

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

5TH MARCH, 2015

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE, DONCASTER on THURSDAY 5TH MARCH, 2015 at 9.30 A.M.

PRESENT: Vice-Chair – Councillor Tony Corden (In the Chair)

Dr Tony Baxter	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC) (For minute numbers 49 and 50 only)
Eleanor Brazil	Director of Learning and Opportunities: Children and Young People, DMBC
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)
David Hamilton	Director of Adults, Health and Wellbeing, DMBC
Colin Hilton	Chair of Doncaster Children's Services Trust
Susan Jordan	Chief Executive, St Leger Homes
Mike Pinkerton	Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Steve Shore	Chair of Healthwatch Doncaster
Chris Stainforth	Chief Officer, Doncaster Clinical Commissioning Group (DCCG)
Chief Superintendent	District Commander for Doncaster, South Yorkshire Police
Richard Tweed	
Norma Wardman	Chief Executive, Doncaster CVS

Also in attendance:

Sharon Fung, Adult Safeguarding Team, DMBC
Wayne Goddard, Doncaster Integrated Lead for Dementia
John Leask, Policy and Partnerships Officer, DMBC
Laura Sherburn, DCCG
Dr Rupert Suckling, Assistant Director Public Health, DMBC
Jacqui Wiltschinsky, Assistant Director Public Health, DMBC
Allan Wiltshire, Policy and Performance Manager, DMBC
Councillor Mick Jameson
Councillor Pat Knight (observing)

APOLOGIES:

Apologies for absence were received from the Chair, Councillor Pat Knight, Christine Bain (Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), Councillor Cynthia Ransome and Dr Nick Tupper (Chair of DCCG).

49. WELCOME AND INTRODUCTIONS

The Vice-Chair, Cllr Tony Corden (in the Chair), welcomed Karen Curran, Head of Co-Commissioning, NHS England who was attending her first meeting, having replaced Margaret Kitching as the NHS England representative on the Board.

50. CHAIR'S ANNOUNCEMENTS

Director of Public Health's retirement

The Chair advised the Board that sadly this was Dr Tony Baxter's last meeting as a member of the Health and Wellbeing Board before he retired as Director of Public Health at the end of this month.

He stated that since his appointment as Director of Public Health in the Doncaster East PCT in 2002, Dr Baxter had experienced many organisational changes, and undertaken numerous different roles, including:

- 2005 - Establishing the Health Impact Group for Robin Hood Airport, to monitor the health impacts of the residents of Doncaster;
- 2007 Floods – Part of the Major Incident team at the PCT who managed the consequences of the floods;
- 2007 – Helped produce the Doncaster Public Health Concordat, which was signed up to by health partners and the region's MPs;
- Was lead for Doncaster PCT for Good Medical Practice which reviewed cases of managing performances of GPs;
- Emergency Planning Lead for Doncaster PCT;
- Faculty assessor – Dr Baxter had taken part in recruitment processes for a number of Director of Public Health posts across England and had mentored many colleagues within South Yorkshire;
- Dr Baxter had chaired numerous health boards and groups over the years, and had also been part of the Regional Director of Public Health Network which he had supported and worked with for many years.

The Chair paid tribute to the significant part that Tony had played in the development of the Health and Wellbeing Board, both before and since its inception, and on behalf of the Board thanked him for the contribution he had made to the work of the Board and in overseeing the transition of the Public Health function to Doncaster Council. On a personal note, Councillor Corden also thanked Dr Baxter for the support he had given him in his role as Vice-Chair of the Board.

The Chair concluded by wishing Tony a very happy and healthy retirement and passed on the Board's best wishes for the future.

In response, Dr Baxter thanked Members for their kind wishes, stating that it had been a privilege to be a part of the Health and Wellbeing Board and that he was confident that the Board would continue to go from strength to strength in the future.

Declaration on Tobacco Control

Further to the undertaking made by all members of the Board in September 2014 to support the proposal from the Doncaster Tobacco Alliance to adopt the 'Tobacco Declaration', the Chair confirmed that Doncaster Council was due to adopt the Local Government Declaration on Tobacco Control later that day (5th March), and that Mayor Ros Jones, Jo Miller (Chief Executive) and Dr Tony Baxter (Director of Public Health) would be signing the Declaration on behalf of the Authority. This positive step was particularly timely and apt given that 'National No Smoking Day' would be taking place on 11 March this year.

Personal Reference

Councillor Pat Knight stated that she wished to thank the Board for the lovely bouquet of flowers that she received during her illness and for their continuing support. She also thanked Councillor Corden, Vice-Chair of the Board, for standing in for her over the last few months, both in terms of taking on the Public Health portfolio responsibilities and also in chairing meetings of this Board. Councillor Knight advised that she hoped to be fully recovered and able to resume Chairing the Board from June of this year.

51. PUBLIC QUESTIONS

A period of 15 minutes was afforded to members of the public to ask questions on any matter falling within the Board's remit.

a) Mrs Valerie Wood – Helping to ensure better care for those with Motor Neurone Disease

The Board received the following address by Mrs Valerie Wood:

My name is Mrs Valerie Wood, I am a wife and carer to my husband who suffers from Motor Neurone Disease (MND). I wish to state the care we have received is good and that current input from the neuro physiotherapy department at RDaSH is excellent.

I am here today to raise awareness for MND hopefully by raising its profile within all your organisations.

MND is a rapid progress disease of the brain and central nervous system. It leaves people locked into a failing body unable to move, walk and talk, yet fully aware of what is happening. Death is usually a result of respiratory failure. Half of people usually die within 12 to 14 months of diagnosis.

I am here to ask you as a group and individual organisations to review your strategies, service specification or organisational approach towards MND by asking you to consider several issues:

The MND Charter states 5 simple rights which could easily form a care/treatment pathway or vision statement. It puts the person at the centre of care rather than the condition. The MND association and my husband and I are asking your organisations to sign the Charter. Many GPs are not aware of the Charter, but my local GP has signed up to it.

The Red Flag Poster which was developed in conjunction with the Royal College of Physicians enables GPs to quickly identify patients for referral on to specialist service to promote early diagnosis. It took 18 months before my husband received a diagnosis and 24 months before he received effective treatment. Early diagnosis gives control to the person and allows them choice that they otherwise will miss if it is delayed.

I feel it should be introduced into A&E departments, medical assessment teams, fall teams and orthopaedic clinics.

National Institute for Health and Care Excellence (NICE) guidance on the use of non-invasive ventilation for people with MND

How effective are you at assessing competency of the carer and giving appropriate training?

All Party Parliamentary Group (APPG) Inquiry Report on Access to Specialist Palliative Care 2011

What is your position?

- *An End of Life register should be standard so that all providers of NHS care can have information about the needs and wishes of people with MND.*
- *Given the unique challenging nature of the condition, a quality standard should be developed for the provision of care with MND. This quality standard should consider diagnosis, care planning and the provision of specialist palliative care.*

My husband wants to be able to stay at home for as long as possible – nursing staff should have the necessary training to enable them to provide appropriate care for MND sufferers.

All Party Parliamentary Group (APPG) ‘Condemned to Silence’ Report 2015

With regard to the findings published in the APPG’s ‘Condemned to Silence’ report regarding access to communication equipment for people living with MND, what is your position?

- *Do you have a current version of the service specification for augmentative and alternative communication?*
- *Are you taking measures to meet Recommendation 9 – The NHS should ensure that people with communication difficulties:*
 - *Should receive appropriate care when admitted to hospital;*
 - *Nursing staff receive training on implications of communications difficulties for patients; and*
 - *Appropriate communication aids are available.*

In response to the points raised by Mrs Wood, Nasreen Bhatti explained that Mrs Wood would be invited to attend an Alliance meeting, to share the MND Charter with partners & discuss ways of embedding the Charter's principles, and that she would also support Mrs Wood in encouraging partners to find ways of giving MND a higher priority in future.

After the Chair had expressed the view that everyone should be encouraged to sign up to the MND Charter, and members of the Board had agreed to follow up this matter in their respective fields and feed back to Nasreen to enable a composite response to be provided, it was

RESOLVED that:

- 1) Mrs Wood be invited to attend an Alliance meeting to share the MND Charter with partners & discuss ways of embedding the Charter's principles;
- 2) support be provided to Mrs Wood in encouraging partners to find ways of giving MND a higher priority in future; and
- 3) all Board members follow up the points raised by Mrs Wood in their respective fields and feed back to Nasreen Bhatti to enable a composite response to be provided.

b) Cllr Mick Jameson – Recruitment of GPs and use of locum doctors

Cllr Mick Jameson stated that he wished to speak about the issue of the increasing use of locum doctors in GP surgeries, which he pointed out was a subject he had previously raised at an Overview & Scrutiny meeting and by letter to Eleri de Gilbert, Director of NHS England (South Yorkshire & Bassetlaw).

Cllr Jameson explained that he was aware that in one particular practice in the area, there were 2 GPs and 10 locum doctors. He stated that although there was a good stream of doctors coming through, very few wished to be managers of GP practices and preferred instead to remain as locum doctors. This effectively meant that there were fewer and fewer GPs entering into practices in Doncaster. Cllr Jameson expressed the view that, from the patient's perspective, it was far better to have a GP who knew them personally. He explained that in his own local practice, there were four senior GPs who were approaching retirement who were concerned that there would not be anyone able to manage the practice in the future. Cllr Jameson expressed the opinion that if the difficulties in filling practice vacancies continued, then there was a risk of being faced with an increase in the numbers of people using hospital A&E departments for treatment instead of visiting their GPs in future and he pointed out that Rosie Winterton, MP had also been in dialogue with Eleri de Gilbert over this issue.

Cllr Jameson concluded by stating that the current national trend towards longer surgery opening hours might deter more people from becoming GPs and he hoped that steps could be taken to address this problem.

Discussion followed, during which Karen Curran stated that this was a national problem and that there were a number of initiatives underway to try and resolve it. She explained that the current direction of travel was moving secondary care into primary care, with an emphasis on achieving a greater skill mix of those working within primary medical care teams, such as having non-traditional GP professionals (e.g. Physiotherapists and Pharmacists) joining practices which, it was hoped, would help reduce GP workloads. She added that NHS England was also supporting CCGs to explore the scope for attaching community and current hospital based clinical staff to work closer in the community with general practice so as to be able to offer a wide range of care and services close to the patient where they live.

Chris Stainforth stated that it was useful to have this issue raised at the Board's meeting. He confirmed that the CCG was working closely with NHS England in this regard and that local GPs were looking at models that would suit their practices. He explained that more work was needed, but that it was anticipated that further details of proposed solutions to this problem would be articulated over the coming months.

With regard to the trend towards seven day GP access for patients, Chris Stainforth advised that it was necessary to look at local patient needs and how demands were met whilst avoiding having the workload fall on individual GPs. This was difficult to achieve but ways of meeting the demand for seven days a week access to GPs without it impacting heavily on every GP were currently being investigated. Karen Curran added that some of this could be met by looking at alternative ways of delivering services such as widening the skills base and closer working between practices.

Mike Pinkerton pointed out that 'seven day working' was misleading, when in fact it was more a case of five day working and working flexibly over a seven day period. He advised that this same issue had been raised in respect of hospital consultants and in the Doncaster and Bassetlaw Hospitals, they had managed to extend the cover of consultants across seven days per week, without any changes to individuals' contractual terms and conditions.

Steve Shore informed the Board that access to GPs was the number one issue raised by people contacting Healthwatch. He felt it was important to remember that GP practices were, in effect, a consumer service and that the demand for seven day access to GPs was analogous with the issue of Sunday trading, and it was essential that people should be able to see a GP when they needed to see one. He also suggested that one solution might be for GPs to delegate their non-medical, managerial work to practice managers so that their time was freed up to treat patients.

c) Mrs Anne Evans – Update on Problem Gambling

Mrs Evans began by thanking the Board for inviting her to attend a further meeting and providing her with an opportunity to update members on the issue of problem gambling following her recent meetings with representatives of the gambling industry. Mrs Evans then addressed the Board as follows:

In September 2014 there was a breakthrough, when four gambling companies (Ladbrokes, Gala/Coral, William Hill and Paddy Power) joined together to promote

higher standards for themselves and to highlight risks of gambling to the public. They signed an open letter in the national press promising to deliver a number of commitments including a ban on free bet and free money sign up offers on TV before 9.00 p.m., the withdrawal of gaming machine advertisements from betting shop windows, more prominent responsible gambling messages on betting advertisements and enforcement of responsible gambling commitments.

I wrote to the Chief Executives of those four companies describing my family's terrible experiences of problem gambling and thanking them for their efforts. I also discussed this with Rosie Winterton, MP who has strongly supported me in my aims of trying to bring this whole concept of problem gambling to the fore at government level. She also wrote to those companies. We both had very helpful replies from the companies we contacted.

We were subsequently invited by Carl Leaver, Chief Executive of Gala/Coral to meet with him, which my husband and I did in Rosie's office at the House of Commons on 20th January 2015. Carl was accompanied by Fiona Thorne, his Director of Corporate Affairs. We had a frank and friendly talk about all the problems and they explained to us about all the improvements they had put in place to protect people and their future plans to aid responsible gambling. They offered to show us around a betting shop to see the improvements being made.

On 16th February, we were shown around the Coral shop on Balby Road, Doncaster. Fiona and several regional officers were also there. Each machine is observed and its activity recorded electronically by staff and all this information is automatically forwarded to a central office and should there be anyone who looks to have a problem or who is spending recklessly, the staff are told to go and have a chat to the customer and try to advise him/her. There is no admittance to anyone under 18 years of age. It is cash only, not cards. There are now better shop window displays with a huge sign saying 'When the fun stops, STOP!' and other warnings displayed inside the shop. All the staff had a very responsible attitude towards their job of supervising customers. We expressed our dislike of Fixed Odds Betting Terminals and said we thought the maximum stake of £100 should be reduced sharply to £2.00. We came away pleased that there was a sincere sense of responsibility shown towards encouraging safer gambling at all levels of staff.

A further development has been the establishment of the Senet Group, launched on 20th January 2015 as an independent watchdog organisation. This is backed by the four gambling companies mentioned, to respond to public concerns about gambling and to promote responsible standards in the industry. It comprises a Chair, 2 Industry Directors, one of whom is Fiona Thorne from Coral/Gala, and 2 Independent Directors. Fiona has arranged for me and my husband to meet the Chair, Wanda Goldwag, this Friday, 6th March at the offices of the Group in London. The Group will have a budget of £2m and I hope that it will be able to do some good.

I still have concerns regarding some members of the gambling industry, particularly in respect of advertisements offering free credit, which the 4 main companies mentioned have promised not to do. I hope that the Senet Group will call for tighter advertising control. TV advertisements are illegal in Australia and Canada – they are further ahead than we are in this respect.

I am still disappointed that there is very little information and guidance out there for

addicts of gambling. There are huge resources pumped into other addictions such as smoking, which does not have the same destructive impact on families as gambling does.

I am very pleased that the Health and Wellbeing Board has itself taken up this issue and I hope that we can continue to make progress.

In response, the Chair, Cllr Tony Corden, thanked Mrs Evans for updating the Board on this important issue and for all her efforts in trying to bring about positive changes. He expressed the opinion that the apparent lack of guidance and support available to gambling addicts was a matter that all relevant agencies and organisations should be looking to rectify.

Dr Rupert Suckling then summarised the actions taken by the Health and Wellbeing Board to date in respect of this issue. He reported that a task and finish group had been established to enact the recommendations agreed by the Board. These actions included:

- Lobbying the Parliamentary Under Secretary of State for Sport and Tourism (with responsibility for gambling) about the epidemic growth in the amount of gambling advertising in the broadcast media;
- Reviewing the location of gambling points across Doncaster and their proximity to 'at risk' populations. Collecting patient/public stories via Healthwatch;
- Awareness raising of local and national support networks and reminding the public and professionals of the availability of current services.

Further work to be agreed included:

- Improve the ability of professionals to identify problem gambling;
- Develop and pilot a 'gambling' metric as part of the revised set of mental health metrics being developed by Adults and Communities;
- Seek opportunities for external funding, e.g. Joseph Rowntree Foundation to explore this issue further.

52. DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

53. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 8TH JANUARY, 2015

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 8th January, 2015 be approved as a correct record and signed by the Chair.

54. A&E PERFORMANCE UPDATE

The Board received a presentation by Mike Pinkerton and Chris Stainforth on Emergency Department performance.



HWB 05 03 15.pptx

As part of the presentation, Members were also shown an animated video which explained how the urgent and emergency care system in England fits together (see link - <http://tinyurl.com/n6wlu7v>)

During subsequent discussion, Mike Pinkerton informed the Board that the Emergency Departments in the Doncaster and Bassetlaw hospitals had performed well and remained relatively resilient over the winter months, and he thanked colleagues for their support during this time.

In response to a query by Cllr Pat Knight as to whether it would be helpful if partner organisations tried to identify the causes behind the cases of patients being admitted with respiratory illness, Mike Pinkerton explained that while this would prove useful, there were no obvious quick fixes. He pointed out that whilst respiratory problems were sometimes the headline symptom, patients might have 7 or 8 different conditions in addition to this. He added that some work on this subject had been undertaken in Rotherham.

Dave Hamilton felt that partnership working was a key factor in all of this, and in terms of Social Care services, they had a vested interest as they were working with the same people who often needed to call upon the services of the Emergency Departments. He added that his Directorate would be happy to assist where it could with regard to cross boundary issues.

In reply to a query as to the numbers of patients re-admitted to Emergency Departments due to premature discharges, Mike Pinkerton reported that current levels were slightly higher than the national average, but he stressed that case analysis was carried out in those situations to see where lessons could be learned.

In referring to the numbers of young people attending Emergency Departments due to mental health issues and/or substance misuse, Eleanor Brazil stated that there were very few referrals of young people to social care from A&E, so she felt there was more work to be done in terms of strengthening the joined up working between agencies.

RESOLVED to note the contents of the presentation.

55. CLINICAL COMMISSIONING GROUP OPERATIONAL PLAN 2015/16 AND WORKING TOGETHER

The Board received a presentation by Chris Stainforth and Laura Sherburn on the CCG's Operational Plan for 2015/16 and the 'Working Together' Programme.



Working Together
slide for HWBB March

Having noted the contents of the presentation, the Board was informed that a more detailed briefing on the 'Working Together' Programme would be brought to a future meeting. Members also supported a proposal to bring the Operational Plan back to the Board when finalised.

In discussing the Operational Plan's focus on improving outcomes in relation to:

- Unplanned care;
- Mental Health;
- Dementia;
- Children & Young People's Services;
- Cancer; and
- Learning Disability Services

Dr Rupert Suckling suggested adding an update on cancer to the Board's Forward Plan for consideration at a future meeting, noting that all the other identified outcomes were already included on the Forward Plan or would be addressed as part of the quarterly performance report to the HWB.

RESOLVED:

- 1) to note the contents of the presentation; and
- 2) that an update on cancer be added to the Board's Forward Plan for consideration at a future meeting.

56. NHS ENGLAND STRUCTURE

The Board received a presentation by Karen Curran outlining the new NHS England Structure specifically in relation to the North Regional Team and the Yorkshire and Humber sub-region.



NHS England
Yorkshire & The Hunt

After the Chair had requested that a copy of the structure be circulated to all Board Members for information, it was

RESOLVED to note the contents of the presentation.

57. BETTER CARE FUND UPDATE

The Board received a verbal update from Dave Hamilton on progress with the implementation and delivery of the Better Care Fund (BCF) Plan. This included work to streamline actions in the Plan by having 'Plans on a page' and a specific focus on the two areas of independence and quality of life, and good health and wellbeing.

After Members had agreed that it would be helpful to receive a more detailed presentation on the BCF Plan at the Board's meeting in June 2015, it was

RESOLVED that the Board receive a more detailed briefing on the BCF Plan at its meeting on 4th June 2015.

58. ADULT SAFEGUARDING AWARENESS CAMPAIGN

The Board received a presentation by Susan Jordan and Sharon Fung on the Safeguarding Adults 'Keeping Safe Awareness Campaign', which included a 5 minute safeguarding film (link below).

www.doncaster.gov.uk/safeguardingfilm

In outlining the background to the campaign, Sharon Fung explained that in November 2011 consultation had been undertaken with existing/potential service users, families, carers and voluntary/community groups to inform the development of Doncaster Safeguarding Adults Partnership Board's 3 year Communication and Engagement Strategy.

Again in December 2013, further consultation had been carried out with the general public at locations in and around Doncaster to find out what people knew about adult safeguarding, whether people had seen any information about adult safeguarding and where they would like to find information. These consultations indicated that the term 'adult safeguarding' was not understood by the majority of people; 'keeping safe' was a better understood term. Furthermore, many people had not seen any information about adult safeguarding and, where they had seen information, this was not being retained.

It was reported that the purpose of the campaign was to empower adults at risk to protect themselves from abuse by raising awareness of safeguarding adults and the reporting process. The target audience were adults at greatest risk of abuse who lived in the Doncaster Borough and other people either living and/or working in the Doncaster Borough.

Campaign literature including posters, leaflets and business cards had been produced to help get the message across and various agencies, businesses, hospitals and GPs were being asked to participate in the initiative. The safeguarding film, which was being used with the permission of Cornwall Council, was being shown in Council buildings, including libraries.

Susan Jordan drew Members' attention to the Action Plan, which described the proposed actions to be rolled out on a quarterly basis. She also advised that an annual 'keeping safe' event had been held for the last 2 years to bring partners together, with this year's event taking place in September, and pointed out that a 'keeping safe' forum had been established. This provided an opportunity to hear from service users on what was working well. Representatives from the forum would be invited to attend 2 meetings of the Doncaster Safeguarding Adults Board each year. Susan Jordan concluded by asking Board members to support the campaign by sharing the literature and video as widely as possible.

General discussion followed, during which Members made a number of comments/observations on the campaign, including:

- Cllr Pat Knight expressed disappointment that there was no provision in the Action Plan for engagement with Elected Members, as she pointed out that Members had a big role to play in campaigns such as this;
- Norma Wardman confirmed that Doncaster CVS was supporting this campaign;
- Colin Hilton suggested that it would be useful to share the campaign with secondary schools and stated that the Doncaster Children's Services Trust would be happy to assist if required;
- John Leask offered to share the link to the safeguarding film with the Team Doncaster Partnership Board.

After Members had expressed their support for the campaign, it was

RESOLVED to note the presentation on the Adult Safeguarding Awareness Campaign and that Board Members cascade the campaign information within their respective organisations.

59. QUARTER 3 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 3 (Q3) period. The paper set out the current performance against the agreed priorities in the Health and Wellbeing Strategy.

It was reported that a refreshed Outcomes Based Accountability' (OBA) exercise had resulted in 27 whole population indicators and 10 service performance measures for the five health and well-being priorities. It was noted that nearly half were improving, which was positive, and a number had new reporting arrangements in 2014-15 which could not be analysed with regard to trend.

Allan Wiltshire summarised the key points and narrative behind the latest performance figures, as set out in Appendix A to the report, and Board Members made various comments/observations on specific Performance Indicators.

Arising from a query by Colin Hilton as to the actions being taken to address childhood obesity, the Board supported a proposal to receive a report setting out the work being done in this area at a future meeting.

RESOLVED:

- 1) to note the performance against the key priorities;
- 2) that the Board receives a report at a future meeting on the actions being taken to address childhood obesity.

60. DONCASTER DEMENTIA STRATEGIC REFRESH

The Board received a verbal update by Wayne Goddard on the Dementia Strategy for Doncaster 2015-17. It was noted that Alistair Burns, National Director for Dementia was unable to attend this meeting as originally planned due to a recent family bereavement.

Wayne referred to the recent publication of "The Prime Minister's Challenge on Dementia 2020" and explained that whilst this largely aligned with the draft Strategy, it would necessitate some slight changes.

Wayne invited Board Members to email any comments/feedback on the Strategy to him. He advised that it was intended to formally launch the Dementia Strategy on 20th March at the Doncaster Dementia Strategic Partnership's celebration event at the CAST theatre in Doncaster.

During discussion, Cllr Pat Knight stated that she was glad to see the progression that the work on dementia had made over recent years and she wished to place on record her thanks to Wayne Goddard and his team for keeping the momentum going. Cllr Knight also referred to the large number of dementia champions now in place in Doncaster.

After Members had agreed to invite Alistair Burns to the Board's meeting scheduled on 3rd September 2015, it was

RESOLVED to note the update on the Dementia Strategy for Doncaster 2015-17 and that Alistair Burns be invited to attend the Board's meeting in September 2015.

61. REPORT FROM HWB OFFICER GROUP AND FORWARD PLAN

The Board considered a report which provided an update on the work of the Officer Group to deliver the Board's work programme and also provided a draft Forward Plan for future Board meetings, as set out in Appendix A to the report.

In particular, the report included updates on:

- Progress on Problem Gambling;
- Board Membership, including a recommendation that SY Fire & Rescue be invited to join the Board;
- Health and Wellbeing Strategy, including a recommendation that the Board should use an Outcome Based Accountability approach to develop the action plans for the four areas of the Health and Wellbeing Strategy, nominate leads for the two wellbeing themes and work with the other strategic partnerships to deliver themes three, four and five;
- Health Improvement Framework;
- Novel Psychoactive Substances (NPS) Early Warning System;
- Well North; and
- Forward Plan for the Board.

With regard to Novel Psychoactive Substances (NPS), Chief Superintendent Richard Tweed informed the Board that this was an ongoing concern for the Police, as they were seeing more young people in the town centre under the influence of substances such as 'spice'. He explained that the Police were working closely with Trading Standards in relation to enforcement action and also lobbying the Government over the apparent gap in legislation, as currently these substances were not covered by the Misuse of Drugs Act 1971. Chief

Superintendent Tweed also highlighted that there was scope for improving information sharing between A&E departments and the Police in terms of notifying the Police of any cases of patients admitted under the influence of NPS.

In response to a question, Chief Superintendent Tweed explained that the local authority had a role to play in reminding market stall holders that it was a breach of their contract to sell NPS. He added that these substances could also be sourced on the internet as well as from local dealers. Eleanor Brazil suggested that this was an issue that could be raised with Headteachers to ensure that they were educating children on the dangers of taking these substances.

It was then

RESOLVED:

- 1) to note the update from the Officer Group;
- 2) to agree the proposed Forward Plan, as detailed in Appendix A to the report;
- 3) to RECOMMEND TO THE FULL COUNCIL that Steve Helps of South Yorkshire Fire and Rescue be invited on to the Board and that this should be reviewed after 12 months; and
- 4) that the Board should use an Outcome Based Accountability approach to develop the action plans for the four areas of the Health and Wellbeing Strategy, nominate leads for the first two wellbeing themes and work with the other strategic partnerships to deliver themes three, four and five.