

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 14TH JUNE, 2018

A MEETING of the HEALTH AND WELLBEING BOARD was held at the 007A AND B - CIVIC OFFICE on THURSDAY, 14TH JUNE, 2018, at 9.30 am.

PRESENT:

Vice-Chair - Dr David Crichton, Chair of Doncaster Clinical Commissioning Group (CCG) (in the Chair)

Councillor Nuala Fennelly	Portfolio Holder Children, Young People and Schools
Councillor Cynthia Ransome	Conservative Group Representative
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Paul Tanney	Chief Executive, St Leger Homes Doncaster
Andrew Goodall	Chief Operating Officer, Healthwatch
Joanne McDonough	Deputy Chief Operating Officer RDaSH
Karen Barnard	Director of People & Organisational Development DBTH
Debbie John-Lewis	Interim Assistant Director Communities, Doncaster Council
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Assistant Director Darts, Doncaster Community Arts (Health and Social Care Forum representative)

Also in attendance

Allan Wiltshire	Head of Policy and Partnerships, Doncaster Council
Helen Conroy	Public Health Specialist
Emma Challens	Deputy Chief Operating Officer DBTH
Alexandra Norrish	Programme Director, Hospital Services Review
Duncan Robertshaw	Chief Executive Darts

1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE.

Apologies were received from the Chair, Councillor Rachael Blake and Councillor Nigel Ball, Jackie Pederson, Kathryn Singh (Joanne McDonough deputised), Richard Parker (Karen Barnard deputised), Steve Shore (Andrew Goodall deputised), Steve Helps, Karen Curran, Damian Allen (Debbie John-Lewis deputised), Peter Dale, Paul Moffatt (Pauline Turner deputised).

The Vice-Chair welcomed Laura Sherburn and Lucy Robertshaw to their first meeting as new members of the Board.

2 APPOINTMENT OF VICE-CHAIR.

It was proposed by Dr Rupert Suckling and seconded by Paul Tanney that Dr David Crichton be appointed as Vice-Chair of the Board for the 2017/18 Municipal Year.

Upon being put to a vote, it was unanimously

RESOLVED that Dr David Crichton be appointed as Vice-Chair of the Doncaster Health and Wellbeing Board for the 2017/18 Municipal Year.

3 CHAIR'S ANNOUNCEMENTS.

Whilst there were no specific Chair's announcements, the Chair requested that member presenting items to the Board be respectful of keeping to the time allocated on the agenda.

4 PUBLIC QUESTIONS.

In addressing the Board, Mr Tim Brown thanked the Board for his opportunity to speak and made reference to previous discussion around a former DMBC officer fighting against alleged racism and if this was thought to be true it was incumbent upon the Board to address the impact of Health and Wellbeing outcomes for BME people and communities. He made reference with regard to his past involvement with the Community Forum and sought reasons as to why the Forum had been disbanded without due regard and consultation being undertaken.

Mr Brown spoke again of the FOI response sent to him which suggested that BME candidates across DMBC were still over 2 times less likely to be appointed after shortlisting than white candidates who were shortlisted. As a parent, he could not understand this position, and sought clarification as to why nobody had provided an explanation for this. Mr Brown highlighted to the Board that he had been informed that anybody applying for an apprenticeship with DMBC were required to have knowledge of DMBC operating systems. He stated that there are people within the BME community, including himself and family members that had contributed to the NHS for many years. However feels that there is a need for conversations to take place with BME communities. He requested that from the outcome of those discussions, 3-4 key actions be established which would be delivered over a 12 month period.

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In response, The Chair, Dr David Crichton stated that the Board take his comments on board. However, were unable to change the past experiences. He commented that the Board does take these issues seriously and a number of reports had been discussed at the Board and feels that things are changing from the past. In his capacity as the Chair of CCG he stated that there was a high percentage of BME people within the medical profession. He assured Mr Brown that his comments had been acknowledged.

In reference to the comment made on apprenticeships, Councillor Nuala Fennelly, Cabinet member for Schools, Children and Young People stated that she was unaware that apprentices needed to have knowledge of operating systems within DMBC and asked Mr Brown to email her and she would investigate the issue and a response would be provided in due course.

Paul Tanney, Chief Executive St Leger Homes reported that the DMBC and St Leger Homes follow the equalities framework the same as all other public bodies. He accepted that there are pockets of under representation and these were being addressed in order to promote fairness to all employees. He stated that he would speak to the Head of HR outside of the meeting.

Alexandra Norrish, Programme Director, Hospital Services stated that a lot of work had been carried out with specific seldom heard groups including the BME communities and from the analysis of the population effected by the Hospital Review, data can be broken down which includes data on BME communities. The data can also be used to identify specific areas/communities which require specific further engagement. She commented that she would be happy to speak to Mr Brown outside of the meeting if he so wished.

Mr Brown was thanked for his attendance and his comments raised.

5 DECLARATIONS OF INTEREST, IF ANY.

No declarations were reported at the meeting.

6 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 15TH MARCH 2018.

RESOLVED that minutes of the HWB meeting held on 15 March 2018 were approved as a correct record and signed by the Chair subject to the following amendments:-

- (1) In relation to public question by Mrs Valerie Wood, page 3, paragraph 5 should read as follows:-

‘He confirmed that the CCG would ensure that the points set out in the Charter were considered in all of our services’; and

- (2) In relation to Minute No 51, page 5, paragraph 5, 3rd bullet point should read as follows:-

- Steve Hackett invited the Officers to bring their presentation from today’s meeting to a future meeting of the operational management team at RDASH.

7 HEALTHWATCH DONCASTER REPORT - 'WHY PEOPLE MISS THEIR HOSPITAL APPOINTMENTS IN DONCASTER AND BASSETLAW'.

The Board considered a report and received a presentation by Andrew Goodhall, Chief Operating Officer, Healthwatch Doncaster and Emma Challens, Deputy Chief Operating Officer Doncaster & Bassetlaw Teaching Hospital (DBTH) which presented the findings from the 3 month engagement project carried out by Healthwatch Doncaster in partnership with DBTH and Doncaster Clinical Commissioning Group (DCCG), looking at why people miss their hospital appointments.

It was reported that over 50,000 hospital appointments were missed every year at DBTH NHS Trust which equates to 4,166 per month and over 140 per day. Not only

does this impact on the productivity of the Hospital and inevitably causes administrative burden on both secondary and primary care in chasing up those who do not attend their appointment, but more importantly patients may not access the diagnosis and subsequent treatment required.

It was noted that the cost to the NHS of missed appointments can be measured in a number of ways but best estimates were that this number of missed appointments each year could equate to income/expenditure of around £6m per annum.

During subsequent discussion, Members made a number of comments/observations including the following:-

- Councillor Cynthia Ransome thanked officers for the presentation. However expressed some concern with regard to the cost of doing this work when the information could have been provided through existing resources in each department.
- Feedback was welcomed. However, officers felt that the time and effort put into the project would reap rewards in the long term and it was important to recognise that engagement and talking to people was of the upmost importance to ensure the success of the project and to provide an improved service.
- Councillor Nuala Fennelly raised the issue of appointment for children and parents having to take children out of school to attend. It was clear that further engagement needed to take place with schools.
- Dr Rupert Suckling stated that great work had been carried out with regard to this. However raised the question on how radical officers wanted to be for example non-traditional appointment times. It was stated weekend appointments/later clinics had been tested. However it had had little effect on attendance but this would continue to be tested.
- A comment was raised with regard to carers, and whether the carer felt confident in requesting a time for an appointment which they are entitled to do and some people may not know that they have a choice.
- With regard to the data received, it was asked whether this had been analysed to assess whether there were any geographical reasons for missing appointments and whether asset bases in localities within the community could be used to ensure people can attend their appointments.

It was suggested that an update report on the implementation of the recommendations be received by the Board in 12 months

RESOLVED that:-

- (1) the report be noted;
- (2) the implementation of the recommendations be supported; and
- (3) an update on the implementation of the recommendations be received in 12 months.

8 SOUTH YORKSHIRE & BASSETLAW SHADOW INTEGRATED CARE SYSTEM - HOSPITAL SERVICES REVIEW

The Board received a presentation from Alexandra Norrish on the South Yorkshire and Bassetlaw Shadow Integrated Care System – Hospital Services Review.

It was reported that clinical services contribute 20% towards health and wellbeing. The review looked at the delivery of 5 clinical services:-

- Urgent and emergency care;
- Maternity;
- Care of the acutely ill child;
- Stroke; and
- Gastroenterology

Following the presentation, members of the Board were afforded the opportunity to make comments with regard to its content which were as follows:-

- In relation to emergency care, the Vice-Chair, Dr David Crichton reported that there had been an increase in workforce and the service had trained more A&E consultants.
- The Board welcomed the timelines within the presentation and felt these were very useful. It was also recognised that it was pleasing to see that staff were involved throughout the whole process and it was important that this should continue.
- Alexandra welcomed comments made by the Board and stated she would value any further thoughts on the refresh.
- In conclusion the Vice-Chair, Dr David Crichton wished to emphasise that whilst the Board acknowledged the report, the Independent Review make the recommendations to the Clinical Commissioning Groups as commissioners of these services. He also stated that he felt that Doncaster was in a strong position, however, there was always to improve patient outcomes. He reassured the Board that patients will continue to receive good care.

RESOLVED that the report and presentation be noted.

9 HEALTH AND WELLBEING BOARD OUTCOMES FRAMEWORK 2018-2021: JUNE 2018 UPDATE

The Board received an update on the outcomes framework for the Health and Wellbeing Board which allows the Board to drive delivery and be sighted on the key outcomes and indicators identified as important for the Board and links into the outcomes identified as part of the plan for the borough – Doncaster Growing Together (DGT).

The report detailed the feedback taken from the March meeting which enhanced the framework specifically:-

- Adding in clear directional arrows on the Outcome Framework Summary page to give a sense of journey and progress and the introduction of a new key to help clarity; and
- The report also focusses in on a cell within the outcomes framework to support the board's role to identify 'hotspots' and consider a response.

Members of the Board were also presented with Appendix A which provided a specific report on one of the cells; Prevention: Living Well.

Following the update, the Board made the following comments:-

- Whilst in other areas gaps seem to be closing, in relation to smoking prevalence there was still some way to go to close the gap. The Vice-Chair, Dr Crichton stated that Hospitals had been approached to undertake an agreement to sign up to the smoking cessation service. It was further acknowledged that hospitals are smoke free within the inpatients and within the detox unit work had been carried out nationally to introduce the use of disposable e-cigarettes. However there was a balance of safety required when dealing with violent patients. The Board were also advised that there were challenges and encouragement is given to patients to attend the detox unit. However, some patients refuse as they are unable to smoke in the unit.
- In relation to how the Board could help, it was stated that commitment was required for partner organisations to re-committing to the Tobacco Declaration which would help to reduce smoking prevalence in Doncaster.
- With regard to Outcome Indicator 2 on page 77 of the report, it was reported to the Board that the Department of Health had written to DMBC on the issue of parental partnership on alcohol abuse and the need to support children and parents who suffer from alcohol abuse. It was suggested that it could be useful to liaise with Probation Services and the CPS regarding Court Orders as it could be considered as domestic abuse.
- Rupert Suckling made a general comment in relation to what he thought would be the biggest challenge in having the resources to provide support. It was stated that 1 in 6 residents were supported by Health and Social Care services so maximising the opportunity to make every contact count could have a large population impact.
- A question was raised with regard to the Workplace Charter and who had signed up to it. It was reported that this was a national charter and predominantly associated with large organisations with a dozen organisations working on it. Work is underway to develop a South Yorkshire Charter with better usability for small and medium sized enterprises.
- Councillor Nuala Fennelly wished to highlight that schools were now signed up to the 'Daily Mile' initiative which had proved very successful within the Boroughs Junior Schools.

- Board Members were also pleased to see the introduction of colour within Appendix B of the report which showed a much clearer picture.
- In conclusion, it was suggested that in relation to Outcome Indicator 3, it would be beneficial to look across the range of outcome measures to identify where there were links and if there was a particular prevalence in certain geographical locations.

RESOLVED that the performance information contained within the Health and Wellbeing Board Outcomes Framework particularly the Prevention/Living well data be noted.

## 10 DONCASTER DRUG AND ALCOHOL STRATEGIC OVERVIEW AND ACTION PLAN 2018-2021

The Board received a presentation from Helen Conroy, Public Health Specialist on substance misuse in Doncaster which accompanied the Drug and Alcohol Strategic Overview and Action Plan at pages 115-134 of the agenda.

It was reported that the misuse of drugs and alcohol has had a huge impact on individuals, children, families and communities in Doncaster. These included:-

- Damaging the health and wellbeing of individuals.
- Damaging the quality of life, life chances and safety of children and families of those who are misusing substances.
- Crime and antisocial behaviour.
- Economic cost to Doncaster from lost productivity and cost of health, social care and the criminal justice system.

The Overview which was outlined within pages 116-117 of the agenda provided the Board with more detailed statistics in relation to alcohol consumption and drugs use in Doncaster.

Following the presentation, Members of the Board were afforded the opportunity to make comments which included:-

- Councillor Nuala Fennelly reported that in her capacity as Portfolio Holder for Schools, Children and Young People she had been visiting schools across the borough and seeking information regarding children who are carers. She commented that there are many hidden carers that the Council are unaware of and highlighted that the supportive system in place for young carers appears to be ineffective and not working as quick as she would like. She stated that she had asked the Heads of the schools to supply her with information on what effect it has on children's education when they are acting as a carer for a family member. She commented that once she had all the information a report would be produced and suggested that a report be submitted to a future meeting of the Board.
- Dr Rupert Suckling stated that from a Health perspective, the system and the ways of working were well particularly surrounding the excellent work of the complex lives team. He stated that there was a need to develop a more family approach.

- It was reported that there was a need to spend money more effectively and whether it would be beneficial to have a worker within Aspire to work with children and provide that early help that is much needed. It was commented that we only seem to be dealing with the symptoms rather than the causes.
- In conclusion, the Board identified that there needed to be more focus on dealing with Drug and Alcohol Abuse in a family approach rather than individually and its effects all members within the family and not just the child or adult.

RESOLVED that the Board endorsed a 3 year strategic drug and alcohol local plan for Doncaster.

## 11 UPDATE ON LONELINESS AND SOCIAL ISOLATION

The Board received an update report around the loneliness and social isolation agenda in Doncaster. It was reported that loneliness had been high on Doncaster agenda since the Adult and Social Care Overview and Scrutiny review in 2015. The Board noted that there had been a number of developments since including the commitment for Doncaster to be the least lonely borough in the county by 2021. It was noted that this reflects the increasing importance of the issue across all ages and social isolation and loneliness was now recognised to be as detrimental to health as tobacco.

The report also provided an update following the recent Health and Wellbeing Board workshop on loneliness and outlined the next steps for an alliance of interested organisations to take some elements of the work forward.

Members were advised that the voluntary community sector had a strong will to work together to form an alliance and work with organisations. It was noted that there had been a session planned to hold a 'show and tell' workshop in June 2018. It was envisaged that the session would present information of what the organisations are doing and what the geographical spread was and identify demographics and where there were any gaps. It was noted that it would be a similar initiative to 'Expect Youth' Model and whilst it was in the early stages there had been positive feedback. The Board were advised that it was envisaged that organisations would sign up to the Charter attached at Appendix 3 of the report by the end of September, 2018.

Dr Rupert Suckling stated that if any organisations wanted to sign up this could be facilitated by the Steering Group. It was suggested that Parish Councils may want to be involved. It was highlighted that through the 'Your Life Doncaster Portal' there was a lot of information identifying what Parish Councils offer. However, it was acknowledged that there was a need to ensure that Parish Council in rural parts of the Borough needed to be consulted.

RESOLVED that the Board:-

- (1) noted and endorsed the progress outlined in the report and supported the vision to eradicate loneliness in Doncaster by 2021; and



- (2) delegated establishing a programmatic approach to loneliness to the Health and Wellbeing Board Steering Group.

## 12 ARTS ON PRESCRIPTION IN DONCASTER - OUTCOMES FROM FEBRUARY 2018 HWB WORKSHOP

The Board received a report updating members following the workshop held in February, 2018 on the Arts on Prescription in Doncaster and outlined some key next steps.

Members were presented with a little background to the subject stating that the Arts can play a crucial role in improving health and wellbeing of Doncaster people. It was noted that the recently published UK All Party Parliamentary Group (APPG) report 'Creative Health' clearly evidenced how the arts can play a central role in healthy communities. It was reported that it represents a national call to action for both the health and cultural sectors to apply this understanding to benefit the local populations.

The Board were advised that the vision for Doncaster was that community hubs, among them cultural venues, would be home to participatory creative activities for people of all ages and means, with health professionals referring patients into them as part of a Borough wide 'Arts on Prescription' service. It was noted that Doncaster residents taking part in creative activity would be healthier, happier and more resilient, and the positive effects would reach into the surrounding community.

The Action plan within the agenda set out the vision and outlined some case studies, together with the outcomes from the HWB workshop held in February 2018.

Following the update, the Board made the following comments:-

- Clarification was sought as to what and how the project would look like. It was envisaged that there could be a series of sessions for example, singing groups, dance for dementia which had evidenced improvement in mental health. It was stated that there could be any number of different groups which would link to improvements on isolation and loneliness.
- It was reported that social prescribing had worked extremely well and it was asked whether this initiative would naturally sit under that and whether this programme would part of the voluntary sector offer. It was advised that the Arts organisations bid for lottery funding outside of Doncaster funders and whilst there is a response to some of the needs it is challenging from an arts perspective.
- A comment was raised with regard to the link between RDaSH who already had links with Doncaster Community Arts (darts). Although service users attend darts was no regular financial transfer from RDaSH to darts
- It was acknowledged by the Board that with regard to the New Sector Leadership Body, that has been established in Leeds. It was a good time for the borough to pool resources.

RESOLVED that the Board agree the recommendations set out within the Action Plan at pages 181-182 of the agenda.

13 REPORT FROM HEALTH AND WELLBEING BOARD 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 meeting, as set out in Appendix A to the report.

In particular, the report included updates for the Board on:-

- The Motor Neurone Disease Charter;
- The minutes of the TWO SY&B SICS Collaborative Partnership Board held in February, 2018; and
- Forward Plan for the Board

RESOLVED that:-

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

Prior to the closure of the meeting, Dr David Crichton wished to share with the Board that the Digital Care Record was now live.

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

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