

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 2ND SEPTEMBER, 2021

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER - CIVIC OFFICE on THURSDAY, 2ND SEPTEMBER, 2021, at 9.00 a.m.

PRESENT:

Chair - Councillor Rachael Blake, Portfolio Holder for Children's Social Care, Communities & Equalities

Vice-Chair - Dr David Crichton, Chair of Doncaster Clinical Commissioning Group

Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture & Planning
Councillor Andrea Robinson	Portfolio Holder for Adult Social Care
Councillor Cynthia Ransome Karen Barnard	DMBC Conservative Member Representative Doncaster & Bassetlaw Teaching Hospitals Trust (Substituting for Richard Parker)
Steve Shore	Chair of Healthwatch Doncaster
Phil Holmes	Director of Adults, Health and Wellbeing, Doncaster Council
Lucy Robertshaw	Assistant Director, Darts
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Riana Nelson	Director of Learning, Opportunities & Skills, Doncaster Council
Cath Witherington	Chief Executive, Voluntary Action Doncaster
Ellie Hunneyball	Group Manager, South Yorkshire Fire & Rescue

Also in Attendance:

Councillor Sarah Smith	
Allan Wiltshire	Head of Policy, Performance & Intelligence, Doncaster Council
Susan Hampshaw	Head of Service (Public Health Delivery), Doncaster Council
Michele Clark	Doncaster Clinical Commissioning Group
Jo Forrestall	Doncaster Clinical Commissioning Group

12 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair, Councillor Rachael Blake welcomed Ellie Hunneyball (SY Fire & Rescue) to her first meeting of the Board.

It was noted that apologies had been received from Dave Richmond (SLHD), Dan Swaine (DMBC), Chief Superintendent Melanie Palin, Richard Parker (DBTH), Jackie Pederson (DCCG) and Kathryn Singh (RDASH).

13 CHAIR'S ANNOUNCEMENTS

The Chair informed members that arising from recent discussions with the Director of Public Health on the work of the Board, she was proposing that an Annual Report of the Health and Wellbeing Board be produced, commencing from April 2022. The Report would summarise the work undertaken and actions taken by the Board each year and illustrate the different ways that the Board and its constituent partner organisations were working to improve the health and wellbeing of Doncaster residents. The Chair hoped that by producing such a Report, it would also provide a means of reporting on some subjects and issues that were not usually reported on elsewhere. The Chair also felt it was important to demonstrate that the Board had listened to members of the public who attended meetings to address the Board on various issues.

To that end, the Chair explained that Louise Robson, support officer for the Board, would be in touch with Board members on a regular basis, to follow up on progress with actions taken at each Board meeting to feed into the Annual Report.

14 PUBLIC QUESTIONS

There were no questions received from the public.

15 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

16 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 10TH JUNE 2021

RESOLVED that the minutes of the meeting of the Health and Well Being Board held on 10 June, 2021, be approved as a correct record and signed by the Chair.

17 DIRECT IMPACTS OF COVID-19

Dr Rupert Suckling gave an update to the Health and Well Being Board with regard to the present situation in the Borough regarding Covid-19 and its impact on the borough, health provisions and the local communities and what was being done moving forward.

Information was provided on the following issues:-

- Covid-19 rates of infection in the borough, hospital admissions, and ITU levels at the present time compared with September 2020.
- The vaccination programme and how it was being rolled out
- The potential impact of the re-opening of schools on positive case rates among children and school staff.
- The significant backlog pressures in other areas of health care provision and how this would be managed going into the winter.
- Impact on key and critical workers.

Dr David Crichton also updated the Board on the forthcoming flu immunisation season and the recently announced first cohort of people who would be offered a third dose Covid-19 booster vaccine.

RESOLVED that the update be noted.

18 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Allan Wiltshire, Head of Policy Performance and Intelligence (DMBC) gave a presentation to the Board which provided an interim update showcasing the work done to date in terms of developing new products in the light of a revised JSNA policy and next steps. He shared examples of 2 new publications – the first being an interactive demographics dashboard, which provided data on various themes including population, employment and wellbeing. The second product was a dashboard providing a suite of information on the JSNA Outcomes. Both products had been developed with a focus on accessibility and public facing information.

The presentation concluded with a number of ‘asks of the HWB Partnership’. These comprised:

- Continue to feed into local outcomes developments;
- Contribute to the repository; and
- To focus on the ‘operations’ strand of the JSNA Plan to complement the winter planning and resilience work.

Discussion followed, during which the Board members made various comments/observations on the new interactive dashboards, including:-

- The value of the dashboards as tools in identifying the priorities in the health service in relation to the population health approach and tackling health inequalities. In addition, the health and care bill currently going through Parliament referenced the JSNA as a tool to be used across the Integrated Care Systems of the future, so the data would also be useful in that regard.
- With regard to the mechanisms for keeping the data up-to-date and showing changes over time, such as the impacts that policies and interventions were having in communities, Allan Wiltshire explained that while some of the outcome data did show trends over a 5 year period, he acknowledged that there was scope for doing more work in the way of tracking in the models.
- It was recognised that this would be a useful tool for the Community and Voluntary Sector in dealing with applications and learning more about the communities they were working with, and a question was asked as to when the dashboards would go live and be available for use. A Board Member also queried whether issues such as loneliness and social isolation would be tracked alongside the other Wellbeing topics such as fuel poverty and deprivation. In reply, Allan Wiltshire confirmed that the demographics dashboard was expected to be ready in the next couple of weeks, with the outcomes dashboard following shortly afterwards. With regard to Wellbeing, Allan explained that National data was being collected in relation to issues such as anxiety, wellbeing and happiness and this would be incorporated within the outcomes for Doncaster enabling these areas to be tracked.

- A Board Member welcomed the new products, but spoke of the importance of not being sucked into the idea that data is the only arbiter of the difference we are making and that, instead, it was important to recognise ‘voice’ as being the day to day arbiter of how well we are doing. He also stressed that there was a need to ensure that our practices took a heads up approach on this and asked people about the impacts that services were having on their lives, instead of just relying on data tracking.
- It was felt that the new dashboards would be very useful and helpful in terms of strategic planning and the Board fully supported the new products.
- The Chair felt it would be useful to show the years in the data so that people using the dashboards could see how up-to-date the information was. She then spoke of the data relating to communities and urged caution as regards the way this was presented as this could potentially be used in a negative way. Similarly, she felt that some of the comments about having an ageing population could come across as being negative in the data, and it was important to celebrate the fact that there was an ageing population, rather than focussing on the negative aspects. The Chair also suggested that it would be useful to take a wider, inclusive approach to collecting data in the dashboards, for example, by including relevant information from surveys conducted by the voluntary sector, or from organisations such as Healthwatch Doncaster. In reply, Allan Wiltshire stated that the data could be labelled to show the years. He also confirmed that wider research and survey findings could be collated and integrated within the dashboards, and he agreed that it was important to consider the tone of the wording and how information was presented to avoid negativity.

Allan Wiltshire informed the Board that a further update could be brought to the Board’s next meeting in November when it would be possible to demonstrate the full products.

The Chair reminded partners that they were invited to submit information that they wished to see included in the repository.

RESOLVED to:-

- 1) Note the findings of the JSNA to date; and
- 2) Support the forthcoming ‘amnesty’ of wider products, reports and research to be added to the Team Doncaster repository.

19 HEALTHWATCH DONCASTER - ANNUAL REPORT AND SERVICE UPDATE

Steve Shore presented the Healthwatch Doncaster Annual Report for 2020-21 together with a service update.

Regarding future plans and projects, the Board noted, in particular, the following priorities identified by Healthwatch Doncaster for 2021-22:

1. Restart community engagement and listen to local people about their experiences of accessing services

2. Mental Health – listen to people's experience of mental health support in Doncaster
3. Access to Dental Care –review and investigate the provision of local Dental services for local people

And to achieve the above priorities, the next steps were:

- Transforming the way that Healthwatch worked – Healthwatch Doncaster will be more agile and community-based
- Maintaining digital engagement alongside face-to-face engagement
- Continue to focus on listening to people from communities whose voices are seldom heard

In referring to the current priorities identified by Healthwatch, Councillor Nigel Ball queried whether it was planning to carry out any further in-depth work to measure the scale of the problems that people were currently facing in trying to access GP services, particularly in the light of the pandemic and the impact this was having on waiting times and backlogs in services. He also asked whether Healthwatch had any up to date information outside of the Annual Report on the latest position as regards accessibility to GP services. In reply, Steve Shore advised that he did not have any up-to-date information on this subject to hand, but he stated that this issue would be taken through the patient participation group for Doncaster that was facilitated by Healthwatch. This group comprised 2 representatives of patients from each GP practice in Doncaster, and was a useful means of obtaining a snapshot picture of the current situation, and patient opinions, in relation to GP services across the Borough. Councillor Ball added that this was not a case of wishing to name and shame individual GP practices, but he asked whether it would be possible to geographically map hot spots across the Borough where there were significant accessibility issues and feed this information back to the Clinical Commissioning Group (CCG). In response, Steve Shore explained that this would be possible and that Healthwatch was always happy to share its findings with the GP practices, the CCG and, looking to the future, the Integrated Care System. Councillor Ball concluded by referring to the fact that GP Practices had been diversifying in relation to how some services were provided to meet the challenges of the pandemic and, on a positive note, was pleased to see that virtual and telephone appointments with GPs had been generally well received by patients.

In acknowledging Councillor Ball's comments, Dr David Crichton stated that it was clear that patients were having problems with accessing GP services at the present time and that a backlog of care across the wider health service had built up over the past 18 months. He stressed that this was a challenge that would not be resolved in the short term. Dr Crichton stated that the CCG had a good working relationship in Doncaster with Healthwatch and was working with them to look at the current challenges and to get a 'sense check' on the current situation. He also pointed out that the CCG's governing body was also due to consider the Annual Report later today.

The Board was sorry to hear that Andrew Goodall would be stepping down from his role as Chief Operating Officer at Healthwatch Doncaster in the near future and members wished to place on record their thanks and appreciation for his work over the years. In reply to a comment regarding recruitment arrangements for Andrew's replacement, Steve Shore offered to provide a copy of the recruitment pack for

circulation to Board members when available, so that they could assist in publicising the vacancy across their organisations.

Phil Holmes commented that having a thriving Healthwatch was vital for the health and wellbeing of residents in the Borough. He felt that Healthwatch needed to be fully supported by the organisations around it and asked whether there was anything more that partners could be doing to assist in this regard. In reply, Steve Shore stated that he was pleased with the levels of support that Healthwatch received from partner organisations, although he stated that he would like to work closer with hospitals in the future. He explained that he was also looking to increase the number of Healthwatch Board members in order to share the load in terms of representation and to help increase Healthwatch's footprint.

Councillor Cynthia Ransome highlighted the fact that access to dental care was also a significant problem at the current time. She commended Steve and the Healthwatch staff for their efforts and the work they did, stating that she had received good reports from people who had been in contact with Healthwatch for advice.

After the Board had made a number of further comments/observations on the Annual Report and had thanked Steve and all of the Healthwatch Doncaster staff for their continued hard work, it was

RESOLVED to:

- 1) Place on record this Board's thanks and appreciation to Andrew Goodall, Chief Operating Officer at Healthwatch Doncaster, who was due to step down from his role in the near future; and
- 2) To receive the Healthwatch Doncaster Annual Report 2020-21 and note the contents and achievements.

20 BORN AND BRED IN DONCASTER RESEARCH PROGRAMME

Susan Hampshire, Head of Service (Public Health Delivery), DMBC gave a presentation to the Board on the Doncaster Born and Bred Research Programme, which was being led by DBTH.

This programme aimed to help improve the health and wellbeing of children and families across Doncaster by recruiting to a Doncaster birth cohort to bring together a range of data sets. This would enable the health of these children to be tracked from pregnancy through childhood and into adulthood and provide partners with a much greater understanding of what families wanted and needed.

It was noted that this project built on the 'Born in Bradford' programme, and would be a great resource that could be called on over time and built into the JSNA.

Various Board members welcomed this research project and gave their support to the work, which would help the partnership in gaining a better understanding of what local families want and need from healthcare services across the Borough.

Dr David Crichton stated that this was an exciting project and pointed out that there were 5 GP practices in the Borough that had taken part in research projects for some years, and Doncaster, particularly RDaSH, had been at the forefront of recent

research into the co-administration of Covid and Flu jabs which he felt was worth acknowledging.

In response to an offer of support from Riana Nelson with regard to utilising family hubs as a means of raising awareness of this project with young mums and families, Susan Hampshaw confirmed that it was recognised that frontline staff working out in the communities and family hubs were invaluable in terms of signposting people to the opportunities offered by the Born and Bred in Doncaster programme.

Dr Rupert Suckling stressed that the reality over the next few years was going to be that resources would be stretched and this would mean that partners would be looking to research as one way of funding additional activities in the future.

RESOLVED to note the presentation and endorse the outlined approach.

21 ADULT SOCIAL CARE - UPDATING OUR VISION AND IMPROVING OUR ACCESS

Phil Holmes, Director of Adults, Health and Wellbeing (DMBC) gave a presentation to the Board explaining the steps being taken to improve access to, experience of, outcomes from and value for money of Adult Social Care, which would both directly improve health and wellbeing for people who came into contact with it and also enable better use of wider resources to support the health and wellbeing of others.

Phil explained that it was intended to try and develop an approach to Adult Social Care that felt like it was more research and data driven, but also critically more about 'voice' and talking to people in day to day work. He stressed that when he stated that services needed improving, he was not being critical of staff who were doing a brilliant job, but that he was being more self-critical, as it was about improving the system within which staff were having to operate.

With regard to the vision and purpose of the Adult Social Care service, Phil stated that the vision needed to start by focussing on the people we are serving and ensuring that the service was right for them. It was acknowledged that the present system did not always meet expectations and achieve the outcomes that people wanted. He added that it was hoped to invite people with lived experience to a future meeting to speak to the Board.

He explained that other aspects of Adult Social Care delivery that were being re-framed included:-

- A focus on community prevention and having better conversations when people were in crisis;
- Removing bureaucracy – the best Councils were moving away from red tape and bureaucracy which, for example, meant having appreciative enquiry conversations with people about their specific needs instead of filling out 20 page assessments;
- Ensuring that Adult Social Care was engaged with locality working, with staff who were connected to their local communities;
- Adopting the national 'Making it Real' framework which set out a range of 'I' and 'We' statements which helped set out obligations of service providers and expectations of how people should be treated.

During subsequent discussion, Dr Rupert Suckling referred to the making it real 'We' statements and felt it would be useful to incorporate some of these in the next Health and Wellbeing Strategy as an aid for partners to hold themselves to account. He also asked how the issue of homes and housing was being addressed. In reply, Phil Holmes confirmed that 'home' featured strongly within the vision, and he explained that this was picked up in two of the Making it Real statements, namely 'The Place I live in feels like home' and 'My house has been changed to suit me'.

Lucy Robertshaw suggested that it would be good to have a detailed conversation at the Health and Social Care Forum on this topic at some point in the future.

In reply to a question by the Chair as regards next steps, Phil Holmes explained that as a result of recently changing the case management system used by his service, a number of issues had been highlighted such as why certain forms were being filled out, so there would be a focus on working practices and administration. A further piece of work currently being undertaken was concerned with looking at flows and hospital discharge, which was related to people's rights, so that people were more aware of their rights and responsibilities in hospital, and then streamlining the way people were dealt with to increase capacity for getting people home and supporting them. He also emphasised that these were challenging times and that stress levels were currently high amongst the workforce.

Dr David Crichton stated that he would take away some actions from the Commissioning Group's perspective having heard Phil's comments today, as he felt that it was also important that health partners showed their commitment to helping the Adult Social Care service with these processes and proposed changes to how services were provided. He commented that partners had been forced to work together differently during the pandemic in supporting people and he felt it was important that this new way of working continued in the future. He also stressed the need to inject more pace in integrating the neighbourhood teams more with health partners to help develop the neighbourhood approach.

RESOLVED:-

- 1) To endorse and give a commitment to supporting the vision and statement of purpose for Adult Social Care in Doncaster;
- 2) To endorse the Making It Real framework and work already underway alongside / accountable to people with lived experience to turn the vision into reality;
- 3) That Board members note and actively pursue the opportunities provided within the Adult Social Care vision for joint working across the health and care partnership on shared goals e.g. Locality Working / Primary Care Networks, Preparation for Adulthood, Home First / Discharge to Assess, Transforming Care / Mental Health Transformation; and
- 4) That Officers liaise with the Chair of the Board to determine any further reporting required, perhaps incorporating time for direct feedback from people with lived experience.

The Board received a presentation by Michele Clarke and Jo Forrestall (DCCG) which provided an update on progress with the Dementia Programme.

Key topics highlighted included:

- The various awareness campaigns co-ordinated by Public Health throughout the year;
- It was reported that diagnosis rates had fallen from 73.2% in February 2020 to 63.6% in June 2021. The national ambition was a diagnosis rate of 66.6%. There was also a decreased number of patients on dementia registers, the reasons for which were summarised;
- Diagnosis Recovery Plan, including the actions and recommendations highlighted in the Dementia Deep Dive 2019;
- Dementia Pathway approach – diagnosis, assessment and treatment;
- Post diagnostic care and support;
- Post diagnostic services; and
- Links to Ageing Well.

In answer to a query as to whether the funding of the Admiral Service would continue beyond March next year, Jo Forrestall explained that there were no plans to pull any funding at this stage, but the aim was to look at all elements of services provided across the whole of the Dementia pathways in order to avoid duplication and ensure that people received the support they needed at every stage, i.e. both pre and post diagnosis.

Dr Rupert Suckling felt that this was an example that highlighted the need to address the question of how to balance strength based against deficit based models. He added that he was always concerned when diagnosis was needed in order to unlock support services when, in reality, people needed support whether they had a diagnosis or not. On the latter point, Jo Forrestall stated that this was where the pre-diagnosis support was so important.

In reply to a question from Councillor Nigel Ball regarding data comparisons with South Yorkshire neighbours in relation to diagnosis rates, Michele and Jo confirmed that diagnosis rates across the country had declined and were all at very similar rates. They confirmed that they would be happy to circulate some comparative data to Board members.

Phil Holmes referred to the work currently being undertaken on the Carers Strategy and he felt that this could assist in raising awareness of dementia and the needs of people with dementia and their carers, as dementia was likely to feature prominently as a theme in the Strategy.

Dr David Crichton confirmed that the issue of people being able to access help and support for dementia prior to receiving a formal diagnosis was acknowledged by the CCG as a priority area and currently being looked at. He also stressed that it was sometimes difficult for GPs to detect the early signs of dementia in people as these could be very subtle in nature and difficult to detect, but the earlier that support could be given to people the better.

Lucy Robertshaw reported that the Arts and Health Board that she sat on was currently looking at dementia and, in particular, how cognitive stimulation using the Arts could help people with dementia.

Cath Witherington highlighted the need to also consider the mental health and wellbeing of carers, family members and neighbours of people with dementia.

It was then

RESOLVED to:-

- 1) Acknowledge the Dementia Programme and its approach to increasing dementia diagnosis rates to ensure people receive the right care and support;
- 2) Acknowledge the proposed approach to improving the dementia pathways for Doncaster residents; and
- 3) Utilise Board members in future awareness campaigns through their respective partner organisations to assist in improving early diagnosis rates.

CHAIR: _____

DATE: _____