



Minutes of the meeting of the Healthier Doncaster Theme Group held on 21st November 2008 in the Board Room, Park Lodge, Doncaster

Present:

Joan Beck	Doncaster MBC
Tony Baxter	Doncaster PCT / DMBC
Christine Boswell	Doncaster PCT
Peter Burton	Rotherham, Doncaster and South Humber NHS Foundation Trust
Margaret Cox	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Helen Dabbs	Rotherham, Doncaster and South Humber NHS Foundation Trust
Diane Derbyshire	Doncaster CEN
Cllr. Barbara Hoyle	Doncaster MBC
Jackie Lewis	Doncaster CEN (Chair)
David Oldroyd	Doncaster CVS
Jill Turner	Doncaster & Bassetlaw Hospitals NHS Foundation Trust

In Attendance

Gavin Baldwin	Doncaster Active Partnership (Item 4.2)
John Casey	Audit Commission (Item 4.1)
Arnold Drakeley	Doncaster PCT
Claire Larner	Doncaster PCT
Laurie Mott	Doncaster PCT (Item 4.4)
Julie Topping	Government Office Yorkshire & Humber
Karen Wardman	Doncaster CEN
Julie Warren	Doncaster PCT (Item 4.3)

Apologies:

Apologies for absence were received from Jayne Brown, Nigel Clifton, Ian Greenwood (*Jill Turner attended as substitute*), Roger Greenwood, Cllr Eva Hughes, Jackie Pederson, Karen Robinson, Madeleine Keyworth (*Peter Burton attended as substitute*) and Norma Wardman.

386.	Minutes of the meeting held on 3rd September 2008	
	The minutes were agreed as an accurate record.	
387.	Matters Arising	
	<p>364. Healthier Doncaster Theme Group – Charing Arrangements JL informed members that she had received a response from the Mayor regarding the Local Authority representation on the Theme Group. Members were informed that the Mayor had appointed Cllr Martin Williams and Cllr John Mounsey to serve on the Theme Group. Members were unclear as to whether Cllr Eva Hughes or Cllr Barbara Hoyle had been reappointed. [<i>Post meeting note: it has been confirmed that Cllr Eva Hughes had already been appointed to serve on the Healthier Doncaster Theme</i>]</p>	

	<p><i>Group. Cllr Barbara Hoyle had not been reappointed as a member of the group]. A letter will be sent to Cllr Hoyle on behalf of the group thanking her for her valuable contribution to the group over recent years.</i></p> <p>377. Workplace Health AD advised members that he hoped this would be considered by the DtS Board at its meeting in January.</p>	<p>CL</p>
<p>388.</p>	<p>Comprehensive Area Assessment</p>	
	<p>John Casey, the Comprehensive Area Assessment lead for South Yorkshire from the Audit Commission gave a brief overview presentation of the Comprehensive Area Assessment regime that will come into effect next year. Key points to note were:</p> <ul style="list-style-type: none"> • CAA is a new collective assessment framework and will coordinate the work of a number of different inspectorates such as Ofsted, CSCI, and the Healthcare Commission and will focus on priority outcomes within Local Area Agreements and Sustainable Community Strategies. • The assessment will also focus more on services and their impact on local people than on organisations themselves and will be more forward looking than previous regimes that just concentrate on past performance. • Key challenges include; improving efficiency and value for money, promoting sustainable development and increasing citizenship and community empowerment. • The CAA will be carried out using shared evidence and analysis across the inspectorates. It will centre on three key questions; How well do local priorities express community needs and aspirations? How well are the outcomes and improvements needed being delivered? What are the prospects for future improvement? • A balanced assessment will be made but there will be no overall score. Red flags will be used to highlight concerns while green flags will indicate areas of innovative or exceptional success. • The reporting, which will take place annually in the autumn, will consist of an assessment for the area and an assessment for each public body. The reports will be made available to the public on the Audit Commission website. Members of the public will be able to access the reports as well as look at interactive maps and benchmark their areas against others. • In terms of timescales, the final CAA framework is expected to be out in early January while the first CAA results will be published in November 2009. <p>Members commented that it would be important for the group to keep up to date with the performance management of the LAA through regular briefings. Members also felt it would be useful to get a collective view of the CAA across the DtS partnerships and it was agreed that a DtS workshop for all partners would be beneficial. CB agreed to propose this on behalf of the group at the next DtS Board meeting.</p>	<p>CB</p>

389.	A Sport & Physical Activity Strategy for Doncaster	
	<p>Gavin Baldwin, Chair of the Doncaster Active Partnership talked members through the new Sports and Physical Activity Strategy for Doncaster. Key points to note included:</p> <ul style="list-style-type: none"> • Doncaster has extremely low levels of activity with around 56% of people doing no sport or physical activity at all. • The strategy is a partnership strategy and will need to be delivered by all partners from all sectors of the borough. It is written as a business plan and includes a comprehensive action plan that is being updated regularly. • The activity outlined in the strategy will contribute to Local Area Agreement outcomes and should also impact on health inequalities, helping to improve health and reduce levels of obesity. • There are six key targets; these include priorities such as, ensuring all adults with a BMI over 25 are offered brief interventions with advice and support when they access health services, improving the profile of sport and improving the infrastructure. • A major success for Doncaster Active Partnership has been to secure funding to provide free swimming for all under 16s and over 60s from January to kick start the initiative that will come into effect nationally from April. A marketing budget has been allocated and there will be additional subsidised sporting activities available throughout the borough. • In terms of delivering sports and physical activity, it has been agreed that a strategic management company will take over the running of leisure centres within the borough, which will provide a more strategic approach that wasn't possible under the previous mixed ownership. <p>In terms of mapping sport provision members agreed that it was important to include dance and creative and performing arts. Members also requested that provision of sport and physical activity for vulnerable people be considered, for example providing specialist exercise equipment for people with physical disabilities. GB noted that specialist equipment could be purchased that could be moved around the borough between leisure centres etc. now that one organisation is overseeing all of the venues. JB also noted that 'softer', low level activities such as older people walking to the shops ought to be incorporated into the mapping where possible.</p> <p>Members welcomed the strategy and agreed for GB to come back in six months time to update the group on progress. Also in order to lock the Doncaster Active Partnership into the DtS partnership framework it was agreed that it should be accountable directly to the Public Health Partnership Board. Members felt it would be useful for GB to present the Sports Strategy to the other partnerships boards and also to link in to the Younger Doncaster Theme Group.</p>	<p style="text-align: right;">GB</p> <p style="text-align: right;">GB</p>

390.	<p>PCT Strategic Plan – Taking Forward the NHS Next Stage Review</p>	
	<p>Julie Warren, Acting Deputy Director of Commissioning and Strategic Development for the PCT, gave a presentation on the PCTs Strategic Plan that had recently been produced as part of the World Class Commissioning (WCC) process. Key points to note included:</p> <ul style="list-style-type: none"> • WCC sets the bar higher for commissioners. Its aims include the need to address the issue of the increasing demand for personalised services within a finite amount of resources. Tackling health inequalities and improving health through more accessible and preventative services are also key aims along with offering patients more choice and control over the services they can access. • As part of the WCC process, the PCT has produced a suite of documents setting out its vision and strategic plan for the next five years. The strategic plan is structured around the four themes, Children, Young People and Families, Adults, Older People, and Vulnerable People. It also outlines the ten key WCC health outcomes the PCT will prioritise for action and sets out sixteen ‘spotlight initiatives’ to which the PCT has committed an additional £20 million over the next five years, in order to try and bring about significant progress in these particular areas. • Examples of priorities under the four themes include; increasing early access to maternity services, commissioning personalised prevention and treatment services to support adults and children to achieve a healthier weight, reducing hospital admissions for people with long-term conditions through assistive technology and commissioning an integrated care pathway for alcohol treatment. • A programme budgeting approach has been adopted by the PCT instead of a service budgeting approach and this will be taken into account as the PCT develops its Commissioning Prospectus for the coming year. The prospectus will set out clearly for the public and providers what the commissioning intentions will be. <p>DD questioned how the voluntary and community sector would be able to contribute to the delivery of the targets within the Strategic Plan. JW noted that they would be able to respond to the Prospectus and tender to deliver services as the WCC process encourages PCTs to stimulate the market in terms of providers. TB noted that he had attended a seminar recently regarding the future Care Quality Commission that touched on issues like regulation and registration and felt this was a big issue, which the Theme Group may need to hold a specific session on.</p> <p>MC expressed concern over impact that the push to provide more services in communities while creating specialist centres for certain services will inevitably have on the sustainability of DRI. Members all agreed it was important to work together on this issue to understand the knock on effects and to try to ensure the district hospital remains viable.</p> <p>Members agreed that the Strategic Plan was a health community plan</p>	

	<p>and as such the Theme Group should oversee its delivery. It was agreed that although the Group would not be asked to agree the detail of the associated action plans, it would be useful to have quarterly progress updates.</p>	<p>JW</p>
<p>391.</p>	<p>Annual Report of the Joint Director of Public Health & Joint Strategic Needs Assessment</p>	
	<p>Tony Baxter presented the 2008 Director Of Public Health's (DPH) Annual Report while Laurie Mott provided a brief overview of the Joint Strategic Needs Assessment process. Key points included:</p> <ul style="list-style-type: none"> • The report is split into four sections; the first records the impact of the 2007 floods. The second details the Joint Strategic Needs Assessment (JSNA) process, the third describes progress against recommendations contained within the 2007 DPH Annual Report, while the final chapter sets out the recommendations for future action on local health priorities and gaps. • The section on the floods assesses the health impact using testimonies from families that were affected. This along with the Pitt Review has helped partners to share learning. • The chapter outlining progress against the recommendations in the 2007 DPH Annual Report reflects on the effectiveness of the Achieving Early Impact on Health Inequalities programme and a number of other initiatives. • The last chapter summarises a number of key challenges for 2008 around improving and protecting health, reducing health inequalities, continuing to minimise the health impacts of the 2007 floods and promoting corporate citizenship and sustainable development. Progress will be monitored through the Public Health Partnership Board. • With regard to the JSNA, LM noted that a joint PCT and Local Authority group was established to oversee the development of the JSNA core data set and to look at ways to make the JSNA a useful process instead of a one-off exercise. It was noted that the aim of the JSNA is to inform planning and commissioning through using existing data to predict future trends. Members were shown a number of slides showing for example the anticipated trends in life expectancy and alcohol related deaths. • In addition to the Core Data Set, Community Profiles for each of Doncaster's 88 communities have been updated, while enhanced profiles have been developed for the most deprived communities and these formed the basis of the community conferences that took place. Enhanced public health profiles are also being developed for specific commissioning priorities that have been agreed jointly by the respective Directors of Public Health, Adult Services and Children's Services. These are, Children, Older People, Obesity, Learning Disabilities and Mental Health. <p>Members welcomed what they thought was an excellent Annual Report, which was easy to read and agreed for the recommendations to be picked up through the Public Health Partnership Board. It was noted that anyone wishing to receive a copy of the full JSNA report</p>	<p>TB</p>

	should contact LM following the meeting.	
392.	Forward Plan	
	CL presented a draft Forward Plan and asked members to propose any items that they would like to see on future agendas. JB requested that the Safeguarding Annual report be included on the February agenda for discussion. Members also requested that Gavin Baldwin be invited back to give a six monthly update on the Sports Strategy.	JB CL
393.	Any Other Business	
	JB announced that the CSCI Star Ratings for adult social care were due to be published shortly.	
394.	For Information Only	
	Members noted the items for information only. JL informed members that she had received a letter from Doncaster and Bassetlaw Hospitals confirming that Margaret Cox would be retiring at the end of the year and that her successor Chris Scholey would be taking over Margaret's seat on the Theme Group in the New Year. As she had had to leave the meeting early, members agreed that a letter should be sent to Margaret on behalf of the Theme Group to formally thank her for her valuable contribution to the Theme Group and its predecessor groups over the years. Item 5.1 Healthier Doncaster – Revised Terms of Reference Members were notified that there were a couple of minor errors and that these have since been amended.	CL
395.	Date, Time and Place of Next Meeting	
	The next meeting will be held on Wednesday 18 th February at 2.00pm in the Board Room, Park Lodge.	