

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 9TH JUNE, 2016

A MEETING of the HEALTH AND WELLBEING BOARD was held in Room 007A AND B - CIVIC OFFICE on THURSDAY, 9TH JUNE, 2016, at 9.30 am.

PRESENT:

Chair - Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing

Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Cynthia Ransome	Conservative Group Representative
Dr Rupert Suckling	Director of Public Health (DMBC)
Damian Allen	Director of Learning, Opportunities and Skills (DMBC)
Peter Dale	Director of Regeneration and Environment (DMBC)
Dr David Crichton	Chair, Doncaster Clinical Commissioning Group
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire and Humber)
Chief Superintendent Richard Tweed	District Commander for Doncaster, South Yorkshire Police
Kathryn Singh	Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation
Steve Helps	Head of Prevention and Protection South Yorkshire Fire and Rescue

Also in attendance

Patrick Birch, Programme Manager, DMBC
Grant Lockett, Head of Access to Homes, St Leger Homes
Peter Featherstone, Interim Business Manager, Doncaster Children's Trust
Debbie Hilditch, Healthwatch Doncaster
Allan Wiltshire, Head of Performance and Data, DMBC
Helen Conroy, Public Health, DMBC
Jenny Jenkinson, Meeting New Horizons
Jon Tomlinson, Interim Assistant Director Commissioning, DMBC (observer)

62 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed the new Members of the Board, Dr David Crichton, Chair of Doncaster Clinical Commissioning Group, Jackie Pederson, Chief Officer at the Doncaster Clinical Commissioning Group, Peter Dale, Director of Regeneration and

Environment who had been formally appointed at the Council's Annual Meeting on 13th May along with Paul Moffat from the Doncaster Children's Services Trust.

The Chair also welcomed Jenny Jenkinson who was representing New Horizons and Jon Tomlinson the new Interim Assistant Director of Commissioning in Adults, Health and Wellbeing who was an observer at the meeting.

Apologies were received from Kim Curry (Patrick Birch deputised), Paul Moffat (Peter Featherstone deputised), Susan Jordan (Grant Lockett deputised), Steve Shore (Debbie Hilditch deputised) and Mike Pinkerton.

63 APPOINTMENT OF VICE-CHAIR

The Chair announced that the Board had received 2 expressions of interest for the role of Vice-Chair and in accordance with Council Procedure Rule 21.6 the Chair invited nominations.

It was proposed by Damian Allen and seconded by Chief Superintendent Richard Tweed that Susan Jordan be appointed as Vice-Chair of the Board

It was proposed by Rupert Suckling and seconded by Kathryn Singh that Steve Shore be appointed as Vice-Chair of the Board

On being put the vote, it was declared as follows

Susan Jordan	8
Steve Shore	2

RESOLVED that Susan Jordan be appointed as Vice-Chair of the Board for the 2016/17 Municipal Year.

64 CHAIR'S ANNOUNCEMENTS

The Chair announced that Chief Superintendent Richard Tweed was due to retire in July and this would be his last meeting as a Member of the Health and Wellbeing Board. On behalf of the Board she expressed her sincere thanks to Richard for the significant contribution he had made to the work of the Board and wished him all the very best for the future

The Chair also reported that she had been informed that Trevor Smith had left New Horizons and an interim replacement on the Board would be confirmed in due course. On behalf of the Board, she expressed her thanks to Trevor for the contribution he made during his time on the Board.

65 PUBLIC QUESTIONS

Mr Tim Brown expressed his concern that the Black and Minority Ethnic (BME) Health Needs Assessment was over 12 years old. He added that he was not aware of any of the recommendations from the previous Assessment ever being implemented and no feedback had been given. Mr Brown praised Professor Fenton and suggested that the Council liaise with him with regard to best practice. He welcomed the paper attached at Item 11 of the agenda but felt that the report lacked significant evidence of where

BME health needs had been met. In addition, Mr Brown sought assurances that there would be sufficient resources put in place to support all citizens of Doncaster.

The Chair highlighted that discussion would take place at Agenda Item 11 but invited Members to make comments.

Kathryn Singh stated that she had met with Mr Brown and felt that he was fundamental in what he was saying regarding collective information being key. She reported that overall internally against the Race Equality Scheme there was an over representation of employees for BME. She pointed out that this issue was very challenging and through talking with Dr Rupert Suckling there was a need to look at all demographics. She thanked Mr Brown for his comments.

Rupert Suckling welcomed the suggestion of working with Professor Fenton and would seek to take up that offer of support.

Dr David Crichton also reported that the proposals for Joint Health and Social Care would be supported by the Clinical Commissioning Group and would offer their support through working alongside Public Health.

Mr Brown was thanked for his question and comments.

66 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

67 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 3RD MARCH 2016

RESOLVED that the minutes of the Health and Wellbeing Board held on 3rd March, 2016 be approved as a correct record and signed by the Chair.

68 QUARTER 4 PERFORMANCE UPDATE AND FOCUS ON SUBSTANCE MISUSE

The Board considered a report which provided the latest performance figures for the Quarter 4 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 was completed parallel to the refresh of the Health and Wellbeing Strategy. The five outcome areas remain and specific indicators had been identified which would measure progress towards these outcomes in 2015-16. Further information and narrative around the performance was available in Appendix A to the report. The OBA methodology moved away from targets for the whole population indicators and this was reflected in the report. Instead, the trend and direction of travel was the key success criteria.

Members were advised of the additional OBA exercise that had taken place for drugs misuse on individuals, families and communities. This along with alcohol would provide information for a combined area of focus for substance misuse for 2016/17. Additional measures proposed to be included were as follows:-

- Increase the proportion of all in treatment, who successfully complete treatment and do not re-present within 6 months
- Reduce drug related offending (reoffending of DDR clients)
- Increase the number of clients in treatment who live with children
- Increase Numbers in Treatment
- Drug related crime (TBC)

In a response to the Chair's query regarding Outcomes 4&5 being harder to measure, it was stated that as there was more in-depth work to be carried out, the short term performance figures were harder to achieve. It was noted that some outcomes take longer to turn around and become engaged in the programme. Jackie Pederson stated this was something the Clinical Commissioning Group would need to take away and grasp an understanding of the issues but was keen to engage in the process.

Councillor Glyn Jones stated that whilst the information provided a good snap shot, he asked whether there was any possibility of breaking the figures down to give a more accurate picture on the differing levels of intervention to identify any trends. It was noted that this could be accommodated.

Further discussion took place with regard to Outcome 4 and the various elements associated with Dementia. The report was welcomed by the Board but Members felt that the subject warranted a more in-depth discussion at the Board's next meeting in September and requested that it be added to the Forward Plan along with Prevention. It was noted that if any Member of the Board wished to make comments on the matter prior to the meeting they should forward these to Dr Rupert Suckling.

The Board received a presentation by Helen Conroy on Substance Misuse which included the following key areas:-

- Size of the problem: prevalence
- Headline treatment figures for drug treatment
- Emerging issues
- Drugs and Alcohol as a priority
- Successes; and
- Challenges

Following the presentation, it was agreed that further discussion was needed around the subject of prevention. It was also noted that some discussion was required with regard to licensing of premises such as off-licences within the Borough. It was suggested that there was clustering of these premises within the town and a more strategic approach was required.

RESOLVED that:-

- (1) the performance against the key outcomes be noted;
- (2) the presentation on the Alcohol area of focus be noted;
- (3) the Board receive a detailed report on Dementia at its next meeting in September 2016; and

- (4) performance reports will contain drug performance information from Q1 2016-17 onwards.

69 JSNA UPDATE

The Board received an update report which outlined some of the potential challenges facing adult social care over the next 15 years. The report showed that Doncaster had an ageing population but also had a population that had lower disability free life expectancy. Doncaster men and women were living longer with disability than many similar areas and with greater disability would come greater demand on social care services. Additionally the report presented the potential increases in demand for social care that could result from an increasing ageing population.

It was noted that the trajectories described in the report should be regarded as predicting demand if no changes were made in the commissioning and delivery of social care services.

Discussion took place of the following key points within the report:-

- Life expectancy – the report identified evidence of levelling out, which was a national trend.
- Disability Life Expectancy – In relation to the further analysis undertaken at page 56 of the report, clarity was sought as to why the data revealed Doncaster had a higher demand on social care. It was stated that although causes had not been looked into, it was envisaged that it would be disease related such as Cancer, heart disease and respiratory disease. It was also noted that smoking was the biggest contributor for disability.

It was acknowledged that there was a number of new members on the Board and it was advised that the Board had agreed to commissioning a Joint Strategic Needs Assessment for the 2015/16 municipal year and it was envisaged that for 2016/17 the Board would be focussing on Children's Services.

RESOLVED that the report be noted.

70 HEALTH AND SOCIAL CARE TRANSFORMATION UPDATE

The Board received a presentation by Jackie Pederson, Chief Officer, Doncaster Clinical Commissioning Group on the Health and Social Care Transformation Update. Jackie summarised the salient point within the presentation which included the following areas:-

- The Doncaster CCG system vision
- Progress so far
- Next steps
- Changing landscape
- What might the future Doncaster service model look like.

Following the presentation, Members were afforded the opportunity to make comments and ask questions. Councillor Nuala Fennelly made reference to the pilot nursing scheme which had been a success. It was explained that over the years the model of service had become very complex and under the new proposals the service

would become much easier to use and understand. It was reported that the presentation had been very helpful and created a desire to provide the right service.

Further comments were made with regard to the following issues:-

- Lack of GPs
- IT Systems
- Patient confusion on which hospitals to go to

Dr David Crichton, Chair of Doncaster Clinical Commissioning Group stated that at present there were not enough GPs to fill the current gap but under the new proposed model of care, patients would have access to a variety of professionals other than their GP. It was also advised that with the development of integrated IT systems, the service would be moving towards full interoperability of all health and social care systems.

Whilst it was recognised that access to patients would always prove to be a challenge, this would be improved with the proposal for a 24/7 single point of access for patients and professionals. It was also advised that further imaginative work was required within the urgent care system.

In addition, the Board received a presentation from Patrick Birch which outlined proposals for the Adults, Health and Well Being Transformation. Patrick summarised the salient points within the presentation which included the following outcomes:-

- People can lead independent lives in strong and sustainable communities
- People will have choice and control
- People are healthy and safe, especially when in urgent need or crisis

Details on the 5 transformation themes were also outlined within the presentation. Following the presentation members of the Board were afforded the opportunity to ask questions and make comments. Dr Rupert Suckling acknowledged that there were clear challenges ahead but it was encouraging that conversations and discussions were taking place. He stated that the next step of the process was to get others involved.

Jackie Pederson stated as far as the Clinical Commissioning Group were concerned she felt that further conversation needed to be had on the stages of the process and what the boundaries were but emphasised the need for all parties to be involved in those discussions.

RESOLVED that the presentations and update on the Health and Social Care Transformation be noted.

71 HEALTH INEQUALITIES - BME HEALTH NEEDS ASSESSMENT PROPOSAL

The Board received a report which outlined proposals for an updated Black and Minority Ethnic (BME) Health Needs Assessment. It was reported that the last needs assessment in Doncaster was in 2004 and since that time, the health needs of BME communities had been identified through the Joint Strategic Needs Assessment. In 2015 Doncaster established a Fairness and Inclusion forum with an independent Chair. It was noted that the make-up of BME communities in Doncaster was changing

and the 2015 Director of Public Health Annual Report recommended an update of the health needs assessment in order to ensure the local understanding of needs was as full as possible.

It was reported that the Board should ensure an updated BME health needs assessment was undertaken and be led by the steering group. The proposals were outlined as follows:-

- Establish baseline demographic details using the most recent national census data, NHS data and other local census data e.g. school census data (June 2016 to July 2016)
- Review the literature and evidence base for effective engagement approaches, common BME health needs and possible solutions (June 2016 to July 2016)
- Conduct a range of focus groups with identified local BME groups using the Team Doncaster partnership 'map' of groups and other local data. (August 2016 to October 2016)
- Assess any differences in access to and outcomes from local health and care services (September 2016 to October 2016)
- Final report and recommendations back to the Health and Wellbeing Board (December 2016).

A short discussion took place on the proposals and the Board agreed that the proposals be endorsed and Dr Rupert Suckling would lead on the process with support from Board Members.

RESOLVED to agree the proposals and support the production of an updated BME Health Needs Assessment.

72 REPORT FROM THE HEALTH AND WELLBEING STEERING GROUP AND FORWARD PLAN

The Board considered a report which provided an update on the work of the 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.

Dr Rupert Suckling summarised the salient points in the report, which included updates on:

- Childhood Obesity;
- Loneliness and social isolation;
- Sheffield City Region Health and Employment
- Safe and Well Visits (Joint work with South Yorkshire Fire and Rescue)

Further discussion took place on the Forward Plan and following comments from earlier agenda items Members sought the inclusion of Dementia, Prevention and Licensing to be placed on the forward plan for discussion at future meetings.

RESOLVED that:-

- (1) the update from the Steering Group be noted; and
- (2) the proposed Forward Plan as detailed in Appendix A to the report be agreed subject to the inclusion of:-
 - Dementia
 - Prevention
 - Licensing

Prior to the conclusion of the meeting, Damian Allen, Director of Learning and Opportunities brought to the Board's attention the impending SEND inspection. He stated that the SEND Partnership Board were overseeing the preparation for the inspection but urged partners to be present at the meetings if required to do so.

CHAIR: _____

DATE: _____