

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 14TH MARCH, 2019

A MEETING of the HEALTH AND WELLBEING BOARD was held in ROOM 007A AND B - CIVIC OFFICE on THURSDAY, 14TH MARCH, 2019, at 9.00 am.

<u>PRESENT:</u>	Chair -	Councillor Rachael Blake, Portfolio Holder for Adult Social Care (Present up to and including minute number 56)
	Vice-Chair -	Dr David Crichton, Chair of Doncaster Clinical Commissioning Group (DCCG)
Councillor Nigel Ball		Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly		Portfolio Holder for Children, Young People & Schools
Councillor Cynthia Ransome		Conservative Group Representative
Dr Rupert Suckling		Director of Public Health, Doncaster Council
Kathryn Singh		Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Andrew Goodall		Chief Operating Officer, Healthwatch Doncaster, substituting for Steve Shore
Patrick Birch		Strategic Lead for Adults Transformation, Doncaster Council, substituting for Damian Allen
Richard Parker		Chief Executive, Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Paul Tanney		Chief Executive, St Leger Homes of Doncaster
Lucy Robertshaw		Assistant Director, Darts
Mark Douglas		Director of Children's Social Care, Doncaster Children's Services Trust, substituting for Paul Moffat
Laura Sherburn		Chief Executive, Primary Care Doncaster

Also in attendance:

Stephen Emmerson, Head of Strategy and Delivery – Mental Health, DCCG
Louise Robson, Public Health Theme Lead (Working Age and Healthy Lives), Doncaster Council
Jayne Gilmour, Interim Strategic Lead, Adults Health and Wellbeing, Doncaster Council
Cath Doman, Director of Health and Social Care Transformation, DCCG
Ailsa Leighton, Deputy Director, DCCG

48 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Jackie Pederson, Steve Helps, Peter Dale, Paul Moffat, Damian Allen and Steve Shore.

49 CHAIR'S ANNOUNCEMENTS

The Chair, Councillor Rachael Blake, informed the Board that Doncaster Council was now affiliated to Employers for Carers (organisationally part of Carer's UK) to support its own working carers internally. The affiliation also provided local businesses and

organisations in Doncaster to help identify, support and retain carers within their workforces. The affiliation could also be used as part of recruitment and on-boarding of staff as a quality marker. This online resource included practical resources, advice, information including case studies, legislation, policies, good practice guides, toolkits and e-Learning.

In Doncaster there were well in excess of 15,000 working carers. Nationally the number of carers across the board was expected to rise by 50%, reaching 9 million by 2037.

Many employees were juggling work with looking after someone who was older, ill or disabled, 1 in 6 carers were forced to give up work completely to care for others. There was evidence to show that the impact of staff turnover and associated issues as a result of juggling work and caring could be costing UK businesses over £3.5 billion every year, so there were significant savings to be made by supporting carers in the workplace.

The Chair stated that further information on Employers for Carers would be circulated to Board members following the meeting, and that she hoped that the partner organisations around the table would feel encouraged to sign up to this worthwhile initiative.

50 PUBLIC QUESTIONS

Mr Doug Wright referred to the Health and Social Care Joint Commissioning Management Board (JCMB), which was responsible to the Council's Cabinet and Doncaster CCG's Governing Board. He stated that he had been asking for a long time for the meetings of the JCMB to be opened up to the public, and also for the minutes of the JCMB to be made more publicly accessible, in terms of them being submitted to the Council's Cabinet in future for information.

Mr Wright also referred to the challenge of the South Yorkshire and Bassetlaw NHS (SYB) financial gap of £139.5M required by 2020/21 and asked when the relevant partner organisations would be providing the public with details of how they were going to achieve the required savings in order to bridge the funding gap.

In response, Dr David Crichton (DCCG) advised that the CCG's governing body was due to consider the governance arrangements in relation to the JCMB at a meeting on 28 March 2019, including the question of public access to meetings in future, the outcome of which could be fed back to Mr Wright.

With regard to the issue of the funding gap, Dr Crichton explained that the individual organisations represented on the Health and Wellbeing Board did currently publish details of their respective spending plans, so this information was already in the public domain. Kathryn Singh added that, as part of the Doncaster Plan, links were provided to the financial information referred to by Mr Wright, which was set out over the 7 areas of opportunity.

In thanking Mr Wright for his questions, the Chair confirmed that Mayor Ros Jones had previously acknowledged at Full Council the need to make the JCMB minutes more readily accessible, and on the question of the financial information, she suggested that there might be scope for partners to look at the possibility of presenting this in a more joined up way, so that it was easier for the public to find the information.

~~~~~

Mr Tim Brown addressed the Board as follows:-

“Thank you Chair for giving me the opportunity to speak at this meeting.

Paraphrasing Dr Martin Luther King:

I had a dream that our children, including children from black and African Caribbean communities will one day live in a place like Doncaster where they will not be judged by the colour of their skin but by the content of their character.

Chair, my dream of a fair Doncaster Society has not been remotely realised by the organisations represented by the distinguished leaders today generally having a workforce that does not remotely reflect the communities that they serve.

I can no longer accept the deficit model of such people blaming the deep rooted and stagnant racial inequalities on black people.

I see from the workforce diversity statistics provided by some of the partner organisations represented on the Board that there is still much work to be done to improve the job opportunities and prospects in Doncaster for young people from BME communities:

St Leger Homes is 98% white;  
DMBC’s minority workforce is approximately 4.5%; including white Irish and White other;  
The Children’s Trust has very few people who look like me.

We have the qualifications. We have the experience. And yet disturbingly the relative likelihood of a white person being appointed after shortlisting is 2 x greater than for a black citizen.

Chair, what can be done about this?

In last year’s public health annual report Dr Suckling made the link between having a good job with have good general health and wellbeing.

In this year’s ‘No health without mental health’ annual report, he stresses the importance of working with people to address the problems they face. I support the notion of working with people.

It is in this context that I ask through your position as the Chair how this Board can address the racial inequalities in collaboration with affected black citizens?

How can black citizens be involved in selecting the new DMBC Chief Executive, which provides an opportunity to deliver a transformational race equality step change in Doncaster?”

During discussion on the points raised by Mr Brown, partners confirmed that information on the steps being taken by each organisation in relation to addressing racial inequalities and engagement with minority groups was publicly available and

published, for example, in their Annual Reports. It was acknowledged that, while there was always room for improvement, there were examples of good work being done in the area of engagement with BME communities, such as collaborative work with BME United.

Having thanked Mr Brown for his questions, the Chair explained that she was not aware of the recruitment process for the Council's Chief Executive but that his comments had been noted.

51 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

52 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 17TH JANUARY 2019

RESOLVED that the minutes of the meeting held on 17<sup>th</sup> January 2019 be approved as a correct record and signed by the Chair.

53 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 meetings, as set out in Appendix A to the report.

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

- Arts and Health;
- Research City;
- Recovery City; and
- Forward Plan for the Board.

During discussion, the Chair welcomed the news that the Arts and Health Project Board had secured funding for a series of pilot programmes to test how Arts on Prescription could work for Doncaster and she suggested that it would be useful for this Board to receive a presentation on this initiative at its next meeting in June.

RESOLVED that:

- (1) the update from the HWB Steering Group be received and noted; and
- (2) the proposed Forward Plan, as detailed in Appendix A to the report, be agreed, subject to the addition of a progress report/presentation to the Board's meeting on 13<sup>th</sup> June 2019 on the pilot programmes being run as part of the Arts on Prescription initiative.

The Board received a joint presentation by Stephen Emmerson (Head of Strategy & Delivery – Mental Health and Dementia, DCCG) and Louise Robson (Public Health Theme Lead, Working Age & Healthy Lives, DMBC) which provided an update on the progress being made in the Dementia area of focus and the areas for future development.

In summarising progress against the four areas of focus, Stephen Emmerson and Louise Robson highlighted the following points:

- Diagnosis, Referral Pathways and Care Planning – it was noted that work was underway in reviewing whether diagnosis was being carried out properly. A deep dive exercise would be undertaken to look at how systems currently operated, what worked well and what did not work so well, together with examples of best practice elsewhere. With regard to referral pathways, the ambition was to reduce the Referral to Treatment waiting time from 10 to 6 weeks. In relation to Care Planning, it was noted that performance was currently poor compared with the national statistics, and that this area would be addressed as part of the planned Deep Dive exercise.
- Post diagnostic care and support – an Accountable Care Partnership had been established in order to bring the various partners together in providing post diagnostic care and support.
- Physical Urgent and Emergency Care – it was reported that there were some positive trends and results showing in this area, with reductions in deaths within 3 days of admission and also in the total number of deaths within hospital for people with dementia. The average length of stay in hospital had also reduced compared to the previous year.
- Raise awareness, reduce stigma and proactively promote prevention – the Board noted the various awareness raising initiatives being carried out, which included:
  - Embedding dementia prevention messages in the local NHS health checks programme;
  - Co-ordinating dementia awareness campaigns throughout the year and the annual dementia awareness week;
  - Maintaining and developing local resources such as a Directory of Dementia Services in Doncaster, a 'Reduce Your Risk' leaflet, and a Dementia Roadmap website;
  - Working with Home Instead around the Dementia Alliance (local businesses), Dementia awards and engagement with the local Dementia Forum (Donmentia); and
  - Promoting the Dementia Friends initiative and supporting the 'In the Moment' dementia bid. Regarding the 'In the Moment' project, Lucy Robertshaw stated that she would arrange for details of the programme of creative activities being run by darts, Cast and Heritage Services for adults living with dementia and their families in Doncaster to be circulated to Board Members for their information.

During subsequent discussion, the Board acknowledged that much of the work being undertaken in the Dementia area of focus also contributed positively towards the prevention/treatment of other conditions. It was recognised that some people were in denial of having conditions such as dementia and it could be a difficult issue for relatives to address in these situations, particularly in terms of persuading the person to seek help and support. The officers explained that it was hoped that the work being carried out in this area would help with early diagnosis and provide the necessary support to people with dementia and their families. They added that the key was in raising awareness and ensuring that the support services were open and responsive.

After the Board had agreed to support and help promote the Dementia Friendly initiatives being undertaken, it was

RESOLVED to:-

- (1) acknowledge the progress made in this area of focus and the areas of future development; and
- (2) support and promote the Dementia Friendly initiatives currently underway.

55 OUTCOMES FRAMEWORK - DEEP DIVE: LEARNING DISABILITY AND AUTISM STRATEGY

The Board received a presentation by Jayne Gilmour (Interim Strategic Lead, Adults Health and Wellbeing, DMBC) on progress with the development of a Learning Disability and Autism Strategy.

Jayne outlined the latest position in relation to the development of a joint 'All Age' Strategy for people with Learning Disabilities and people with Autism. It was noted that the timeframe was for the joint strategy to be produced in draft form by mid-April, with consultation taking place in April and early May 2019. This would ensure that there were clear joint strategic aims and priorities for delivery and improvement. Delivery Plans (one for people with Learning Disabilities and one for people with Autism) would be in place by the end of June, and steps would be taken to ensure there was alignment with Children's plans.

Having summarised the key principles that would be enshrined within the joint Strategy, Jayne outlined the challenges being faced, one of which was the problem of conflicting data, which would need to be addressed as a priority going forward.

The Board noted the engagement process that had been carried out to inform the Strategy, and the feedback received on the themes of education, employment, health and housing, particularly in terms of what needed to change.

Jayne concluded the presentation by outlining the likely priorities for delivery of the Strategy, together with the next steps.

During subsequent discussion, the Board discussed various aspects of the Strategy and members made the following comments/observations:-

- It was noted that the focus from central Government had largely been on learning disabilities and health inequalities, so it was hoped that this Strategy would help to address this imbalance with its focus on people with autism.
- In reply to a question as to how the review of the Short Breaks Service would be conducted, Jayne explained that a needs assessment would be carried out, looking at all of the people who used the service. The review would help to identify how resources could be used equitably and would look at innovative models to determine if the current service needed reconfiguring.
- It was noted that there was a need to examine how people were accessing services in order to achieve clearer and more robust pathways between diagnosis and services.
- The Board questioned whether it would have been preferable to have two separate strategies rather than a joint strategy, but acknowledged that there would be two separate delivery plans to take things forward, and that there were also some areas of crossover.

In reply to further questions, Jayne explained that while the Strategy had not been co-produced, the engagement process had been. With regard to taking the Strategy forward, the Board was informed that a list had been compiled of individuals interested in helping with the delivery of the strategy, who had been involved in the engagement stage.

RESOLVED to:-

- (1) note the progress being made with development of the Strategy and to provide feedback as part of the consultation process; and
- (2) consider at a later date the findings of the Autism Self-Assessment Framework, and consider specific reference to Autism in the JSNA.

56 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018

Dr Rupert Suckling presented to the Board the Director of Public Health Annual Report for 2018, which had been previously endorsed by Doncaster Council at its meeting in January 2019.

It was noted that the 2018 Annual Report was the first to focus on a specific topic and the topic was 'No health without mental health'. Dr Suckling summarised the salient points in the Report and the key initiatives being undertaken. He also pointed out that this year, the delivery of the main report was in the form of a short video at <https://youtu.be/SghEWPqi4Jg>.

During discussion, Councillor Nuala Fennelly informed the Board that Doncaster Council had employed 10 Young Advisors whose role was to help young people across Doncaster. One of the projects they would be involved in was supporting mental health in schools, and Councillor Fennelly suggested that this piece of work could be reported to a future meeting for the Board's information.

RESOLVED to note the contents of the Annual Report and consider how the recommendations could be taken forward in future strategy and delivery plans.

[Note: Dr David Crichton in the Chair for the remainder of the meeting.]

57 HEALTH AND CARE UPDATE

The Board received a joint presentation by Cath Doman (Director of Transformation, Doncaster Integrated Care Partnership) and Ailsa Leighton (Deputy Director of Commissioning, DCCG) which gave an overview of developments in respect of the next phase of the Place Plan and joint commissioning and provider plans.

During subsequent discussion, the Board noted that there was scope for further engagement with members of the public and staff in relation to the Place Plan. This was especially important where there were proposals to change the way services were being delivered.

The Board also acknowledged that the successful delivery of these plans would depend on achieving the right balance between ambition and the levels of resources available. Members agreed that the key would be in prioritising resources and being clear and realistic on what could be delivered.

RESOLVED to note the contents of the presentation.

58 ANTI-POVERTY UPDATE

The Board received a report which provided a summary of the work of the Anti-Poverty Strategy Group (APSG) in 2018. It also included information in relation to the first update against the annual commitments made by Team Doncaster partner organisations which was formally signed at a meeting held on 5 June 2018, together with case studies to show the benefits of joint working.

In presenting the report, Paul Tanney confirmed that the 2018 priority for the APSG had been to work to address welfare reform and he summarised the key highlights and achievements by the Group in this respect. He also referred to the Team Doncaster Commitment Statement which all partner members had signed up to, aimed at addressing poverty and the causes of poverty, a copy of which was appended to the report. Paul concluded by outlining examples of good work being carried out by way of two case studies, namely the Garage 32 Recycling Scheme, and the BBC Children in Need Emergency Grants Programme.

During discussion, Councillor Nigel Ball welcomed all the good work going on in the Borough to alleviate poverty. He stressed, however, that there was a need to consider ways of tackling the issue of 'poverty pay' as this was having a significant impact on many residents of the Borough, particularly after years of austerity.

In response to a query as to the scope for developing the Garage 32 scheme further, Paul Tanney advised that the immediate priority was to roll out the scheme across the whole of the Borough. Following the scheme's expansion, further possible options for developing/widening the scheme's remit in the future could then be considered.

It was then



RESOLVED to note the successes detailed within the report and the work of the Anti-Poverty Strategy Group in its strategic approach to alleviating poverty across Doncaster.

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

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