



Minutes of the meeting of the Healthier Doncaster Theme Group held on 3rd September 2008 in the Board Room, White Rose House, Doncaster

Present:

Joan Beck	Doncaster MBC
Tony Baxter	Doncaster PCT / DMBC
Christine Boswell	Doncaster PCT
Jayne Brown	Doncaster PCT
Margaret Cox	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Diane Derbyshire	Doncaster CEN
Ian Greenwood	Doncaster & Bassetlaw Hospital NHS Foundation Trust
Roger Greenwood	Doncaster PCT
Cllr Eva Hughes	Doncaster MBC
Madeleine Keyworth	Rotherham, Doncaster and South Humber NHS Foundation Trust
Jackie Lewis	Doncaster CEN (Chair)
Debbie Smith	Rotherham, Doncaster and South Humber NHS Foundation Trust

In Attendance

Arnold Drakeley	Doncaster PCT
Claire Larner	Doncaster PCT
Michaela Pinchard	Doncaster MBC (Item 7)
Sarah Rogerson	Doncaster CEN

Apologies:

Apologies for absence were received from Nigel Clifton, Helen Dabbs, Gillian Fairfield (*Debbie Smith attended as substitute*), Cllr. Barbara Hoyle, Karen Robinson and Norma Wardman.

374.	Minutes of the meeting held on 22nd May 2008	
	The minutes were agreed as an accurate record.	
375.	Matters Arising	
	364. Healthier Doncaster Theme Group – Charing Arrangements RG proposed that a letter be sent to the Mayor on behalf of the Theme Group asking for an early resolution to the issue of Local Authority members not having yet been appointed to sit on the Healthier Doncaster Theme Group. Members supported the proposal.	CL / AD
376.	Review of Healthier Doncaster Theme Group Structure	
	AD presented a detailed report setting out a number of proposals for improving the working arrangements within the Healthier Doncaster structure. Members were advised that research has been undertaken into how health theme groups in other areas operate and members of the Core Officer Group were invited to complete a questionnaire to share their views on how they felt the current structure was working	

	<p>and how it might be improved.</p> <p>Members discussed roles and responsibilities and agreed that the lack of clarity over boundaries between the Theme Group and the Core Officer Group, and the confusion over whether the Theme Group needed to be focused on commissioning or act as a partnership forum for networking, needed to be addressed. The report set out the functions and separated them into three distinct levels, strategic, coordinating, and delivery. Members were advised that the strategic role was obviously the responsibility of the Theme Group and members agreed that although the membership of the Theme Group was still appropriate, the group needed to concentrate on strategic issues and delegate the more operational issues to the next level down in the structure. Members were not in favour of moving to six meetings per year, but instead opted to try and maximise the value of the current level of four meetings. In order to achieve this, it was agreed that agendas would be spilt into two sections, one section for items for discussion and decisions and the other for information only. Members also felt it was important to reduce the number of items on the agendas to allow for fuller discussions to take place on the big strategic issues.</p> <p>In terms of the coordinating role, it was agreed that it was no longer necessary for this to take place at Director level and members felt it would be more appropriate to delegate this role to the new Joint Commissioning Forum which includes all the Joint Commissioning Managers and lead officers for the Partnership Boards. SR questioned whether the third sector could be represented on the Joint Commissioning Forum. Members agreed that it would be acceptable for a representative from CVS to attend those meetings however providers would be able to input through strategic discussions at Theme Group level particularly in terms of setting strategic direction and intent and through the Partnership Boards who would be responsible for delivery level functions.</p> <p>Members all agreed that partnership working was a strength that the Theme Board needed to retain. EH added that DMBC needed to have an internal debate around who the most appropriate representatives are to sit on the Theme Group.</p>	
<p>377.</p>	<p>Workplace Health</p>	
	<p>AD presented a report on workplace health to raise awareness and gain support for a programme of work for Doncaster's major employers to develop work-based models of healthcare. The report, which follows on from a paper supported by the PCT's Senior Management Team and the Public Health Partnership Board, titled 'Developing a Centre of Excellence for Workplace Health' summarised the national drivers such as Dame Carol Black's report, 'Working for a Healthier Tomorrow: Review of the Health of the Working Age Population' and the Darzi Review as well as the local initiatives such as the Barriers to Employment research, the Work,</p>	

	<p>Skills & Enterprise programme, LEGI and IAPT (Improving Access to Psychological Therapies). The aim of this work is to try and coordinate all these different initiatives, removing the silos and bringing them into a whole model which will help keep people healthy and in work and provide support for those who, due to illness, find themselves out of work.</p> <p>Members supported the proposals and agreed that strategic buy-in should be sought from the DtS Board. It was noted that member organisations needed to question whether, as employers, they present themselves as exemplars, and members agreed that they need to lead from the front on this issue.</p>	<p>AD</p>
<p>378.</p>	<p>Reducing Health Inequalities in Doncaster: Achieving Sustained Change</p>	
	<p>TB outlined the 'Achieving Sustained Change' programme, which builds on the 'Achieving Early Impact Programme' and sets out explicitly the strategic action needed to tackle health inequalities in Doncaster. The strategy consists of four strategic action themes; Commissioning Health Improvement for the Whole Population, Getting Best Fit between Needs and Resources, Tackling Issues Common to Doncaster's Most Disadvantaged Communities and finally, Developing Enhanced Public Health Profiles and Programmes.</p> <p>Members were informed that the first theme concentrates on assessing the needs of the local population and commissioning evidence based services to meet those needs. The Joint Strategic Needs Assessment (JSNA) will need to be key to this process. The second theme looks systematically at services in terms of how resources are invested and assesses the impact they are having, using a Programme Budgeting and Marginal Analysis approach. The third theme concentrates on developing prevention and health promotion programmes around Choosing Health priorities such as smoking, diet and exercise. This will be delivered through a series of programme enablers including, the JSNA and health literacy and social marketing campaigns. The final theme centres on the development of enhanced public health profiles for the most deprived communities, where information on each area is pulled together to provide a comprehensive needs assessment for each community. Enhanced public health programmes are then commissioned to meet these specific needs.</p> <p>Members supported this approach and commented that it was important to tap into local knowledge from within communities. IG also questioned what the role of providers and clinicians should be in terms of prevention and education. TB noted that the issue of how to pull everyone into the process still needed further consideration. Members also felt that it was important not to neglect other areas through focusing primarily on the most deprived areas in the borough.</p>	

379.	Personalisation / Self-Directed Support	
	<p>Michaela Pinchard from DMBC gave a presentation on Personalisation & Self-Directed Support through Individual Budgets. Key points to note include:</p> <ul style="list-style-type: none"> • The personalisation agenda links to Outcome 4, Increased Choice & Control from the outcomes framework in 'Our Health, Our Care, Our Say' and aims to fundamentally transform the way social care is commissioned and delivered, moving to more tailored, flexible support, with a greater focus on prevention. • It is also intended to move away from and simplify the current complex, paternalistic system. • By 2011 all Council will have to have introduced individualised budgets. DMBC has planned to have Personal Budgets in place for all users by April 2010. • Key challenges include, the need to bring about a culture change among staff and social care clients and the challenge of becoming the service of choice. • In terms of how the process will work for service users, this will commence with a self-assessment questionnaire being completed to establish need. This is then scored and an indicative Individual Budget is agreed through the Resource Allocation System. A plan, which is focused on user-determined outcomes, is then agreed outlining what support is needed. Agreement is also needed to decide who will manage the plan and the personal budget. Once support has been organised and put in place, a review will take place after a certain length of time to ensure the outcomes within the plan are being met. • Members were advised that the reviews were vital in order to learn from the process, as this is all new, not just for Doncaster, but all Local Authorities around the country. <p>JBe noted that lots of questions and assumptions still remain, particularly the around the issue of whether people in Doncaster will actually want to be in control of commissioning their own care and whether the market of other providers exists locally. It was noted that this was an issue that CSCI will need to consider.</p>	
380.	Domestic Violence	
	<p>AD presented a paper summarising the outcome of the DtS Board's strategic issue review on domestic violence. In terms of the recommendations to create a cross-thematic strategic group to take forward this work, JBr advised members that she would act as the senior level champion and Denis Atkins, the PCTs Domestic Violence Coordinator would represent the Theme Group and feed back on progress.</p>	DA
381.	Sustainable Community Strategy	
	<p>CL updated members on the progress of the Borough Strategy review and presented members with the latest version of the strategy, which has taken into account comments received from members following consultation on the previous draft. It was agreed that the final version</p>	CL

	will be circulated to members once it has been agreed by Full Council on 20 th October.	
382.	Forward Plan	
	<p>Following on from the item on Review of Healthier Doncaster Theme Group Structure, CL outlined the proposal to divide future agendas into two separate sections, one for strategic items and the other for business items, with the business items being for information only, allowing more time for discussion of the more important strategic issues.</p> <p>Members agreed the proposal and in terms of the draft agenda for the next meeting, it was agreed that the Comprehensive Area Assessment (CAA), the DPH Annual Report and the Darzi Next Stage Review should be the discussion items at the next meeting. It was also agreed that the issue of Corporate Social Responsibility should be included on the agenda for a future meeting in the new year.</p>	CL / AD
383.	Any Other Business	
	There was no other business discussed.	
384.	For Information Only	
	Members noted the items for information only.	
385.	Date, Time and Place of Next Meeting	
	The next meeting will be held on Friday 21 st November at 9.30am in the Board Room, Park Lodge. Dates for 2009 will be confirmed as soon as possible.	