

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 16TH MARCH, 2017

A MEETING of the HEALTH AND WELLBEING BOARD was held at the MARY WOOLLETT CENTRE on THURSDAY, 16TH MARCH, 2017, at 9.30 a.m.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing
Vice-Chair – Dr David Crichton, Chair of Doncaster Clinical Commissioning Group (DCCG)

Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Paul Wilkin	Deputy CEO, RDaSH, substituting for Kathryn Singh
Jackie Pederson	Chief Officer, DCCG
Richard Parker	Chief Executive, Doncaster & Bassetlaw Teaching Hospital Foundation Trust
Damian Allen	Director of Learning Opportunities and Skills, DMBC
Paul Moffat	Chief Executive, Doncaster Children's Services Trust
Debbie Hilditch	Vice-Chair of Healthwatch Doncaster, substituting for Steve Shore
Patrick Birch	Programme Manager, DMBC, substituting for Kim Curry
Paul Tanney	Chief Executive, St Leger Homes of Doncaster
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)

Also in attendance:

Allan Wiltshire, Head of Performance and Data, DMBC
Bill Hotchkiss, Head of Service – Community Safety, DMBC
Susan Hampshaw, Public Health Principal, DMBC
Jon Tomlinson, Interim Assistant Director Commissioning, DMBC
Ailsa Leighton, Deputy Chief of Strategy & Delivery, DCCG
Jacqueline Wilson, Director of Transformation, Doncaster Children's Services Trust

105 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Councillors Nuala Fennelly and Cynthia Ransome, Kathryn Singh (Paul Wilkin deputised), Peter Dale, Chief Superintendent Tim Innes, Kim Curry (Patrick Birch deputised) and Steve Shore (Debbie Hilditch deputised).

106 CHAIR'S ANNOUNCEMENTS

The Chair, Cllr Pat Knight, read out the following statement to the Board:-

"Well this is my last meeting of the Health and Wellbeing Board. I have been Chair now for 4 years. I haven't missed many meetings, only when I was off ill 2 ½ years ago.

Firstly, I want to thank every Partner Organisation who have contributed to the success of our Board here in Doncaster.

Thank you to my Vice-Chairs, Councillor Tony Corden, Susan Jordan and now Dr David Crichton. We have come a long way with our Board and from listening to other Chairs I have met over the years, we seem to be well placed as a top team, even our Peer Review didn't throw up any concerns. I think we have the right people on the Board and their comments and commitment are vital to our success now and in the future.

Some of you here today have been on the Board from the beginning of the formal Board and I want to thank you for your support and dedication.

For those of you who haven't been on the Board for that length of time, may I wish you and your organisations continued success and involvement in the Board.

My thanks go firstly to Louise Robson and Jonathan Goodrum who between them produce the forward plan, the minutes, book the venues etc for our meetings and as we all know, without our Administration and back office staff our agendas and papers wouldn't happen. So thank you.

Thank you also to Claire Hewitt, Rupert's PA, who always seems to juggle diaries to get those all-important meetings for us to meet and for organising the fruit for our time out sessions and for all the organisational things that happen.

Thank you to Allan Wiltshire for spending time with me prior to HWB meetings when quarterly performance reports are on the agenda. He explains them fully to me and any questions I have he gets me the answers from officers.

Lastly, my biggest thanks go to Rupert as the Director of Public Health and his predecessor Tony Baxter for putting up with me. Rupert is very good at listening to my questions and helps me to understand a topic I am not familiar with. Thank you for helping me understand the Budget report, as at home my husband deals with our finances and just says "Pat, what did you spend that much money on?", so as you can see, finance is not my strong point.

Rupert and his Team are great to work with and very helpful. Probably I will miss working alongside all these professionals the most when I end my term of office as a Councillor in May.

It has been a privilege to be in Cabinet and have this great team of professionals behind me.

Thank you all for being professional, encouraging and for being my friend as Chair of the HWB.

I hope that you will show the same amount of support for my successor whoever that will be and I will try to keep abreast of the continued success of this Board. You may see me in the public gallery on occasions. I may even ask questions, so as the scouting motto goes, "be prepared!".

On behalf of the Board, Dr Rupert Suckling thanked Cllr Knight for her leadership over the years and presented her with a card and flowers as a token of the Board's appreciation.

107 PUBLIC QUESTIONS

Mr Doug Wright referred to the Transformation Update on the Board's agenda and commented on a range of issues including:-

- the need to make up the identified shortfall of £571m regionally, and £139.5m in the case of Doncaster;
- the appointment of strategic partner EY to help shape and co-produce the Place Plan;
- the appropriateness of using joint venture companies in the public sector as an alternative service delivery model; and
- the need for improved communication and engagement to increase public awareness of the STP proposals.

Mr Wright concluded by asking when the public would be able to see details of the business case supporting the adults, health and wellbeing transformation programme, which had identified potential net savings of £14.6m.

In reply, Patrick Birch, Programme Manager, explained that information on the Business Case had been included in the report considered by the Cabinet at its meeting in November 2016. The detailed proposals in terms of investments into services and financial benefits delivered by the programme had been incorporated into the Council's budget. Patrick then summarised the key components of the new Transformation Programme, which included:

- Community Led Support;
- Redesigning the end to end care management pathway for local people;
- Transforming Commissioning (including the use of assistive technology to avoid premature admittance to residential care); and
- Identifying alternative service delivery models to look at ways of doing things differently.

Jackie Pederson, Chief Officer of DCCG, added that Doncaster Council's Health and Adult Social Care Scrutiny Panel had yesterday received a presentation on the new model of intermediate care, which was aimed at providing a short burst of extra care and rehabilitation outside hospital to help people recover and regain their independence as quickly as possible, following an illness or a fall. She explained that this was a good example of how the different organisations were working together.

Mr Wright was informed that Debbie Hilditch, representing Healthwatch Doncaster at today's meeting, would feed back his comments regarding the STP for the purposes of the consultation exercise.

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In referring to the Black and Minority Ethnic Health Needs Assessment (BME HNA), Mr Tim Brown stated that he had been calling for this for over 13 years. He expressed the opinion that the content of the latest version was lacking in certain areas, such as

on mental health issues and stated that, in his view, the statutory providers were failing to monitor BME outcomes and experiences. Mr Brown stated that his family had contributed to the NHS for over 200 years, and yet BME needs were still being ignored. He concluded by stressing that officers needed to be mindful of the requirements laid down in the Public Sector Equality Duty and NHS Constitution in their activities.

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Mr Arnold Ntiege also referred to the BME HNA and stressed that all that was being requested by the BME communities was wide and meaningful engagement. He also felt that further information was needed on where data was being captured from and whether this included BME communities, citing as an example the data used to inform the work on the new Intermediate Care Model.

Having thanked Messrs Brown and Ntiege, the Chair confirmed that their comments would be taken into account when the Board considered the BME HNA later on the agenda.

108 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

109 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 12TH JANUARY 2017

RESOLVED that the minutes of the Health and Wellbeing Board held on 12th January 2017 be approved as a correct record and signed by the Chair.

110 DOMESTIC ABUSE STRATEGY 2017-2021

The Board considered a report which presented the new 2017-2021 Doncaster Domestic Abuse Strategy. In particular, the Board was asked to consider how it could contribute towards the delivery of the Strategy and support the following three key strategic outcomes:-

- Communities and families no longer experience domestic abuse;
- Families who are vulnerable to or experience domestic abuse are identified earlier and receive effective support to stay safe; reduce repeat victimisation and recover; and
- People who use abusive behaviour are challenged and provided with effective support to change or face the consequences of their actions.

During discussion, Jacqueline Wilson highlighted the significant funding pressures that domestic abuse services were currently facing. She reported that an application by the Doncaster Children's Services Trust for Wave 2 of the Department for Education Innovation funding, for the project known as 'Growing Futures', had unfortunately been unsuccessful, as the Department was not confident about the project's sustainability. She added that it was hoped that it would be possible to maintain a reduced Domestic

Abuse Navigators programme in the future, with help from Doncaster Council. Members acknowledged that there was currently very limited core funding available for tackling domestic abuse, and yet this issue had significant cost implications for a wide range of organisations.

Dr Rupert Suckling pointed out that the key issues highlighted in the Strategy all linked in with the Doncaster Place Plan. He felt that this raised a number of questions, such as whether domestic abuse was within partners' sights when looking at joint commissioning arrangements, for example.

In welcoming the Strategy, Damian Allen commented on a number of points, including the need to look at how services could be delivered differently and having regard to the resources that went into the commissioning pot, together with reviewing the wider commissioning arrangements to ensure that domestic abuse was tackled effectively. He added that the different models of working could be brought to this Board at an appropriate point in the future.

Dr David Crichton felt that this was a good example of a situation where there was a need to tackle the problem at its root, rather than constantly throwing money at it. He suggested that by taking steps to help build resilient communities, this might in turn help to prevent domestic abuse from occurring further down the line. He added that this work tied in with the Place Plan, which was based on a more preventative approach.

RESOLVED to endorse the content of the new Strategy and support the 3 key objectives and strategic issues identified below:-

- 1) Need to build community resilience, capacity and challenge cultural acceptance, expressed as the social DNA and mind-set in Doncaster;
- 2) True joint commissioning, with shared principles across boards and commissioners to tackle DVA along with multiple needs in families;
- 3) Long term investment to tackle DVA with whole place approach which will have wider public health benefits and support reduction of ASB;
- 4) Challenge services to 'think' and 'work' whole family and what this means in practice, challenging the systemic issues and conflicting philosophies and approaches to practice; and
- 5) Research and evaluate the impact of silo working to develop effective multi-system and agency working to address individual needs.

111 QUARTER 3 2016-17 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 3 period, 2016-17.

It was reported that a refreshed 'outcomes based accountability' (OBA) exercise was completed parallel to the refresh of the Health and Wellbeing Strategy. The five outcome areas remained and a new outcome on drugs had been introduced for 2016-17. A number of specific indicators had been identified which would measure progress towards these outcomes in 2016-17.

Further information and narrative around the performance was set out in Appendix A to the report.

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

Dr Rupert Suckling referred to the recently formed Obesity Alliance and outlined some of the initiatives being pursued, including the use of social media to encourage a social movement and culture change around weight management. Work was also continuing in respect of helping to inform and advise on the Local Plan and Planning Guidance in relation to public health considerations, such as the locations and prevalence of fast food takeaways.

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

In summarising the latest performance figures for Outcome 2, Allan Wiltshire drew particular attention to the drop in alcohol related attendance at A&E (Doncaster residents). With regard to the recorded increase in alcohol related violent crime, the Board noted that a likely factor in this was the changes made by the Police to their crime recording processes. Members were pleased to note that performance was better than the national average in the measures relating to successful exits for people in specialist treatment and re-presentations for people in specialist treatment.

Outcome 3: Families who are identified as meeting the eligibility criteria in the expanded stronger families programme see significant and sustained improvement across all identified issues

In response to a query by Councillor Glyn Jones as to whether any data was available in relation to re-referred families in the Stronger Families programme, the Chair confirmed that the Board would receive a more detailed presentation on Stronger Families as its area of focus for Quarter 4, in June 2017.

Outcome 4: People in Doncaster with Dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis

In response to a query by the Chair as to the reasons for the rise in the number of patients having any delayed discharges at RDaSH, as shown in Indicator (f) of Outcome 4, Paul Wilkin explained that this was probably due to people waiting for care packages to be put in place for them, but he undertook to investigate and provide a response outside the meeting.

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

With regard to the drop in performance in relation to the measure for 'CAMHS: % of referrals starting a treatment plan within 8 weeks', Paul Wilkin advised that he had been given assurances that measures had now been put in place to deal with the current referral demands.

Outcome 6: Reduce the harmful impact of drug misuse on individuals, families and communities

During discussion on the performance indicators relating to drug misuse, Members noted that there was a decreasing trend of people in drug treatment. It was reported that patterns of substance misuse were changing, with opiate use decreasing, while the use of other non-opiate drugs was on the increase. More people were also using drop-in centres, and were therefore not in structured treatment. Members acknowledged that this raised the question of how people with drug, alcohol and mental health problems could be identified and tracked.

In discussing the increasing popularity of psychoactive substances such as 'Spice', which were viewed by some as a recreational activity, Paul Moffat stated that he would like to see a greater focus on the use of such substances by children and young people and analysis of the impact these were having. Damian Allen explained that there was a data gap in understanding these new substances, as the Police only held data where crimes had been committed, but anecdotal evidence suggested that these substances were widely available and being used among young people.

General discussion on the performance report ensued, during which Members acknowledged there was a need for the Board to challenge itself to look at the indicators it received in different ways and, in some areas, identify more meaningful measures to enable more effective performance monitoring. Members also recognised that there were some gaps in the data received, for example, some indicators needed to also cover children and young people and not just adults. With this in mind, Dr David Crichton suggested that the Board might wish to consider receiving fewer indicators in future, all of which should be outcome-based, and having a detailed focus on approximately 3 indicators per year.

RESOLVED:-

- (1) to note the performance against the key outcomes; and;
- (2) to receive a presentation on the Stronger Families Programme as the area of focus in Q4 2016-17.

112 BLACK AND MINORITY ETHNIC HEALTH NEEDS ASSESSMENT

The Board received a presentation and paper by Susan Hampshaw on the Black and Minority Ethnic Health Needs Assessment (BME HNA). In presenting the HNA, Susan outlined the approach and scope of the needs assessment work, the health priorities that had been identified and the proposed next steps. It was reported that the HNA had resulted in 7 recommendations being made, the details of which were set out in the HNA paper. Susan concluded by highlighting three key questions for the Board to consider:-

1. Does this approach help us (as a system) focus on BME health needs?
2. How can we strengthen this work?
3. How can we ensure that the HNA is a living document and that the actionable recommendations (if supported) are implemented?

During subsequent discussion, Members acknowledged that the HNA would serve as a solid starting point and that the work undertaken to date would be taken forward and strengthened further. Dr Rupert Suckling stressed that it was important not to look at the HNA in isolation and that the findings needed including in the outcomes framework in order to measure progress in the future.

After the Chair had stated that she hoped that the partner organisations would work together in delivering the desired outcomes from the HNA work, it was

RESOLVED to agree the detailed recommendations set out at page 36 of the HNA paper, comprising:-

- Recommendation 1 - assessing differences in access to and outcomes of health and social care services;
- Recommendation 2 - accessing the evidence base;
- Recommendation 3 – developing the evidence base;
- Recommendation 4 - partnership working;
- Recommendation 5 - setting evidence based standards;
- Recommendation 6 - engagement approaches; and
- Recommendation 7 - evidence safari actions.

113 HEALTH AND SOCIAL CARE TRANSFORMATION UPDATE/BETTER CARE FUND UPDATE

The Board received and noted updates from Patrick Birch and Jon Tomlinson on progress with the implementation of the Adults, Health and Wellbeing Transformation Programme and the Better Care Fund (BCF).

Patrick updated the Board on the plan for the future transformation of adults, health and wellbeing and the potential for a positive impact on local people. The new transformation programme emphasised the huge scale of change required and the significant and lasting effect it would have on the way the Council operates. The programme had at its heart a positive “asset based” approach to care, centred on what individuals were able to do and how they could be helped to live at home for longer. It was supported by a detailed and comprehensive business case and built upon the work and achievements of the Council’s current Immediate Business Improvement (IBI) programme.

With regard to the BCF, Jon Tomlinson explained that funding was being put into a community led approach. He confirmed that work had already started in shaping the next BCF Plan, which would be heavily influenced by the work on the Place Plan. In turn, the Place Plan would feed into the Sustainability and Transformation Plan.

The Board noted that work was currently in hand to develop the Place Plan as a delivery plan and partners from across Doncaster were working with a strategic partner to work this up and develop further the key elements outlined in the NHS Five Year Forward Plan. The ambition remained to establish integrated health and social

care across the country by 2020; this was set out in the spending review and would require everyone to have a plan for this in 2017. In Doncaster, the BCF was considered to be both an important vehicle for integration but also a resource that would enable the transformation of current services and delivery efficiencies to ensure that the increasing challenges of rising demand and an ageing population could be met.

RESOLVED to note the progress made so far on health and social care transformation, and also to note the update on the Better Care Fund, performance and future direction of travel.

114 CHILDREN AND YOUNG PEOPLE'S PLAN 2017-20

Damian Allen presented a report which included an updated Children and Young People's Plan (CYPP) for the Board's consideration and endorsement.

During discussion, Damian pointed out that the JSNA and Due Regard Statement should have been included with the Plan for the Board's consideration and agreed to arrange for these to be circulated to Board Members outside of the meeting.

Members noted that the Plan included 12 priorities for improving the lives of children and young people in the borough. The priorities were set out under four key themes: safety, health, achievement and equality. These were drawn from the intelligence gathered from the JSNA, and using insight from the direct participation of children and young people. The Plan was due to be considered by Doncaster Council's Cabinet at its meeting on 28th March 2017.

It was reported that, specific to the Health and Wellbeing Board, there were a number of issues that were raised both from JSNA evidence and from engagement with children and young people. In terms of evidence led priorities, there was a need to reduce levels of childhood obesity, implement the LTP, and work to ensure alignment early help cohort of the Place Plan. In terms of Voice driven priorities, the most prominent issue was access to emotional wellbeing and mental health support. This was consistently raised by children and young people.

After the Board had noted the proposed new governance structure, aimed at ensuring that the new priorities were better aligned to established, accountable groups and that all partner organisations were action focussed and delivered against the agreed actions, it was

RESOLVED to:

- (1) endorse the CYPP and the overarching ambition therein; and
- (2) receive a further paper at the Board's next meeting highlighting the specific links between the CYPP and the remit of this Board.

115 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016

Dr Rupert Suckling presented to the Board his Annual Report for 2016 as Director of Public Health. He informed the Board that the Report had been presented to the Full

Council at its meeting on 26th January 2017 and had prompted a wide ranging debate.

The Director of Public Health report was considered on an annual basis and was the fourth report since the Public Health function had transferred from the NHS in April 2013. The Annual Report looked in detail at the health of the residents of Doncaster, using the 2016 Health Profile produced by Public Health England and made comparisons alongside the statistics from both 2011 and 2015.

The report provided information on the recommendations identified in 2015, and outlined what progress had been made against the four main challenges as detailed below:-

- Improving children's health and wellbeing;
- Making the link between education, work and health;
- Increasing healthy life expectancy and reducing preventable health conditions; and
- Reducing inequalities in health between and within Doncaster communities.

It was noted that one new recommendation had been introduced this year, namely for Team Doncaster to consider a 'Delicious Doncaster' approach to food and nutrition, aimed at connecting people to food in a healthy way.

RESOLVED:

- (1) to note the progress made against the 2015 recommendations;
- (2) to note the 2016 recommendations; and
- (3) that the following high impact areas be focussed on by the Board in 2017:-
 - 'Delicious Doncaster' approach to food and nutrition;
 - 'Get Doncaster Moving' campaign to increase physical activity;
 - Work with communities and community organisations to build connected, resilient and supportive communities, developing the learning from Stronger Families, Well North and social movements; and
 - Adopt work as a health outcome, supporting people back into work and helping people with health issues in employment stay in work.

116 REPORT FROM THE HWB STEERING GROUP AND FORWARD PLAN

The Board considered a report which provided an update on the work of the HWB Steering 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 for the Board on:

- The 2017 Joint Strategic Needs Assessment;
- Health-led Work and Health Unit trial;
- Doncaster Festival of Research;
- Doncaster CCG Primary Care Committee;
- Pharmaceutical Needs Assessment;
- Governance; and
- Forward Plan for the Board.

RESOLVED to:

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

CHAIR: _____

DATE: _____