

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 1ST SEPTEMBER, 2016

A MEETING of the HEALTH AND WELLBEING BOARD was held at the MONTAGU HOSPITAL, MEXBOROUGH on THURSDAY, 1ST SEPTEMBER, 2016, at 9.30 a.m.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing
Vice-Chair – Susan Jordan, Chief Executive, St Leger Homes of Doncaster

Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Dr David Crichton	Chair of Doncaster Clinical Commissioning Group
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Peter Dale	Director of Regeneration and Environment, DMBC
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Joanne McDonough	Assistant Director for Doncaster Community Integrated Services, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), substituting for Kathryn Singh
Jacqueline Wilson	Director of Transformation, Doncaster Children's Services Trust, substituting for Paul Moffat
Riana Nelson	Assistant Director for Children's Commissioning, DMBC, substituting for Damian Allen
Steve Shore	Chair of Healthwatch Doncaster
Mike Pinkerton	Chief Executive, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
DCI Jade Brice	South Yorkshire Police, substituting for Acting Chief Superintendent Colin McFarlane
Norma Wardman	Chief Executive, Doncaster CVS
Jon Tomlinson	Interim Assistant Director Commissioning, DMBC, substituting for Kim Curry

Also in attendance:

Allan Wiltshire, Head of Performance and Data, DMBC
Wayne Goddard, Integrated Lead for Dementia, DCCG and DMBC
Roy Barnes, Commissioning Officer, Adults, Health and Wellbeing, DMBC
Andy Maddison, Public Health Improvement Coordinator (Risk Taking behaviours), DMBC
Kirsty Thorley, Public Health Improvement Officer, DMBC
Sarah Smith, Public Health Improvement Coordinator, DMBC
Clare Henry, Public Health Specialist, DMBC
Teresa Hubery, Senior Planning Officer, DMBC

73 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Kim Curry (Jon Tomlinson deputised), Kathryn Singh (Joanne McDonough deputised), Steve Helps, Acting Chief Superintendent Colin McFarlane (DCI Jade Brice deputised) and Councillor Cynthia Ransome. Also in attendance were Jacqueline Wilson for Paul Moffat, and Riana Nelson for Damian Allen.

The Chair welcomed Wendy Sharps and Eileen Harrington, who were observing today's meeting.

The Chair also welcomed Susan Jordan following her appointment as Vice-Chair of the Board for the 2016/17 Municipal Year.

74 CHAIR'S ANNOUNCEMENTS

There were no announcements by the Chair.

75 PUBLIC QUESTIONS

There were no questions from members of the public.

76 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

77 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 9TH JUNE 2016

RESOLVED that, subject to the inclusion of apologies from Norma Wardman, the minutes of the Health and Wellbeing Board held on 9th June 2016 be approved as a correct record and signed by the Chair.

78 QUARTER 1 PERFORMANCE UPDATE AND FOCUS ON DEMENTIA

The Board considered a report which provided the latest performance figures for the Quarter 1 period, 2016-17.

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 remained and a new outcome on drugs had been introduced for 2016-17. A number of specific indicators had been identified which would measure progress towards these outcomes in 2016-17.

Further information and narrative around the performance was set out in Appendix A to the report.

The Board discussed the key points and narrative behind the latest performance figures for each outcome area in turn, as summarised below:-

Outcome 1: All Doncaster residents to have the opportunity to be a healthy weight

The Board noted that research was currently being undertaken around trends in the National Child Measurement Programme data and a hotspot analysis was being carried out, the results of which would be available in Quarter 3.

With regard to performance indicator (d) (% of adults achieving at least 150 minutes of physical activity per week), Dr Rupert Suckling reported that Sport England had re-launched its national strategy to help tackle this issue. He also drew attention to the Stakeholder event to be held on 16 September 2016 in respect of a Whole Systems Approach to Physical Activity, Leisure and Sport. Members also noted that work was ongoing in identifying the barriers faced by people in engaging in sport, particularly in deprived areas.

Arising from discussion on encouraging physical activities in schools, Cllr Nuala Fennelly and Dr Rupert Suckling agreed to follow this issue up at a future joint public health and learning and opportunities portfolio meeting.

Outcome 2: All people in Doncaster who use alcohol do so within safe limits

In response to a suggestion made by Jacqueline Wilson, Allan Wiltshire undertook to contact the Doncaster Children's Services Trust to ascertain whether there were any measures that the Trust held that could complement the existing performance information in the report in relation to the impact of alcohol on vulnerable children.

During discussion on alcohol related crime and the issue of data integrity, DCI Jade Brice explained that it was expected that some figures would rise in the future as a result of the Police reviewing the way in which incidents were recorded. He explained that Officers now had to navigate complex data recording rules, and were obliged to include in the figures allegations of assaults and other incidents even where these had not been detected or proven.

With regard to the use of Licensing powers to help control the sale of alcohol, Dr Rupert Suckling confirmed that there were currently 2 cumulative impact zones operating in Doncaster, which had resulted in some licence applications from off licence premises being turned down. It was noted that further local measures were currently being explored, such as the possible inclusion of pubs in the cumulative impact zones. Arising from this discussion, it was agreed that the Board would receive a briefing by Dr Rupert Suckling and Peter Dale at a future meeting on the actions being taken by the Council through its Licensing powers to control the sale of alcohol.

Outcome 3: Families who are identified as meeting the eligibility criteria in the expanded stronger families programme see significant and sustained improvement across all identified issues

Jacqueline Wilson advised that the Doncaster Children's Services Trust was currently dealing with approximately 2500 children by way of open caseloads. With this in mind, she questioned why such a narrow cohort of families was being reported to this Board and felt that this was a missed opportunity. In response, Dr Rupert Suckling explained that whilst wider information was always useful, the Outcomes and Performance Indicators in the report reflected the Board's current areas of focus.

Outcome 4: People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis

The Chair, Councillor Pat Knight, pointed out that, while it was pleasing that the latest figures for the number of hospital admissions and deaths for people with dementia had seen a reduction, it was disappointing that there had been a drop in the number of installations for Assistive Technology for people with dementia and she asked how this situation could be addressed. In response, Jon Tomlinson confirmed that Assistive Technology was at the heart of enabling people with conditions such as dementia to remain living at home for longer. He reported that the Council was currently undertaking a re-tendering exercise for the Care at Home contracts and this was at the evaluation stage. As part of this, prospective providers would be expected to include Assistive Technology in their care packages.

The Board then received a presentation by Wayne Goddard and Roy Barnes on Dementia which informed Members of the progress being made and challenges faced from a dementia perspective using the following three headlines:

- What's gone well?
- What's not gone so well?
- How can the HWB help to enable us to do better?

At the commencement of the presentation, Members were shown a short animated video which illustrated the dementia pathway. The Officers then summarised the progress made and the challenges faced in delivering against the Dementia Strategy's five key areas of focus and objectives, as follows:-

- to raise awareness, increase understanding and reduce stigma so people who may be experiencing symptomology are supported and offered the opportunity to receive a diagnosis at the earliest opportunity;
- to deliver a diagnostic assessment and treatment process that is consistent and effective resulting in a timely diagnosis that is delivered sensitively and with the offer of on-going support;
- to deliver post diagnostic support to enable people with dementia and their families to live well;
- to ensure if and when residential care is necessary, this should be the last resort and that the care received will be of high quality; and
- to ensure End of Life is planned, empowering the person with dementia to be in control as soon and for as long as possible, promoting a dignified death in a place of choice.

The Officers also gave details of other associated successes and challenges and outlined a sustainability and transformation plan for dementia. They concluded with some suggested ways in which Board members could help to build on the success already achieved.

During subsequent discussion, the Board recognised the importance of incorporating dementia friendly measures when re-developing town centres and, in particular, in the provision of public buildings and other facilities such as libraries and shopping centres.

Councillor Nuala Fennelly felt that more work was needed in terms of raising public awareness, as many people still did not recognise or understand conditions such as dementia. In reply, Wayne Goddard confirmed that raising awareness was a key building block of the Dementia Strategy.

Outcome 5: Improve the mental health and wellbeing of the people of Doncaster

During discussion on the suite of indicators relating to mental health services, Councillor Nuala Fennelly informed the Board that she had visited 78 schools across Doncaster as part of a report on special needs. This work had found that in 75% of schools, children were feeling stressed at Years 3 and 4 and there was a risk that in some of those cases, there could be mental health implications in later years. Jacqueline Wilson reported that at a 'Growing up in the North' event for young people, the key message from participants was that they needed advice with regard to staying calm and on top of their feelings.

Steve Shore expressed the view that a greater level of support was needed for young people in the 15-19 age bracket due to there being an apparent gap in referrals to services. In reply, Riana Nelson advised that work was being done in this area to mitigate the situation.

Joanne McDonough reported that RDaSH was currently in the process of integrating its physical and mental health services.

Outcome 6: Reduce the harmful impact of drug misuse on individuals, families and communities

In relation to drug misuse, Susan Jordan expressed the view that it would be helpful if information about the housing situation of users, e.g. in rented accommodation, homeless, in own home/owner, could be picked up at the point of presentation to the service if possible. This could then be used in the Substance Misuse Strategy and incorporated into the Performance Information.

It was then

RESOLVED that:-

- (1) the performance against the key outcomes be noted;
- (2) the presentation and video on the Dementia area of focus be noted;
- (3) the Board receive further information on Housing, including links to the Anti-Poverty Strategy, as the area of focus in Quarter 2, 2016-17; and
- (4) in relation to Outcome 2 (Alcohol), a briefing be given to the Board at a future meeting by Dr Rupert Suckling and Peter Dale on the

actions being taken by the Council through its Licensing powers to control the sale of alcohol.

79 HIDDEN HARM STRATEGY

The Board received a presentation by Andy Maddison on the Doncaster Hidden Harm Strategy – Drug and Alcohol Misuse in the Household 2016-19. This was a three-year strategy to identify, support, safeguard and improve the health and wellbeing of families where there was drug and alcohol misuse. A copy of the Strategy was included in the agenda papers. Members noted that Appendix A (Action Plan) had been omitted from the Agenda Pack and that this would be circulated to Members after this meeting.

During subsequent discussion, Jacqueline Wilson felt that the Strategy lacked information in a number of areas and did not provide a sufficiently accurate summary of what was currently happening in Doncaster.

Susan Jordan suggested that it would be useful to establish links between this area of work and the Doncaster Safeguarding Adults Board and offered to raise this at a future meeting of that Board.

RESOLVED that the Board agrees to provide governance and hold to account those partners integral to the success and implementation of the Hidden Harm Strategy.

80 HEALTH AND SOCIAL CARE TRANSFORMATION UPDATE (PREVENTION)

The Board received and noted a discussion paper and presentation by Dr Rupert Suckling and Sarah Smith on the issue of prevention.

The Board was asked to consider the question of how to ensure a system wide commitment to the prevention agenda across Doncaster and what the initial focus should be for a high impact area of prevention.

On the subject of focussing on a high impact area of prevention, Dr David Crichton suggested that smoking and obesity should be treated as priorities.

Members then discussed various issues in relation to prevention, including the following:-

- Councillor Nuala Fennelly felt that more could be done in terms of providing members of the public with guidance and information to help them make healthier lifestyle choices and take steps to improve their health and wellbeing.
- Arising from a comment by Steve Shore, the Board discussed the important role that Employers had in spreading the health and wellbeing message to their employees and helping them and their families to lead healthier lifestyles. Peter Dale stated that he would raise this as an agenda item at a future meeting of the Enterprising Doncaster Board. Susan Jordan added that St Leger Homes of Doncaster were currently working towards obtaining a Workplace Wellbeing Charter.

- The Board recognised that cultural and societal issues often had a significant influence on people's lifestyles and health and wellbeing and the key to success was in identifying different ways of educating and engaging with people to get the message across.
- Richard Wells, Chair of the Doncaster Local Pharmaceutical Committee drew the Board's attention to the Government's proposed cuts to community pharmacy funding. He then highlighted the important role that pharmacies could play in prevention work.

In summing up, Dr Rupert Suckling suggested that the Board's Steering Group should be tasked with carrying out further work in relation to the Prevention Strategy and the agreed high impact areas of obesity and smoking, with a further report being brought back to this Board at the appropriate time.

RESOLVED that:-

- (1) smoking and obesity should be the initial focus for high impact areas of prevention; and
- (2) the HWB Steering Group be asked to carry out further work in respect of the Prevention Strategy and, in particular, the high impact areas identified above for consideration at a future Board meeting.

81 DONCASTER'S LOCAL PLAN AND HEALTH AND WELLBEING

The Board received and noted a presentation by Clare Henry and Teresa Hubery which provided an update on the development of the Local Plan and outlined where opportunities to support residents to lead healthier lives had been incorporated.

Members were informed that the National Planning Policy Framework 2012 had recognised the importance of promoting healthy communities and acknowledged that the built and natural environment impacted on people's health and wellbeing. In terms of Doncaster's Local Plan, the Board noted that this included a new aim – "Aim 8 – Improve the health and wellbeing of people of all ages and backgrounds and reduce inequalities and ill health (including obesity rates) across the Borough." This would enable the Council to take measures such as restricting the number of hot food outlets/takeaways in certain parts of the Borough and have greater control over their locations. Another initiative was the introduction of Health Impact Assessments (HIAs), which was a means of judging the effects of a proposed development on the health and wellbeing of different groups of people. HIAs would be required where certain criteria were met.

After the Board had welcomed the incorporation of the health and wellbeing element in the Local Plan, and the officers had answered questions, it was

RESOLVED to note the contents of the presentation.

82 LOCAL DIGITAL ROADMAP

The Board received a presentation and paper by Andrew Clayton on the Doncaster Local Digital Roadmap. This was a plan to join up information and systems across

health and care providers in Doncaster, with the ambition of delivering comprehensive shared health and care records, available to all appropriate practitioners at the point of care, by 2020. Members were advised that delivery of the roadmap would be beneficial in a number of ways, including:-

- Better information sharing between practitioners across health and care services would improve the quality and safety of services provided; and
- Access to more digital health and care services and the increased capability provided by these services to support patient self-care would help to improve health and wellbeing in Doncaster.

During subsequent discussion, Members acknowledged that this project, including the development of a shared care record and joined up infrastructure, would amount to a significant piece of work. It was noted that partners were already looking at data sharing agreements and it was hoped that the project would be in a strong position to challenge effectively for funding at the appropriate time.

RESOLVED to endorse the Doncaster Local Digital Roadmap.

83 REPORT FROM HWB 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.

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

- Obesity;
- BME Health Needs Assessment;
- Better Care Fund;
- Personal Health Budgets; and
- Forward plan for the Board.

RESOLVED:

- (1) to note the update from the Officer Group; and
- (2) to agree the proposed Forward Plan, as detailed in Appendix A to the report.

CHAIR:_____

DATE:_____