Peter Dale - Director of Regeneration & Environment, DMBC.

14 WELCOME AND INTRODUCTIONS

The Chair, Councillor Pat Knight, welcomed Kay Burkett, Local Government Association (LGA) Peer Challenge Manager, who was observing today's meeting as a follow-up to the LGA Peer Review which was conducted in December 2013. It was noted that Kay had developed a self-assessment tool and had offered to provide facilitated support to the Board for a designated session to review progress since the Review and identify any issues for further development. The Chair explained that more detail on this would be provided by Dr Rupert Suckling when he presented the report of the HWB Officer Group (see minute no. 25).

The Chair also welcomed Damian Allen, the new Director of Learning, Opportunities and Skills at Doncaster Council, who was attending his first meeting of the Board.

The Chair stated that she was pleased to confirm that Professor Alistair Burns, the National Clinical Director for Dementia would be in attendance later in the meeting to speak to the Board on Dementia (see minute no. 23).

15 CHAIR'S ANNOUNCEMENTS.

The Chair referred to the Board's workshop on the Environment that had been held in July 2015 which she felt had been excellent and stated that it had been good to see a wide cross-section of people in attendance, including 6 elected Members. A copy of the draft report from this event had been sent to Board Members by Louise Robson.

With regard to the consultation on the Health and Wellbeing Strategy, the Chair confirmed that the maximum number of responses permitted by Survey Monkey (i.e. 100) had already been received. The survey had, therefore, been re-launched to allow for a fresh tranche of responses to be submitted. These would then be taken into account in compiling the final Strategy.

16 PUBLIC QUESTIONS.

There were no questions from members of the public.

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 4TH JUNE 2015

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 4th June, 2015 be approved as a correct record and signed by the Chair.

19 QUARTER 1 2015-16 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 1 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 been completed parallel to the refresh of the Health and Wellbeing Strategy. The five outcome areas remained and specific indicators had been identified which would measure progress towards these outcomes in 2015-16. Further information and narrative around the performance was provided in Appendix A to the report, with each indicator being accompanied by a 'story behind the baseline' together with an action plan indicating 'what we will achieve in 2015-16' and 'what we will do next period'. It was noted that the OBA methodology moved away from targets for the whole population indicators and this was reflected in the report. Instead, the trend and direction of travel was the key success criteria.

Having summarised the key points and narrative behind the latest performance figures, Allan Wiltshire drew the Board's attention to a proposal that the relevant Lead Officer for one of the key outcome areas be invited to attend a Board meeting every Quarter to provide a more detailed update on the latest performance statistics relating to their respective indicators. Board Members supported this suggestion and agreed that the first detailed report to be received in Quarter 2 should be in respect of Outcome 1 (Obesity statistics).

Discussion followed, during which Board Members made various comments/observations on specific Performance Indicators. With regard to the indicator showing % of adults overweight or obese, Steve Shore queried why only one particular year's worth of statistics (2012/13) was provided. In reply, Allan Wiltshire explained that this was a national indicator that had not been run since 2012/13, hence the absence of any later data. He pointed out, however, that it might be possible to obtain some local data relating to this indicator for the Board's information. Dr Rupert Suckling added that some of this data could be obtained from the Acute Trust and Primary Care if the Board decided that this was a priority issue and wanted to capture the information on a local basis.

Similarly, in response to a query by Councillor Cynthia Ransome regarding the indicator for % of children that are classified as overweight or obese (aged 10/11), Allan Wiltshire explained that this related to a national programme where children of that specific age group were measured and that statistics for later age groups were therefore unavailable.

In commenting on the indicators, Damian Allen stated that he was pleased to see that the OBA methodology was being used as this was a sound and robust approach. With regard to comparing indicators against the national average, he suggested that it might be useful to consider whether some indicators were still valid indicators to be tracking, or should others that were more sensitive to change be looked at instead.

RESOLVED:

- 1) To note the performance against the key priorities; and
- 2) To agree that further in depth information will be provided on a rolling quarterly basis on the 5 outcome areas detailed in the report, commencing in Quarter 2, 2015-16 with a report on Outcome 1 (Obesity statistics).

20 WELLBEING UPDATE

The Board received a report by Lisa Swainston, Stronger Communities Wellbeing Manager, which outlined the measures being taken in Doncaster to refocus strategically and financially through this Board and the Health and Social Care Transformation Programme to commit to enhancing a preventative approach to Wellbeing, alongside the development and change to more complex Health and Social Care Services. This work involved collaboration with the What Works for Wellbeing Centre, sharing best practice and collecting evidence to determine the impact that prevention services were having. Other key stages identified to progress this work included driving the use of the Think Local Act Personal Model into the development of the Wellbeing offer and influencing future commissioning plans and JSNAs to reflect prevention, Wellbeing, an Asset based approach and involvement of third and voluntary sectors.

Discussion followed, during which Members made a range of comments on issues relating to Wellbeing, including:-

- The importance of fostering stronger, more resilient communities in the Borough and the need to identify relevant indicators which may help to measure impacts and illustrate what makes a community more resilient;
- The importance of recognising the connection between Adult Social Care assessment work and Wellbeing work;
- How taking steps to reduce the number of visits made by people to their GPs and to hospital, and reducing the amount of medication being taken, all contributed towards strengthening resilience in communities;
- Recognising the valuable work carried out by Wellbeing Officers in supporting Doncaster communities, and the key role they played in helping to signpost people to the services they needed and dealing with issues such as loneliness.

It was then

RESOLVED to note the update report on the development of the preventative wellbeing approach within Doncaster, with wider partners and nationally.

21 HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME UPDATE

The Board received an update from Dave Hamilton on the latest progress with the development of the Health and Social Care Transformation Programme. It was noted

that there was now a clear focus on delivering the Programme, with information being disseminated to ensure that the plan was embedded in frontline services and that all frontline staff understood their roles in contributing to its delivery. To assist in this process, 'Ambassadors' would be visiting teams to spread the word. In addition, Dave Hamilton and Chris Stainforth had agreed to carry out visits to each other's respective teams with the aim of sharing knowledge.

Dave Hamilton advised the Board that he and Chris Stainforth had recently been invited to give a presentation on Doncaster's approach at a national event – the Health and Care Innovation Expo 2015 held in Manchester on 2nd September 2015. This had generated a significant amount of interest and it was noted that the officers may be asked to speak at other similar events in the future to promote the work being undertaken in Doncaster.

RESOLVED to note the update on the implementation of the Doncaster Health and Social Care Transformation Programme.

22 DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15

Roger Thompson, Independent Chair of Doncaster Safeguarding Adults Board (DSAB), presented the Annual Report of the DSAB, which reflected the work and achievements in Doncaster during 2014/15.

In introducing the Report, Roger Thompson confirmed that under the Care Act 2014, Safeguarding Boards had now become statutory bodies, resulting in a higher profile and greater public scrutiny of their work, together with increased public expectations. The Act had also introduced a framework for the Board's membership and annual reporting arrangements which had been mapped against the Annual Report for assurance purposes.

Roger then summarised the salient points and drew particular attention to the following issues:

- A key challenge during 2014/15 had been the performance of agencies in relation to the timeliness of handling safeguarding adults cases;
- A DSAB Constitution had been developed in line with the requirements of the Care Act 2014, including a revised Board membership;
- A joint safeguarding self-assessment and challenge process was being developed in partnership with the Doncaster Safeguarding Children's Board;
- During 2014/15 the Board had taken part in two national pilots; Making Safeguarding Personal and the Adult Social Care Outcomes Framework Pilot;
- The Board's Engagement Sub-Group had launched a 'Keeping Safe' campaign, aimed at empowering adults at risk to protect themselves from abuse by raising awareness of safeguarding adults and the reporting process;

- Work was ongoing with colleagues in the Prison Service to ensure that Safeguarding Adults was understood and delivered well within Doncaster's prison population;
- The Performance Sub-Group was receiving qualitative information from the case file audit to provide a more holistic picture of practice which was being used to inform service improvements. The conclusions from the audit indicated that people were not being fully empowered through the safeguarding process and that Independent Mental Capacity Advocates were not being routinely used to support people who lacked capacity.
- The DSAB had contributed significantly throughout 2014/15 to the review of the South Yorkshire Procedures for Safeguarding Adults in line with the implementation of the Care Act 2014.
- The Solar Centre Serious Case Review had identified lessons which had been learned and acted upon.
- The Case Study provided in the Report ('Phil's Story'), which was a real story from Doncaster, was a good example of a case where a satisfactory outcome was achieved.

During subsequent discussion, Susan Jordan referred to the Keeping Safe campaign launched in March 2015 and stressed the importance of all agencies understanding what 'keeping safe' actually meant. She stated that people were often reluctant to report neglect or abuse but it was vital that they looked out for their neighbours and friends. The Board noted that a Keeping Safe public event was due to be held at the Keepmoat Stadium on 19 November 2015 to further promote and raise awareness of this issue.

In welcoming the ethnicity breakdown provided in the report in relation to the number of safeguarding referrals made in 2014/15, Dr Rupert Suckling suggested that it would be useful for all partners to compare each other's approaches to engagement with hard to reach groups in order to share best practice and improve methods of engagement. Susan Jordan added that the DSAB's Engagement Sub-Group was currently looking at how to engage better with hard to reach groups and would welcome the opportunity of joint working with partners in this respect.

RESOLVED to note the contents of the DSAB Annual Report 2014/15.

23 DEMENTIA UPDATE

The Board received a presentation by Professor Alistair Burns, National Clinical Director for Dementia, who had been invited to Doncaster on the back of recent partnership success. Professor Burns outlined the progress being achieved nationally in relation to the treatment and care provided for people with dementia and summarised how Health and Wellbeing Boards could drive, support and assist further improvements.

After Professor Burns had answered a wide range of questions on issues relating to dementia, including the current prevalence rates, innovative models of dementia care in care homes, the use of assistive technology and the value in having a person-centred approach in helping people with dementia, rather than focusing on people's ages, it was

RESOLVED to note the information presented by Professor Burns.

24 HEALTH NEEDS OF VETERANS

The Board considered a report which provided a summary of the 2015 Veterans' Health Needs Assessment.

It was noted that the national armed forces covenant aimed to end any disadvantage members of armed forces, and their families, faced when accessing services. Dr Rupert Suckling confirmed that Doncaster council now had a dedicated Veterans Champion and a Veterans Steering Group in place. The number of Veterans in the Borough was estimated at being in the region of 20,000 – 30,000, many of whom faced challenges such as poor mental health, alcohol misuse and post-traumatic stress disorder.

It was reported that the recommendations outlined in the veterans Health Needs Assessment would support partner organisations in meeting the health and wellbeing needs of Veterans living and working in the Borough. Dr Suckling confirmed that some of these actions would be taken forward through the Veterans Steering Group.

RESOLVED to endorse the following recommendations set out in the 2015 Veterans' Health Needs Assessment:

1. Build on the Health Needs Assessment, using a qualitative research approach, to better understand the veteran experience in the absence of complete and reliable statistical data.
2. Improve data collection in particular in GP practices and in primary care. This could be achieved by identifying GP champions to promote the recording of data in practice systems.
3. To ensure that all GP practices ask new patients about their armed forces history and use the nationally recommended Read code (Xa8Da).
4. Improve the knowledge and training of 'front of house' staff and intervention teams across the partnership, so that veterans with service related health issues or other wellbeing needs can be signposted more effectively to the most appropriate services.
5. Increase awareness of the health of veterans with strategic bodies such as the Health and Wellbeing Board and ensure that their issues are addressed in health strategies such as the Health and Wellbeing Strategy.
6. Ensure that the Council's Overview and Scrutiny Committee addresses veteran health issues in its programme of work.

7. Partner organisations in Doncaster should undertake reviews of their policies and commissioning strategies to ensure that the health needs of veterans are addressed.
8. As a number of veterans are almost certainly in one of Doncaster's 3 prisons, the health and wellbeing of these men should be a priority.

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:

- Feedback from the Health and Wellbeing Board Workshop on the Environment, held on 16th July 2015;
- Maternity, Children and Young People's Health, including a recommendation that the Chair of this Board be nominated to sign off the local transformation plan for children and young people's mental health and wellbeing, with the final approved plan coming back to the Board in due course;
- Carers Strategy;
- Board Development, with a recommendation that the Board agrees to a LGA facilitated self-assessment on 4th November 2015; and
- Forward Plan for the Board.

In referring to the Forward Plan, the Chair encouraged Board Members to attend the Obesity Workshop to be held on 1st October, or arrange for substitutes to attend on their behalf, to ensure that as many partner organisations as possible were represented at the session.

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) to agree that the Chair of the HWB should be nominated to sign off the local transformation plan for children and young people's mental health and wellbeing, with the final approved plan coming back to the Board in due course;
- 4) to agree to participate in a LGA facilitated self-assessment to be held on 4th November 2015.