

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

5TH NOVEMBER, 2015

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE, DONCASTER on THURSDAY, 5TH NOVEMBER, 2015 at 9.30 A.M.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing  
Vice-Chair – Chris Stainforth, Chief Officer, Doncaster Clinical Commissioning Group (DCCG)

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| 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)                                       |
| Karen Curran                       | Head of Co-Commissioning, NHS England (Yorkshire & Humber)   |
| Riana Nelson                       | Assistant Director, Children's Commissioning (DMBC), substituting for Damian Allen                             |
| Paul Wilkin                        | Deputy CEO, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), substituting for Kathryn Singh |
| Trevor Smith                       | Chief Executive, New Horizons  |
| Jacqueline Wilson                  | Director of Transformation, Doncaster Children's Services Trust, substituting for Colin Hilton                 |
| Susan Jordan                       | Chief Executive, St Leger Homes  |
| 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:

Peter Dale, Director of Regeneration and Environment, DMBC  
John Harris, Independent Chair of Doncaster Safeguarding Children Board  
John Leask, Policy and Partnerships Officer, DMBC  
Laurie Mott, Head of Public Health Intelligence, DMBC  
Riana Nelson, Assistant Director Children's Commissioning, DMBC  
Louise Robson, Public Health Specialist, DMBC  
Allan Wiltshire, Policy and Performance Manager, DMBC

APOLOGIES:

Apologies for absence were received from Councillor Nuala Fennelly, Damian Allen, Dave Hamilton, Kathryn Singh, Colin Hilton, Mike Pinkerton and Steve Shore.

26 CHAIR'S ANNOUNCEMENTS

On behalf of the Board, the Chair thanked John Leask, Policy and Partnerships Officer, who was retiring at the end of this month, for all the support and assistance he had provided to the Board since its inception. The Chair stated that John's vast knowledge and experience had been a real asset to the Board, and she passed on the Board's best wishes to him in his retirement.

27 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) Mr Ivan Stark

Mr Ivan Stark made a statement with regard to his concerns surrounding the treatment of vulnerable people by various agencies/organisations in the Borough.

b) Mr Tim Brown

Mr Tim Brown began by paying tribute to John Leask, Policy and Partnerships Officer, stating that he had made a significant contribution to the Borough and he wished him well in his retirement. Mr Brown continued by asking how the Board could demonstrate that it was having due regard to the equality duty in all of its activities and taking measures to address health inequalities, given an apparent lack of meaningful engagement with BME communities and other protected groups in the Borough, and an absence of relevant data to rely on regarding these groups.

In response, Dr Rupert Suckling pointed out that the agenda papers for today's Board meeting contained a number of public sector equality statements, and he explained that the focus of this year's Annual Report of the Director of Public Health would be on looking at how variations in health and wellbeing between Doncaster and the rest of the country could be addressed locally. Part of this would look specifically at health inequalities experienced by protected groups in the Borough. Dr Suckling added that the challenge to the Board was to ensure that it was using the relevant data for all marginalised and safeguarded groups well enough. The Board also noted that Healthwatch Doncaster was involved in engagement with protected groups and Norma Wardman advised that Doncaster CVS was currently setting up an Ambassador Scheme to assist people who struggled to make their voices heard.

28 DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

29 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 3RD SEPTEMBER 2015

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 3rd September, 2015 be approved as a correct record and signed by the Chair.

The Board considered a report which provided the latest performance figures for the Quarter 2 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.

With regard to the Board's decision at its last meeting to receive a detailed update on the performance statistics relating to Obesity at today's meeting, Allan Wiltshire advised that unfortunately it was not possible to bring a detailed report on this specific outcome area to this meeting, but he confirmed that it would be brought to the Board's next meeting.

The Board then discussed some of the key points and narrative behind the latest performance figures. With regard to the national healthy weight data, Dr Rupert Suckling queried whether there was scope for breaking the data down to a more local level so that it was possible to understand what the data meant for Doncaster. He felt that this would assist in identifying where to target resources effectively. Susan Jordan added that there was also a need to take into account the cost of healthy eating to the public, as encouraging people to adopt healthier shopping habits and live healthier lifestyles had poverty implications. Members also acknowledged the important role that the High Street could have on the health and wellbeing of Doncaster residents and Dr Rupert Suckling advised that the Health and Adult Social Care Overview and Scrutiny Panel was currently looking at the issue of 'healthy high streets' and the role that this had in supporting the public's health.

With regard to the link between alcohol and crime, Chief Superintendent Richard Tweed stressed that the widespread availability of alcohol, almost on a 24 hours a day basis from licensed premises, was a major concern. He stated that alcohol consumption was a significant influence in violent crime and domestic abuse cases and consequently he felt that this Board should lobby the Government to take measures to curb the cheap pricing of alcohol by the major supermarkets. The Chair and Members of the Board supported this proposed course of action.

RESOLVED:

- 1) To note the performance against the key priorities;
- 2) To receive the presentation from the obesity area of focus in Quarter 3, 2015-16;
- 3) In respect of the outcome area "All people in Doncaster who use alcohol do so within safe limits", that the Government be lobbied to

take measures to curb the cheap pricing of alcohol by the major supermarkets.

## 31 JSNA UPDATE AND DISCUSSION

The Board received a presentation which summarised some key statistics relating to the theme of this year's Joint Strategic Needs Assessment (JSNA), which was Adult Social Care. In particular, Members noted the following salient points:-

- Doncaster has an aging population - there are currently around 56,500 people aged 65+ in Doncaster. By 2020 this will have risen to 61,100 and by 2030 it will be almost 75,000. If these projections are accurate then Doncaster will add more than 1,200 people every year to the 65+ population.
- With an ageing population we have increasing life expectancy in both men and women. In men, since the turn of the century, life expectancy has increased from 76 years to just under 79.5 years. Among women this has risen from 79.6 years to 81.7 years. It is worth noting that life expectancy in Doncaster has not been catching up with the national figure and the gap between Doncaster and the national rate may even be widening.
- More important for health and social care services is the measurement of disability free life expectancy (DFLE). This is calculated in the same way as life expectancy but represents the average number of years people will expect to live without any form of disability. In this case a disability is any 'long standing illness or infirmity that is likely to trouble you over a period of time'. In Doncaster DFLE in men is around 60.1 years and in women just under 62 years. This means that, on average men in Doncaster will spend 17.4 years living with a disability and for women this figure is 19.9 years. When these figures are compared to similar areas (CIPFA comparator local authorities) it shows that Doncaster can expect people to live with disability longer.
- In summary Doncaster has an aging population that is living longer and is living longer with disabilities and these disabilities are extremely likely to place demands on health and social care services. The JSNA this year has used the new needs based data available from the care first system to model the potential demands that could be placed on social care in the future. The intention is to show the extent of the challenge to be faced in Doncaster in the future.
- Evidence shows that around 4,100 people in the Borough need help with personal care (personal care needs include: need help dressing, help with toileting, continence care, help with personal hygiene and personal grooming). By 2012 this could be 4,700 and by 2030 more than 6,000. These increases assume that there are no changes in health and social care.
- With increasing age comes an increasing risk of loneliness and social isolation. More than 4,000 people have needs related to isolation. By 2030 Doncaster could have more than 6,000. There is also some evidence that in Doncaster the numbers of people who receive social care and reported that they had sufficient social contact has actually fallen slightly.

- Carers can be at particular risk of becoming isolated and there could be around 2,800 carers who have need social care support and this could increase to more than 4,000 by 2030.
- An important aspect of social care is the safeguarding of vulnerable people. The evidence suggests that the number of alerts has been increasing but the number of referrals for investigation has remained the same.

The Board discussed at length the challenges posed by the prospect of an ever increasing, ageing population in Doncaster and the various ways in which this Board and partner organisations could effectively deal with these challenges with less resources in the future. Such measures included:

- Taking steps to avoid perpetuating a ‘time bomb’ scenario, by focussing on learning and skills for children and young people so that the Borough had a buoyant economy in the future and the necessary local skills base around health and social care to enable local needs in this area to be met.
- Preparing for the future by encouraging ‘age friendly’ communities in a similar vein to that of the dementia friendly initiative and determining whether the present carers system is sustainable by looking at what needs to be in place in 10 years’ time.
- Ensuring that new housing developments include properties that are fit for life by making use of assistive technology and adaptations so that the accommodation needs of an ageing population can be met.
- As Employers, giving consideration to ways of helping an ageing workforce by introducing measures such as flexible working arrangements.
- Recognising the value of volunteering as a key part of tackling the problem of social isolation.

RESOLVED that:

- 1) the contents of the presentation be noted; and
- 2) the comments/issues raised by the Board be taken into account and used to inform the recommendations of the final JSNA report.

## 32 DONCASTER HEALTH AND WELLBEING STRATEGY 2016-21

The Board received a presentation in conjunction with a report which presented a revised final draft of the Doncaster Health and Wellbeing Strategy (with feedback and recommendations) following a 12 week consultation since its presentation at the June 2015 Health and Wellbeing Board. The paper outlined an update on progress, a revised Health and Wellbeing strategy document, a consultation summary with Equality statement (Due Regard Statement) and a number of proposals/recommendations for final publication in 2016.

In presenting the salient points, Dr Rupert Suckling highlighted that one question to consider was whether the Health and Wellbeing Strategy adequately reflected the JSNA.

Regarding the consultation exercise, it was noted that this had attracted a good response rate, with a total of 256 overall responses being received. Four emerging themes had arisen from the consultation:-

- Substance misuse
- Children and young people
- Needs of minority ethnic groups
- Language/complexity of some content

In addition, general comments had been received as follows:-

- The Vision should include the need to 'feel safe'
- Definition of wellbeing should include 'spiritual and cultural'.

General discussion on the Strategy followed, during which the Board noted that feedback received at the Board's workshop held the previous day had been that the Vision in the Strategy should be consistent with the Team Doncaster Vision. In light of this, the Chair confirmed that this part would be re-visited.

After the Board had noted that a final draft of the Strategy would be brought back to the Board's meeting in January, prior to being submitted to the Full Council for adoption on 28th January 2016, it was

RESOLVED:

- 1) To approve the aligned supporting documents and the recommendation to change the Strategy date period from 2015-20 to 2016-21;
- 2) That the Vision for Health and Wellbeing as contained in the Strategy should be consistent with the Team Doncaster Vision;
- 3) To receive the final draft Strategy report for endorsement at the Board's meeting on 7th January 2016, prior to the Strategy being submitted to Full Council for adoption on 28th January 2016; and
- 4) To note that a delivery plan for the Strategy will be developed following its publication in January 2016 and a wider public engagement strategy will be explored in line with the Board's self-assessment process.

33 DONCASTER SAFEGUARDING CHILDREN BOARD (DSCB) ANNUAL REPORT 2014-2015

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 Annual Report for 2014-15 published on 8th October 2015, a copy of which had been circulated with the agenda papers. In particular, Mr Harris briefed the Board on the following subjects:-

- Role of DSCB
- Annual Report requirements
- Board working arrangements
- Progress with the DSCB Business Plan 2014-15
- Responding to key safeguarding risks
- Areas for improvement
- Implications for the Health and Wellbeing Board

In concluding, Mr Harris pointed out that there was a high degree of alignment between the DSCB's role and the Health and Wellbeing Strategy.

After Mr Harris had explained, in response to a question regarding Early Help, that having the necessary skill in being able to relate to and work with families was a key factor, it was

RESOLVED to note the Chair's presentation on the DSCB Annual Report 2014-15, including the key implications for children and young people's commissioning priorities and the action required by HWB partners to improve the effectiveness of safeguarding in Doncaster, particularly in the context of the Doncaster Health and Well-Being Strategy.

34 CHILDREN AND YOUNG PEOPLE'S PLAN 2011-2016 - (DRAFT INTERIM PLAN 2015/16 PLAN)

The Board considered a report which presented Doncaster's Draft Interim Children and Young People's Plan (CYPP) 2015-16. Riana Nelson explained that the Doncaster CYPP 2011-2016 had been reviewed and redrafted as an interim plan for the period 2015-2016 to reflect the significant changes which had occurred in the national and local children's policy and practice landscape since the original plan was conceived. She confirmed that as part of the review, the linkages between the CYPP and the Health and Wellbeing Strategy had been considered.

The Board welcomed the progress made in re-drafting the Plan and noted that this was to be signed off at the Children and Families Strategic Partnership Board meeting in November 2015. The Board also noted that a framework of performance and planning for the next CYPP Plan, to be produced in 2016 for the period to 2021, was now being developed.

RESOLVED to note the Draft Interim CYPP for 2015-16.

35 MULTI-AGENCY EARLY HELP STRATEGY FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES 2015-2018

Members received a report which presented Doncaster's Multi-Agency Early Help Strategy for Children, Young People and their Families 2015-18 for the Board's information.

It was noted that the Early Help Strategy set out the partnership framework as to how Team Doncaster would coordinate and deliver early help services. The strategy was a three year strategy to establish and join up the early help system which would promote the identification of emerging needs and earlier intervention for children and young people so as to prevent the escalation of problems which were damaging to individuals and families and which were expensive and complex to deliver.

In presenting the report, Riana Nelson explained that the Strategy was aimed at ensuring that children and families received high quality support from universal, targeted and specialist services. The Strategy also described the measures which had been taken and were planned to be taken to improve the early help system, including the establishment of early help co-ordinators, early help networks and the Early Help Hub.

RESOLVED to note the contents of Doncaster's Multi-Agency Early Help Strategy for Children, Young People and their Families 2015-18.

36 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 Obesity;
- Joint Work with South Yorkshire Fire and Rescue;
- Lung Cancer Collaborative Commissioning;
- Director of Public Health's Annual Report; and
- Forward Plan for the Board.

In referring to the Board's self-assessment workshop facilitated by the Local Government Association, which had been held on the previous day, Dr Rupert Suckling confirmed that feedback and an action plan from the session would be circulated to Board members in due course.

In order to inform the Board's discussion on anti-poverty activity at its next meeting in January 2016, Susan Jordan requested in the meantime that Board members identify any activities/practices carried out by their respective organisations that could potentially impact upon Poverty.

RESOLVED:

- 1) to note the update from the Officer Group; and
- 2) to agree the proposed Forward Plan, as detailed in Appendix A to the report.

CHAIR: \_\_\_\_\_

DATE: \_\_\_\_\_