

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 7TH NOVEMBER, 2019

A MEETING of the HEALTH AND WELLBEING BOARD was held at the 007A AND B, CIVIC OFFICE on THURSDAY, 7TH NOVEMBER, 2019, at 9.00 am.

PRESENT:

Chair - Councillor Rachael Blake

Vice-Chair - Dr David Crichton

Dr Rupert Suckling	Director of Public Health, Doncaster Council
Steve Shore	Chair of Healthwatch Doncaster
Alan Adams	Interim Chief Executive, DCST
Richard Parker	Chief Executive of Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Phil Holmes	Director of Adults, Health and Wellbeing (DASS), Doncaster Council
Lee Golze	Head of Business Transformation and Strategic Commissioning, LOCYP, Doncaster Council, substituting for Riana Nelson, Director of Learning, Opportunities & Skills
Paul Tanney	Chief Executive, St Leger Homes of Doncaster
Lucy Robertshaw	Assistant Director, DARTS
Chief Inspector Jayne Forrest	South Yorkshire Police, substituting for Chief Superintendent Shaun Morley
Tony Holmes	Principal Social Worker, DCST

24 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting, particularly to those new members of the Board attending their first meeting. The Board also welcomed Ellie Holding from the University of Sheffield who was observing the meeting as part of her research for a study, which is examining the current national and local policy context for reducing health inequalities among children and young people.

Apologies for absence were received from Councillors Nigel Ball, Nuala Fennelly, Cynthia Ransome and Riana Nelson, Jackie Pederson, Karen Curran, Peter Dale, Kathryn Singh, Shaun Morley, Laura Sherburn and Shane Tottie

25 CHAIR'S ANNOUNCEMENTS.

The Chair announced that since the last, there had been some changes in the Board's membership, so felt it appropriate to place on formal record the Board's thanks and best wishes to Paul Moffat (DCST) and Steve Helps (SYFR) who had both now stepped down from the Board.

26 PUBLIC QUESTIONS.

Mr Doug Wright expressed concern with regard the significant efficiency savings having to be made with regard to the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

Mr Wright stated there were a number of Boards and Committees within the Council, such as HWB, Adults, Health and Social Care Scrutiny Panel and sought clarity on who makes decisions in relation to South Yorkshire Bassetlaw Integrated Care system.

In reply, the Vice-Chair, Dr David Crichton notified Mr Wright that discussions would be taking place on the NHS Finances at the Commissioners meeting this afternoon. He also highlighted that Public Health were funded differently to the Clinical Commissioning Group (CCG).

Richard Parker, Chief Executive of Doncaster & Bassetlaw Teaching Hospitals Foundation Trust advised Mr Wright and the Board that even with or without the Integrated Care System, the numbers quoted would remain. There were challenges with the system architecture and needed to work together and find the best way in which to breach the deficit.

In relation to Mr Wright's second point, the Chair, Councillor Rachael Blake stated that the Council had a number of Boards/Committees where Health issues were considered. However, suggested that if he had concerns he should initially bring them to the attention of the Health and Adult Social Care Overview and Scrutiny Panel at their Public meetings. She also stated that Key Decisions with regard to health matters would be considered at Cabinet meetings, where members of the public can attend and ask questions or make statements.

27 DECLARATIONS OF INTEREST, IF ANY.

There were no declarations of interest made at the meeting.

28 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 5TH SEPTEMBER 2019.

RESOLVED that the minutes of the meeting held on 5th September, 2019 be approved as a correct record and signed by the Chair.

29 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:

- Health and Adult Social Care Overview and Scrutiny Panel – Recent Reviews;
- Health Inequalities;
- Board Effectiveness;
- Forward Plan for the Board;

- Minutes of SY&B Shadow Integrated Care System Collaborative Partnership Board held on 12th July, 2019; and
- Minutes of Joint Commissioning Management Board held on 19th September 2019

Discussion took place in relation to the content of the workshop being held on the 5th December, 2019. It was advised, that the session would provide members with the opportunity to assess and gather a further understanding of the Boards role and to have further conversations around the outcomes framework and how partners work together. It was also noted, that the workshop would be welcomed as it provides for public accountability and focus can be given to the concerns raised by local people.

RESOLVED:

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

30 DONCASTER SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2018-19

The Board received a report, which provided an overview on what had been done by the safeguarding partners for Doncaster to keep children safe from abuse and neglect, through delivering the requirements of the Government's statutory Working Together to Safeguard Children, 2018.

The new safeguarding partnership arrangements build on and replace those of the Doncaster Safeguarding Children Board.

The report acknowledged the dedication and hard work of all those involved in keeping children in Doncaster safe since local safeguarding children boards were established in 2006. Details of what the local safeguarding arrangements were and the progress made against them were presented to the Board.

It was advised that there had been a change in the structure of the report. Partner agencies had not been invited to provide a submission, which had reduced the once lengthy reports and had also avoided duplication particularly in relation to Section 11 arrangements. It was reported that the quality of data being gathered was much better as well as a greater interrogation of the data. Communication had also been improved via the new website, which had new functionalities. The new website will keep key partners more engaged. The practitioner forum had also been strengthened with the invitation being circulated to senior officers and conferences remain at a high attendance level.

The Board were also advised that a Children's Partnership had also been identified to ensure that young people's voices were heard. It was reported that a number of issues had been identified with regard to exploitation and discussion had taken place on this. This had been recognised, as a key area to develop resources.

With regard to Children in Care (CIC), the Board were, advised that nationally figures had risen. However there were early help initiatives and services available and through the prevention work this had assisted and will continue to impact on reducing the numbers of CIC.

Dr Rupert Sucking informed the Board that in relation to review on the Child Deaths, it had been, recommended that governance arrangements were being, reviewed for Doncaster CDOP with the aim of transferring responsibility over to the Health and Well Being Board via the Children and Young People's Partnership.

The Board were interested in how outside partners such as the police felt on how effective services were on issues such as poverty and child exploitation. Chief Inspector Jayne Forrest whilst being careful not to delve too deeply into detail regarding staff the message remained the same, if a staff member feels that there is a cause for concern, then, they should issue a referral. She stated that Children Criminal Exploitation was prevalent within the borough with a high number of children being, groomed for criminality. However, she wished to state that the service were ahead of the game from a strategic view and there were no concerns that Doncaster were behind the game.

Discussion took place on the subject of domestic abuse and it remaining a significant issue of concern for interventions at all levels. The DCST had now recruited a team of Domestic Abuse Navigators (DANs) to tackle cases involving domestic abuse, who apply a whole family approach, working with victims, perpetrators and children. Evidence based therapeutic techniques had been introduced and these have been extremely effective resulting in no families being re-referred after working with them.

The Chair sought clarity on whether the Board could be doing more to support. It was, noted that there were frustrations particularly with regard to suitable housing being available. It was, also noted, that, austerity had played a part in those frustrations and had had a significant impact on meeting the needs of children, which could be something for the Board to consider. Paul Tanney, Chief Executive St Leger Homes mentioned that St Leger Homes, had been removed from the membership for the Safeguarding Board and he felt that this had been a mistake, this was now been rectified and the service now attend the Board.

The Vice-Chair, Dr David Crichton welcomed the report. However stated that with regard to crime and the reports of children being drawn into crime from within Doncaster, he felt that he had not got a sense of this in Doncaster. In response, it was reported that there had always been a risk but with regard to County Lines, this had not been a particular issue at the moment within the borough. It was stated that the service do have the intelligence and a good handle on what the situation was but there was no room for complacency. Members were, advised, that the Child Criminal Exploitation Board was an extremely active meeting and it was recognised, that the Trust were leaps and bounds ahead of where there were with regard to this matter. It was, suggested that it would be useful for the data to show geographical variations.

Clarification and assurance was, sought on the timeliness of interventions. It was, advised that, there was a contractual indicator for time taken for interventions and timeliness could be lifted from that information. However, Members were, given assurance that time taken for interventions was above target.

In response to a question regarding the third sector and how the service engage with them, the Board were advised of a number of mechanisms in which this was carried out, such as the Peoples Forum, Practitioner Forum, Annual Conference and the use of the new website. Work was also been undertaken to improve the confidence that the voice of the children was being heard.

RESOLVED the Doncaster Safeguarding Children Partnership Annual Report, be noted.

31 DONCASTER PLACE PLAN REFRESH

Dr Rupert Suckling gave the Board a presentation providing an update in the Doncaster Place Plan refresh.

In 2016, the Doncaster health and social care community published its first Place Plan, setting out the ambitions of the partnership over the next 5 years to 2022. It was the beginning of the journey and much had happened since then. Plans need to flex and change as the Council learn more together and understand the challenges faced as a place and the opportunities that brings. The refresh of the Place Plan therefore builds on the original and takes forward the original ambitions.

The Board were advised that a new four layer model had been developed and the Doncaster Integrated Care Partnership understands that to start well, age well and indeed for all of us to live well, all four layers of the new model need to be connected and operate together; with as much as possible delivered in local neighbourhoods.

It was reported that over the last 18 months, a series of communications and engagement activities have and continue to take place to enable co-production, development and evaluation of health and care services in Doncaster.

Discussion took place on the 3 new areas of opportunity. It was reported that the Integrated Care Partnership had established a Strategic Workforce and Education Committee (SWEC) to lead on the planning and development of the collective workforce, ensuring that there is capacity and capability to deliver more care out of hospital and adopt new care models focused on early help, prevention, anticipatory care and whole family, strength-based, person-centred approach.

Members considered the impact of the digital strategy and the Council vision for digital services to empower Doncaster people to maximise their own health and wellbeing and to enable Council teams to deliver high quality integrated care. It was suggested, that from a business intelligence view, it would be beneficial for John Briggs to share network profiles with the Board and bring the information to the workshop on 5th December.

It was noted that if there were concerns regarding the Integrated Care System, the Doncaster Place Plan was the tool to counter balance that and will also provide the public accountability. It was asked whether the Board could decide a clear connection between them. Members were advised that this would be picked up within the outcomes framework report. However, it was noted that, there would be outcomes that the place plan should be addressing. It was advised that whilst there were not many targets identified within the plan, the Council and its partners were moving in the right direction.

The Chair asked members their views on how residents experience pathology. It was advised that it takes longer to receive test results, which has a knock on effect on commencing any treatment that is required. Members were advised that this was a significant challenge for the place plan and it was acknowledged that there was a need to prioritise work. It was noted that within nursing, the vacancy rate was 5%, which was considered as performing reasonably well. However, there were areas of specialism where there were particular challenges.

The Board noted that it was important for partners to know what the place plan means to them and be able to communicate it in a simple way. It was, advised that there was a significant amount of work being carried out on localities and demand management and it was suggested that discussions continue at the workshop on the 5th December.

RESOLVED that the Board noted the Place Plan refresh and supported the Direction of Travel

32 SOUTH YORKSHIRE & BASSETLAW INTEGRATED CARE SYSTEM RESPONSE TO NHS LONG TERM PLAN

Dr Rupert Suckling introduced a report providing an update on progress being made in developing the South Yorkshire and Bassetlaw ICS Strategic Plan response to the Long Term Plan. A copy of the 1st draft of the Strategic Plan 2019-2024 was included in the agenda.

The Plan includes key drivers for the strategic narrative, including the need to reduce health inequalities and unwarranted variation, improve population health and outcomes, access, quality of care and patient experience and how strategically we flex resources across the balance of health and care to best meet the needs of all of local populations.

The 2019 Plan recommits to the ambition for everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to be healthy and live longer while aiming to be the best delivery and transformation system in the country.

The Vice-Chair, Dr David Crichton stated that from reading the plan, it had been carefully produced using the language used in Doncaster and he recognised the 5 place partnership described with the plan. It was noted that the final sign off of the document would be on the 15th November 2019. He stated that with the Cancer Alliance it was important for each individual body to play its part, cancer cannot be tackled alone in Doncaster. With regard to pathology, he commented that solutions were much easier to find to enable improved patient outcomes.

A suggestion was raised for future reports that acronyms' be put in full to ensure the reader understands the meaning.

RESOLVED that the South Yorkshire and Bassetlaw ICS draft response to the Long Term Plan be, noted, and support be, given, to the direction of travel.

The received a report and presentation, introduced by Laurie Mott, Senior Strategy & Performance Manager which provided an update on the outcomes framework. The report allowed the Board to drive delivery and be sighted on key outcomes and indicators. The indicators link to the outcomes identified as part of the plan for the Borough – Doncaster Growing Together (DGT)

The report provided a view of new information available since the last board update in November 2018, and also, presented further detail on specific sections of the framework.

The updated indicators information was provided in Appendix A to the report together with a summary of the current local policy context to show the Councils response to the new trends. This was included to support the forward planning process for the Board. It was noted, that those areas with deteriorating performance and inadequate policy responses were areas that the Board may wish to consider in more detail in the future.

Discussion took place on the following Indicators and Outcomes:-

- Healthy Life Expectancy – in both men and women it had improved over the last 5 years. In men, it is no longer significantly worse than the England average. However, it remains significantly worse for women than the England average. It was reported that on the whole, Doncaster people will live longer.
- People using Adult Social Care Services – Members were advised that there had been a significant drop, which was an area that requires improvement and perhaps learning from other authorities/organisations on best practice. It was, noted, that IPSOS Murray had conducted a survey, which stated that less than 50% of service users used the internet. For future reporting, a figure alongside the percentage would be useful. Paul Tanney, Chief Executive St Leger Homes commented that there was evidence that sometimes some of the aging tenants just require somebody to talk too.
- Children in low income households – Members were advised that following the index published 3 weeks ago which showed that 22.7% of 0-15 year olds in Doncaster were living in a low income household. Doncaster was the 37th most deprived area in England with the most affected areas being in the west of the borough. The Chair asked that the Board be supplied, with the figures per ward.
- Childhood Obesity – It was advised that there had been a sharp rise of childhood obesity in reception age, which showed significantly higher than the national rate
- Children in Care – Whilst the report showed the number increasing since 2014 and it remained significantly higher than the national rate. However, it was reported that this may be changing the curve. In any statistical group, if a number was poor, it can change the picture significantly.
- Lifestyle factors – As the report indicates, smoking and alcohol remains significantly high. However, it was noted that with regard to smoking, the gap

was narrowing. It was advised that the service were good at getting people to quit but find it difficult to identify and stop new smokers.

- Ageing well – Admissions for falls have gone up and Flu vaccinations have improved in Doncaster to 74%. This remains below the national target albeit by 1%. Initiatives were in place in relation to the prevention of falls.
- In relation to cancer, it was advised that the service were confident in improving early diagnosis. However, there were more people with cancer. It was noted that there were a number of initiatives in place.

Discussion took place on whether the Board should focus on addressing two or three outcomes, considering what was achievable and realistic. It was noted that adding value on two or more outcomes creates good typography. However, it would be beneficial also to assess locality variations whilst being consistent with the Place Plan. It was suggested that by looking at peer groups, there may be something to learn. It was reported that there needed to be some dialogue and thinking around how the Board contributes towards the outcomes and to be prepared to shift resources around in order to deal with some of the bigger issues being faced.

RESOLVED that the Board:-

- (1) noted and commented on the updated information contained within the Health and Wellbeing Board Outcomes Framework particularly the Well Being and Prevention areas; and
- (2) consider focussing on two or three specific areas and build on using locality data. Further discussion on this take place at the Workshop – Development session on the 5th December, 2019.

CHAIR: _____

DATE: _____