

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 3RD MARCH, 2016

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE on THURSDAY, 3RD MARCH, 2016 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)

Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Damian Allen	Director of Learning, Opportunities and Skills (DMBC)
Debbie Smith	Service Director of Adult Mental Health, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), substituting for Kathryn Singh
Dr Nick Tupper	Chair of Doncaster Clinical Commissioning Group
Karen Johnson	Assistant Director Adults, Health and Wellbeing (DMBC), substituting for Kim Curry
Steve Shore	Chair of Healthwatch Doncaster
Mike Pinkerton	Chief Executive, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Susan Jordan	Chief Executive, St Leger Homes
Chief Superintendent	District Commander for Doncaster, South Yorkshire Police
Richard Tweed	
Norma Wardman	Chief Executive, Doncaster CVS
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue

Also in attendance:

Mark Douglas, Chief Operating Officer, Doncaster Children's Services Trust  
Allan Wiltshire, Head of Performance and Data, DMBC  
Nick Stopforth, Head of Libraries and Culture, DMBC  
Victor Joseph, Consultant in Public Health, DMBC  
Sarah Smith, Public Health Specialty Registrar, DMBC  
Andrea Butcher, Head of Strategy and Delivery, Mental Health and Learning Disability, DCCG  
Matt Cridge, Head of Stronger Families, DMBC

49 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Cllrs Nuala Fennelly and Cynthia Ransome, Kim Curry (Karen Johnson deputised), Kathryn Singh (Debbie Smith deputised), Karen Curran, Trevor Smith and Peter Dale.

The Chair also welcomed Mark Douglas who was representing the Doncaster Children's Services Trust at this meeting.

50 CHAIR'S ANNOUNCEMENTS

The Chair pointed out that this was Chris Stainforth's last meeting as a member and Vice-Chair of the Health and Wellbeing Board. On behalf of the Board, she thanked Chris for the significant contribution he had made to the work of the Board since its inception and wished him all the very best for the future. It was noted that Chris's departure also meant that there would be a need to appoint a new Vice-Chair of the Board at the next meeting.

The Chair reported that Colin Hilton, Chair of Doncaster Children's Services Trust, had tendered his resignation from the Board with immediate effect due to his time commitment in Doncaster being reduced. She advised, however, that it was intended that a full time member of the Trust's Executive would take on representing the Trust in this capacity in the future and that a nomination from the Trust would therefore be forthcoming in due course.

The Chair stated that she was sorry to announce that Cllr Tony Revill, Chair of the Council's Health and Adult Social Care Overview and Scrutiny Panel, had passed away on Tuesday 1 March. She stated that Cllr Revill would be sadly missed both as a Member and as a person.

51 Public questions.

Question from Mrs Sheila Barnes

Mrs Sheila Barnes asked the following question in relation to Mental Health Personal Budgets:

"Concerns about this matter have been discussed at the Mental Health Strategic Alliance Group over the past few months and relate to the seemingly lengthy delay in the assessment of applications and the difficulty in any specific access point and pathway for information. I agreed to bring this matter to the attention of the HWB Board as Mental Health had been specified as one of the strategic health priorities.

Personal Health Budgets originally had a slow start in Doncaster but is now much better. Mental Health Budgets were first piloted in Doncaster 5 years ago. The profile of mental health is also currently receiving more national attention.

- What is the reason for such delay and lack of clear pathway?
- Are there adequate resources in relation to funding and manpower?
- Where does the ultimate responsibility lie in addressing this issue?
- Is there an efficient level of cooperation between DMBC and RDaSH?"

Mrs Barnes added that of the 10 applications for personal budgets made 5 months ago, only 3 had been processed to her knowledge.

In response, Debbie Smith explained that she was not aware of any problems with the pathway for assessments but she stated that she would investigate the situation.

Chris Stainforth confirmed that there had been some issues around capacity for dealing with Personal Health Budgets, but he explained that the relevant team had

now been restructured and steps were being taken to ensure that there would be sufficient capacity to meet demand in future.

Karen Johnson stated that she would also take this issue away as an action and urged any individuals who may have been waiting a long time for their applications to be processed to make contact with the Council and their cases would be looked at as a priority. She added that an update on this matter would be reported back to the Board's next meeting.

#### Question from Mr Tim Brown

Mr Tim Brown addressed the Board as follows:-

“Chair, as stated previously, I stand before you as a parent, a son, a brother and a law abiding black citizen. My immediate family, including brothers and sisters have given over 250 years of service to the NHS and associated public services.

It gives me no pleasure and in fact it is very intimidating having to repeatedly come along to such a high level meeting to basically ask for rights that are enshrined in the Health and Care Act, NHS constitution and the Equality Act Public Sector Equality Duty. As the HWB is aware, the NHS Constitution states:

*The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.*

It is in this context Chair, that I am genuinely grateful to the Deputy Mayor and Equalities portfolio holder for acknowledging the significant harm to the Equalities Agenda in Doncaster.

Chair, if we accept at face value the veracity of Cllr Jones' comment it is legitimate to ask HWB members individually and collectively when did they know about the stated "significant harm to the equalities agenda" in Doncaster and what actions have been taken to safeguard the basic rights of protected groups, including black and minority ethnic citizens?

Chair, it is distressing to find no evidence of the significant harm to the equalities agenda being reflected by officers in the Health and Wellbeing strategy?

There is no mention of how such significant harm could have occurred and its impact on the health and wellbeing of citizens, who incidentally should be afforded protection under the Equality Act legislation.

And whilst I am grateful to Dr Suckling for previously acknowledging the lack of proportionate and meaningful BME engagement along with gaps in the BME data especially in the context of access, outcomes and experience, it is a sad indictment of where we are in Doncaster that I am informed by Dr Suckling that the BME Health Needs Assessment is over 10 years old.

As somebody who generously gave up their time along with other members of the BME community to assist Suras complete the BME HNA assessment, it is painful to know that no feedback was ever given and to my knowledge not one of the recommendations was ever implemented.

Why would such distinguished people around this table be so at ease with behaviours in Doncaster which are incompatible with best practice, EDS 2 Workforce Race equality scheme, Equality Act PSED.

Given that it is nationally recognised that BME People are more likely to:

- Get a long term disease (Diabetes, CHD, Stroke, mental illness)
- Earn less and be unemployed
- Die earlier

How much longer will black and minority ethnic citizens have to wait for their basic rights to be safeguarded and to be treated with a modicum of decency and respect?

In conclusion Chair and given today's article in the Free Press that Doncaster partnerships are out of touch with the true reality facing BME communities, does the Board have a date in mind when BME needs will a) be assessed and b) considered for action. Or are you waiting for the finance well to run dry, and then tell us it's tough?"

In reply, Dr Rupert Suckling confirmed that one of the recommendations in his Annual Report of the Director of Public Health, which had been endorsed at the Council meeting in January 2016, was to carry out a local Health Needs Assessment for BME Groups. He pointed out that the Annual Report of the DPH was an item later on today's agenda and so there would be an opportunity to discuss this matter further then. [At this point, the Chair asked that it be noted that Mr Brown left the meeting.]

52 Declarations of Interest, if any.

No declarations of interest were made.

53 Minutes of the Meeting of the Health and Wellbeing Board held on 7th January, 2016. (Attached)

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 7th January 2016 be approved as a correct record and signed by the Chair.

54 Quarter 3 Performance Update and Focus on Mental Health.

The Board considered a report which provided the latest performance figures for the Quarter 3 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.

The Board discussed the key points and narrative behind the latest performance figures for each outcome area in turn, as summarised below:-

Outcome 1: All Doncaster residents to have the opportunity to be a healthy weight

In response to a query, Allan Wiltshire explained that it was very difficult to provide the Board with quarterly performance figures for these particular Indicators due to the way they were measured.

Members acknowledged that with the imminent de-commissioning of weight management services, there would be a need for closer working between school nurses and the National Child Measurement Programme and with Public Health colleagues.

Outcome 2: All people in Doncaster who use alcohol do so within safe limits

In referring to Indicator b) – Alcohol related attendance at A&E (per 1000 population), Dr Rupert Suckling advised that this amounted to approximately 4000 people attending A&E in Doncaster every year. He stated that one option to alleviate the situation might be to trial a 'safe haven' initiative similar to schemes running in other areas such as Blackpool, which was designed to take the pressure off A&E and prevent avoidable hospital admissions by offering alternative support facilities for those in need. During subsequent discussion, the view was expressed that there was also a need to look at interventions to stop people reaching the stage of needing a safe haven in the first place, such as discouraging excessive alcohol consumption. Members also discussed the links between alcohol consumption and areas of high deprivation and poverty. With regard to health promotions, Susan Jordan reminded the Board that SLHD would be happy to feature any campaign material in its 'Houseproud' magazine for tenants.

Outcome 4: People in Doncaster with dementia and their carers will be supported to live well

During discussion on the suite of indicators relating to dementia, it was suggested that it would be helpful to know how the different indicators were interlinked and how they influenced each other. The Board also acknowledged that, in interpreting certain indicators, it was necessary to exclude other issues/factors in order to focus on dementia. In response to a comment, Dr Rupert Suckling suggested that an update on Intermediate Care could be added to the Board's Forward Plan for a future meeting.

Mike Pinkerton stated that he was pleased to report that the latest Hospital Standardised Mortality Ratio (HSMR) figure for Doncaster and Bassetlaw Hospitals was down to 98, compared to a figure of 117 three years ago. This was good news for all patients in Doncaster, including those with dementia. He passed on his thanks to colleagues in the CCG and at RDASH for their support to the Trust in contributing to this improved result.

## Outcome 5: Improve the mental health and wellbeing of the people of Doncaster

The Board received a presentation by Andrea Butcher on the Mental Health area of focus. Members were updated on progress in a number of key areas, including:

- Progress to date with the Doncaster Crisis Care Concordat Action Plan;
- Implementation of a recovery house service model;
- Development of Secondary Care Mental Health Services;
- 'Wellness for Life' event for service users and carers to be held on 21 March 2016;
- Key messages from the Five Year Forward View for Mental Health;
- Future Developments 2016/17;
- What will success look like?

Arising from a comment by Karen Johnson, it was suggested that the concept of a virtual recovery college could be discussed at the forthcoming Wellness for Life event.

### RESOLVED:

- 1) To note the performance against the key priorities; and
- 2) To receive and note the presentation on the Mental Health area of focus.

## 55 Joint Strategic Needs Assessment Update.

RESOLVED that consideration of this item be deferred.

## 56 Doncaster Libraries and Culture supporting Wellbeing.

The Board received and noted a presentation by Nick Stopforth, Head of Libraries and Culture (DMBC) which outlined the important role played by the library service and wider cultural resources in providing wellbeing benefits for the residents of the Borough. These benefits included:-

- Mental stimulation gained from activities such as reading, which was recognised as one of the factors that could help defer the onset of dementia;
- Volunteering opportunities for individuals in facilities such as libraries could assist in terms of improving people's self-confidence and self-esteem;
- The Home Library Service visited approximately 4000 residents across the Borough, many of whom lived in social isolation;
- The wellbeing benefits of arts and culture were borne out by the following statistics:-
  - 76% of older people say arts and culture is important in making them feel happy
  - 60% say it is important in encouraging them to get out and about
  - 57% say arts and culture is important in helping them meet other people.

During subsequent discussion, the Chair cited an example of how volunteering at a community library had helped one young man cope with Bipolar Disorder.

The Board then discussed how a strategy for libraries and cultural services might incorporate and develop a focus on health and wellbeing for the public in Doncaster in future, and whether there were opportunities to create better joined up working with health providers in order to achieve this. Members recognised that arts and culture had a significant part to play in terms of making a positive impact on residents' health and wellbeing. In particular, it was acknowledged that there was scope for making wider use of public/community art in public buildings, including hospitals, and in ensuring that maximum benefits were gained from the positive contribution that culture and arts could make in the provision of health care.

RESOLVED to note the important role played by the library service and wider cultural resources in providing wellbeing benefits for the residents of the Borough.

57 Health Protection Assurance Annual Report.

The Board received a presentation by Victor Joseph and Sarah Smith on the Health Protection Assurance Annual Report for 2015/16, a copy of which was included in the agenda papers. Members noted that this was the first Health Protection Report to this Board since the responsibility of health protection moved to the local authority following the introduction of the Health and Social Care Act 2012.

It was reported that there had been sustained progress in ensuring that the health protection assurance system in Doncaster was robust, safe, effective, and met the new statutory duty placed on local government to protect the health of the people of Doncaster. This had been achieved through the meeting of the Health Protection Assurance Group that provided assurance on various elements of health protection.

During discussion on the various recommendations set out in the Report, Victor Joseph confirmed that a new national strategy on smoking was expected later this year, which would be reflected in the refreshed version of Doncaster's local Tobacco Strategy.

Dr Rupert Suckling explained that Health Protection was a wide ranging area of work which relied upon good working relationships with key agencies and partner organisations. He felt that the Annual Report was a useful summary of the vital work being carried out in this area and pointed out that the Report would also be submitted to the Council's Health and Adult Social Care Overview and Scrutiny Panel for information.

RESOLVED to:

- 1) Note the progress made against areas identified for development in 2015/16;
- 2) Note the update on the health protection assurance system in Doncaster; and
- 3) Support the recommendations made in the report.

58 Learning Disabilities Review.

Andrea Butcher presented a briefing paper for the Board's information which outlined proposed changes and developments to learning disability services.

It was noted that a challenge had been set to remove the need for permanent hospital care for patients with a Learning Disability and/or Autism by March 2019. In order to do this, there would be a need to build and develop community based services which were responsive to need and reduce the reliance on in-patient beds.

During discussion on the proposals, Chris Stainforth stated that it was acknowledged that services needed to be modernised and whilst this would be financially challenging, a shift towards community services was to be welcomed.

After Members had recognised the important role that would be played by families, carers and the third sector/voluntary resource in enabling people with a learning disability and/or autism to live in the community, it was

RESOLVED to:-

- 1) Receive the briefing paper as an introduction to the Building the Right Support principles which would now need to be delivered across the Transforming Care Partnership and locally;
- 2) Note the proposed direction of travel to deliver the principles and the work planned in Doncaster to deliver a whole system and service review of learning disability and autism services over the next 2 years;
- 3) Receive the finalised plan early in the new Financial Year and note the governance arrangements and receive timely progress reports.

59 Stronger Families Update.

The Board received a presentation by Matt Cridge which provided an update on the Doncaster Stronger Families Programme. It was reported that the Doncaster Stronger Families Programme was a service transformation programme focussing on developing a whole family coordinated approach to family support. Families often displayed behaviours linked to physical or mental health difficulties or health issues resulting in social issues such as debt, poor school attendance or domestic violence.

The aim of Stronger Families was to improve support for whole families and improve coordination between services and organisations in order to avoid duplication and reduce costs while improving outcomes in the longer term. Health and wellbeing partners were integral to the Stronger Families programme and the success in supporting families to improve their lives and build resilience for the future.

It was noted that an expanded programme had commenced in Doncaster in April 2015, with the aim of engaging and achieving outcomes with a total of 3090 families up to April 2020.

The Board welcomed the expanded programme and the focus on early intervention, but noted that there had been some difficulties in securing the engagement of Health service partners/agencies in the programme.



After Members had acknowledged the significant amount of work being put into this Programme and noted that there were some good case studies available which demonstrated the benefits of the Programme to families, it was

RESOLVED to note the progress of the Stronger Families Programme to date.

60 Director of Public Health Annual Report 2015.

Dr Rupert Suckling presented the Director of Public Health's Annual Report for 2015 to the Board, which had been endorsed by Doncaster Council at its meeting held on 28th January 2016. It was noted that hard copies of the Annual Report would be circulated to all partners with an offer for Dr Suckling to attend their Board/Management Team meetings to talk through the contents.

In what was his first Annual Report, Dr Suckling advised that he had identified four key challenges that would need to be addressed in order to sustain progress. The challenges were:

- Improving children's health and wellbeing;
- Making the link between education, work and health;
- Addressing low Disability Free Life Expectancy and high levels of preventable health conditions; and
- Reducing inequalities in health between and within Doncaster communities.

He stressed that none of these challenges could be addressed simply by one agency or individual acting alone. All needed cross agency support and leadership by and with local people. One example of this was the recommendation to carry out a local Health Needs Assessment for Black and Minority Ethnic (BME) Groups, which Dr Suckling explained would need a partnership approach, along with other initiatives and pieces of work identified in the Report.

The Report also contained a small number of case studies illustrating where teams were already supporting individuals to take control of their own and their friends and families' health.

During discussion, Damian Allen questioned whether an adequate profile was currently available for measuring the impact of poverty on people's health and other factors, such as the numbers of suicides linked to austerity. He felt it would be useful as a Board to be able to track austerity related impacts on the health of the Borough's residents.

RESOLVED to note and endorse the conclusions and recommendations as set out in the Director of Public Health's Annual Report.

61 Report from the Health and Wellbeing 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.

Dr Rupert Suckling summarised the salient points in the report, which included updates on:

- Childhood Obesity;
- Loneliness and social isolation;
- Health and Social Care Planning 2016/17 – 2020/21; and
- Forward Plan for the Board.

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: \_\_\_\_\_