



Minutes of the meeting of the Healthier Doncaster Theme Group held on 18th February 2009 in the Board Room, Park Lodge, Doncaster

Present:

Joan Beck	Doncaster MBC
Christine Boswell	NHS Doncaster
Nigel Clifton	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Helen Dabbs	Rotherham, Doncaster and South Humber NHS Foundation Trust
Diane Derbyshire	Doncaster CEN
Roger Greenwood	NHS Doncaster
Madeleine Keyworth	Rotherham, Doncaster and South Humber NHS Foundation Trust
Jackie Lewis	Doncaster CEN (Chair)
Cllr. Martin Williams	Doncaster MBC

In Attendance

Gillian Damms	DMBC (Item 4.1)
Joanne Kelsall	Doncaster CVS (Item 4.1)
Claire Lerner	NHS Doncaster
Liz Matthews	Doncaster CVS / CEN

Apologies:

Apologies for absence were received from Tony Baxter, Ian Greenwood, Cllr Eva Hughes, Jackie Pederson, and Chris Scholey.

	The Chair opened the meeting and welcomed Councillor Martin Williams to his first meeting of the group. Members were also advised that this would be Chris Boswell's last meeting at the group as a representative of the PCT however Chris would attend future meetings in her new role as Chief Executive of RDASH. Members also noted that the group had lost Jayne Brown as a member following her departure to York and North Yorkshire PCT. It was agreed that a letter should be sent to Jayne thanking her for her valuable contribution to the group over the years. <i>[Post meeting note: a similar letter should also be sent to Karen Robinson who served on the group as the Director of Service Provision for the PCT. Karen has recently taken up a new post within the Local Authority].</i>	CL CL
396.	Minutes of the meeting held on 21st November 2008	
	The minutes were agreed as an accurate record.	
397.	Matters Arising	

	<p>388. Comprehensive Area Assessment CB noted that she had fed back the group's proposal to the DtS Board. She also noted that she had received feedback from colleagues at Kirklees PCT on their experiences as one of the PCTs involved in the CAA pilots. It was agreed that the presentation would be circulated with the minutes.</p> <p>393. Any Other Business JB noted that the CSCI Star Ratings for Adult Social Care had been published and she was pleased to note that for the first time Doncaster had received two stars. DMBC also received three stars for its in house home care services. The group congratulated Joan and her team on their excellent work.</p>	<p>CL</p>
<p>398.</p>	<p>COMPACT</p>	
	<p>Gillian Damms from DMBC and Joanne Kelsall from Doncaster CVS presented the final version of Doncaster's Compact, its Codes of Practice and Mediation Process that were approved by the DtS Board in December.</p> <p>Members were advised that the Compact is an agreement, comprising of a set of standards, between the third sector and public sector organisations which is intended to enhance working relationships. It was noted that the first Compact was signed off in November 2005 however there have since been a few structural changes made to the framework document. In addition, both Overview & Scrutiny and the DtS Board have recommended that an Equalities Code of Practice be developed. It has been agreed that this will be developed by December 2009.</p> <p>In terms of the role of the Theme Group in implementing the Compact, members were advised that the Chair and all members would be expected to act as strategic 'Compact Champions', meaning they would promote the use of the Compact and Codes of Practice within the work of the Theme Group and in their respective organisations. Organisations will also be expected to nominate operational 'Compact Champions'.</p> <p>A Compact Monitoring & Implementation Group (CMIG) has been established to oversee the implementation of the Compact and representation is required on this group from public sector and third sector partners. It was noted that the CMIG is expected to meet three times a year while the Strategic Champions would be required to attend a yearly event. MK and NC requested clarification as the report suggested representation from the Hospital Trust. JK noted that it should have listed both Trusts within Doncaster. Members were advised that a signing event for the revised Compact had been arranged for 17th March at 12.30 at the Carr House Centre. Members expressed concerns that they were expected to attend this event however no consultation had taken place regarding the date and time and that at such short notice it was unlikely they would all be able to</p>	<p>ALL</p>

	<p>attend. Concern was also raised in terms of the fact that the Boards of the three NHS Trusts would need to have agreed the Compact before their Chairs or Chief Executives could sign up to it. As a way forward it was agreed that GD would send an electronic copy of the Compact and Codes of Practice to the Trusts in order to enable them to try and consider them at their next Board meeting before the signing event. It was also agreed that GD and JK would feedback the group's frustration over the lack of consultation regarding the date of the signing event.</p>	<p>GD / JK GD / JK</p>
<p>399.</p>	<p>World Class Commissioning Assurance Process</p>	
	<p>CB presented the key findings from the PCT's WCC Panel Day Assessment that took place in December. Firstly members were advised that the PCT is in the process of drafting a press release to publicise the results although efforts were being made to make it meaningful to members of the general public. It is anticipated that the Department of Health will publish all the results nationally in early March.</p> <p>In terms of key messages, the Panel felt the PCT was stable and well performing but could be 'bolder' or more ambitious. It highlights the strong processes and relationships the PCT has and makes four separate recommendations for how the PCT could move towards becoming world class. The first recommendation recognises the strength of informal partnership working in Doncaster but highlights the future commissioning challenges this could present and suggests a move to more formal, contractual arrangements. The second recommendation is around the PCTs overall strategy, which the Panel did not perceive to be ambitious enough and which they felt just focused on growth money. Members were advised that the PCT does not feel this is the case and feel it may be down to the way it was communicated during the Panel Day. The third recommendation centres around the issue of clinical engagement which the Panel recognises is extremely strong within the PCT however it feels more work is needed around supporting practice based commissioners to undertake more patient and public involvement work. The fourth focuses on the issue of risk with the Panel urging the PCT to become less risk averse. This means a change of culture to become a learning organisation, recognising that not all pilots or projects will work but to give new innovative ideas a go and to learn from them.</p> <p>An explanation of the overall scorecard was also given which outlines the PCT's performance against the ten health outcomes it has chosen to prioritise and against the set of ten competencies which are scored from level one to four, with four being world class. The PCT was judged as level one for two of the competencies, level two for seven of them and level three for one. Members were advised that these scores put Doncaster among the top performing PCTs nationally. The competencies that only rated as ones are areas where the PCT recognises it has more work to do. The scorecard also includes a RAG rating for Governance which is split into three categories;</p>	

	<p>Strategy, Finance and Board Governance for which the PCT was scored as Amber, Green, and Green respectively.</p> <p>Members welcomed the presentation and commended the PCT on its hard work. The group also acknowledged the potential knock-on effects of the recommendations on partnership working but felt that relationships in Doncaster were mature enough to take this on board.</p>	
400.	Safeguarding Annual Report	
	<p>JB gave a brief overview of the Doncaster Safeguarding Adults Partnership Board Annual Report for 2007/08 highlighting the key points.</p> <p>Due to the raised profile and increased training and awareness of the safeguarding agenda, there has been an increase in referrals with the highest number of these coming from care homes, the Local Authority and Acute Trust. Also it was noted that for the first time the majority of alleged perpetrators are paid workers.</p> <p>Safeguarding lead practitioners have been recruited within the PCT, DBHFT and RDASH, and the Local Authority as well as considering if it requires a similar post, is also recruiting six additional social workers specifically to deal with safeguarding issues.</p> <p>In terms of governance, RG questioned where the Safeguarding Board sits and also whether it would be more appropriate for it to have an independent Chair. JB noted that the group had been considering these issues and felt the Board should report to Healthier Doncaster however they had not felt that having an independent Chair was something the group wished to pursue at the moment due to the cost implications. DD raised the issue of vol /com sector representation on the Board and was advised that this was an issue that was due to be reviewed. The issue of funding was also discussed in terms of whether the service is currently underfunded. JB noted that additional funding would help particularly as some of the current funding is short-term. JL noted that it was just as important to embed quality into the services through the contracting mechanisms to prevent abuse from occurring.</p> <p>In terms of wider Safeguarding issues and links to the 'Be Healthy' agenda, RG questioned whether it would be appropriate for the group to request an update on children's safeguarding. JB confirmed that a letter should be sent to Paul Hart requesting a written update.</p>	CL
401.	Deprivation of Liberty Safeguards (DOLS)	
	<p>JB gave a brief update on the DOLS that are an addition to the Mental Capacity Act and will come into force from April 2009. The safeguards, which are intended to protect service users, will be applied to care homes and hospitals. Members were provided with an outline of when the safeguards would apply and the complex process that needed to be followed, and were asked to note the fundamental</p>	

	<p>difference between deprivation of liberty and restriction of liberty. Members were also informed that the Mental Health Act takes precedence over the Mental Capacity Act.</p> <p>In terms of who represents the person being assessed, members were informed that DMBC is looking into extending the contract for the IMCAs to also take on this role if the person has no family or anyone else to represent them. A report has been produced for Cabinet which scopes the impact of implementing the DOLS and suggestions are for there to be a joint supervisory body between the Local Authority and the PCT. Members were also advised that there is currently a shortage of Section 12 doctors to carry out the role of Mental Health Assessors however other staff are in the process of being recruited. It was noted that training on the DOLS is underway and implementation will be monitored and inspected through CSCI as part of the routine inspection processes.</p>	
<p>402.</p>	<p>Chairing Arrangements</p>	
	<p>JL presented the report setting out various proposals for reviewing the chairing arrangements for the group as the term of office for the current chair is due to expire shortly. Members acknowledged that the established process of alternating the chairmanship on an annual basis is no longer practical now the group only meets four times a year.</p> <p>Members revisited the role and purpose of the group and agreed its responsibilities were to oversee the health elements of the LAA, consult, engage and explore new policy areas with partners with a view to achieving a consensus. It was also thought that the group provides partners with the opportunity to influence strategic decisions although members were clear that business and finance decisions were the remit of the respective organisations, not the Theme Group. It was also agreed that members needed to take responsibility for shaping and agreeing agendas.</p> <p>Some members were happy to continue to rotate the chairmanship between sectors as they felt it put all partners on an equal footing. However, members also felt the group lacked drive and needed a dynamic chair who could lead the group in a proactive way. It was agreed that the group needed to elect a permanent chair or to extend each term of office to last at least two years.</p> <p>As the meeting had overrun and some members had had to leave, no decisions were made therefore it was agreed that this should be the first item on the agenda for the next meeting and that as an interim measure JL should chair that meeting.</p>	<p>CL</p>
<p>403.</p>	<p>Forward Plan</p>	
	<p>Due to the meeting overrunning there was insufficient time to consider the Forward Plan therefore it was agreed that this should be circulated via e-mail asking members to agree which items they wish to discuss</p>	<p>CL</p>

	at the next meeting and to propose items for future meetings.	
404.	For Information Only	
	Members noted the items for information only.	
405.	Any Other Business	
	There was no other business discussed.	
406.	Date, Time and Place of Next Meeting	
	The next meeting will be held on Wednesday 20 th May at 2.00pm in Board Room 2, St. Cath's House.	