

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 11TH NOVEMBER, 2021

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE on THURSDAY, 11TH NOVEMBER, 2021, at 9.00 a.m.

PRESENT:

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

Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture & Planning
Councillor Andrea Robinson	Portfolio Holder for Adult Social Care
Phil Holmes	Director of Adults, Health and Wellbeing, Doncaster Council
Lucy Robertshaw	Assistant Director, Darts
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Lee Golze	Assistant Director of Partnerships, Early Interventions and Localities, Doncaster Council (substitute for Riana Nelson)
Cath Witherington	Chief Executive, Voluntary Action Doncaster
Christina Harrison	Children's Care Group Director, RDaSH (substitute for Kathryn Singh)
Dave Richmond	Chief Executive, St Leger Homes of Doncaster
Richard Parker	Chief Executive, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Rebecca Wilshire	Deputy Chief Executive, Doncaster Children's Services Trust

Also in Attendance:

Councillor Sarah Smith	
Councillor David Nevett	
Allan Wiltshire	Head of Policy, Performance & Intelligence, Doncaster Council
Anthony Fitzgerald	Director of Strategy and Delivery, DCCG
Caroline Ogle	Associate Director Primary Care and Commissioning, DCCG
Dr Dean Eggitt	CEO of Doncaster Local Medical Committee
Andrea Ibbeson	Deputy Chief Nurse, DCCG
Victoria Ryves	NPO Programme Manager, Heritage Doncaster
Ruth Bruce	Doncaster Provider Alliance Lead

23 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for the meeting were received from Chief Superintendent Melanie Palin, Dr David Crichton, Steve Shore, Riana Nelson (Lee Golze deputised), Kathryn Singh (Christina Harrison deputised), Ellie Hunneyball and Cllr Cynthia Ransome.

The Chair informed those present that the meeting would pause at 11.00 a.m. to join the rest of the Country in observing a 2 minutes silence for Remembrance Day.

24 CHAIR'S ANNOUNCEMENTS

The Chair reminded Board members that there would be a formal signing of the Carers Charter and group photograph taking place at the close of today's meeting.

25 PUBLIC QUESTIONS

There were no questions received from the public.

26 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

27 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 2 SEPTEMBER 2021

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 2nd September 2021, be approved as a correct record and signed by the Chair.

28 COVID-19 PANDEMIC UPDATE

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.

In particular, the Board was updated on the latest position as regards Covid-19 rates of infection in the borough, hospital admissions, and ITU levels at the present time.

Richard Parker also updated the Board on the current pressures faced by hospitals as a result of Covid-19 and the impact this was having on waiting times for other medical procedures and diagnostics.

RESOLVED that the update be noted.

29 IMPROVING ACCESS FOR PATIENTS AND SUPPORTING GENERAL PRACTICE

The Board received a presentation by Anthony Fitzgerald, Director of Strategy & Delivery, Doncaster CCG outlining the local and national plans for improving access for patients and supporting General Practice. Anthony was accompanied by Carolyn Ogle, Associate Director Primary Care and Commissioning, and Dr Dean Eggitt, CEO of Doncaster Local Medical Committee.

In particular, the presentation summarised the following key points:-

- Information was provided on the Primary Care structure in Doncaster, including a map showing locations of the General Practices across the Borough. It was

- noted that there was variation across Doncaster in terms of people's access to services.
- The Primary Care response to Covid-19 was outlined, highlighting that Primary Care had been crucial to the rollout of the vaccination programme.
 - The headline trends from Capacity and Demand data showed that General Practices remained very busy, with pressures remaining high in relation to Practice call volumes, appointment availability and workforce pressures.
 - A National Plan for Improving Primary Care Access had been produced in October, resulting in a £250 million Winter Access Fund being made available (with £1.3 million anticipated for Doncaster). Doncaster's Winter Access Fund Plan describing how its share of the Fund would be utilised was included in the agenda pack for this meeting for the Board's information. The proposed key actions set out in the Plan were outlined to the Board, according to the main themes which comprised:-
 - Increase and Optimise Capacity;
 - Address Variation and Encourage Good Practice; and
 - Zero Tolerance of Abuse and Public Communications
 - Dr Dean Eggitt gave a frontline view of the current situation in General Practice. He explained that the future of General Practice was Primary Care, and that a shift was needed towards viewing Primary Care units operating in a similar way as the former cottage hospital industry, with GPs acting as consultants of Primary Care leading teams of health care professionals to see a whole range of conditions that would not naturally be thought of as being about Primary Care in the past.

During subsequent discussion, Board members asked questions and made comments on a range of issues highlighted by the presentation, including:-

- Jackie Pederson explained that there would be a need to work across the whole sector as a team in future, with all providers and voluntary sector organisations around the table, to ensure there was greater integration in the delivery of services. The challenge of dealing with the long term (planned care) health conditions of patients while also providing care for the urgent cases was also recognised, and this applied equally to Primary Care and not just in hospitals.
- Councillors Andrea Robinson and Nigel Ball advised that they were aware from their constituents and local communities that people were experiencing difficulties in accessing some general practices, both in person and by telephone and sought assurances that steps were being taken to improve the situation at those practices where there were issues. It was also suggested that the Plan should include actions/measures via communications to make it easier for people to submit complaints when they wished to.
- It was suggested that it would also be beneficial to highlight those General Practices that were performing well, and look at how Primary Care could work with the wider community organisations to support and meet local people's needs.
- The Board welcomed the proposed actions in the Plan, but also recognised the importance of being able to measure the outcomes for local people.
- Members noted that in many ways hospitals and General Practices had experienced the same challenges during the pandemic in terms of reduced capacity, be it in the form of reduced bed space or not being able to see as many people in face to face appointments in surgeries due to social distancing

- restrictions. There was a need to ensure that a clear message went out to the public as regards service expectations in the future, so that they understood that normal now was not the normal of old, while Covid-19 continued to circulate.
- The Chair stressed that a radical approach was needed to look at how services communicated with people, as not everyone had access to social media and the Internet. She also welcomed the partnership approach to delivery of services in the future, and felt that Doncaster was already in a strong position when it came to working on a collaborative basis across organisations, as the necessary framework was already in place in terms of Localities, the Health and Social Care Forum and Team Doncaster. She also suggested that the Board revisit this agenda item in 6 months' time to check on progress.

After the Chair had thanked all General Practice and Primary Care staff on behalf of the Board for their amazing efforts and hard work during the pandemic in continuing to deliver services for patients in challenging circumstances, it was

RESOLVED to note the local and national work being undertaken in improving access for patients and supporting General Practice and receive a progress report in 6 months' time.

30 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH UPDATE: WHAT DOES THE DATA TELL US? WHAT DO OUR YOUNG PEOPLE WANT?

The Board received a presentation by Lee Golze (DMBC) and Andrea Ibbeson (DCCG) on the work being undertaken in preparation for the forthcoming new Children and Young People's Mental Health and Wellbeing Strategy that would be brought to the Health and Wellbeing Board in the New Year.

The presentation outlined where the partnership was currently in terms of mapping out services and the systems flow, acknowledging that there was still more to do. It also outlined the work done by the Young Advisors in liaising with children and young people about what the future vision and ambitions will be and what the next steps are.

Lee began by outlining the position in relation to current service demand, explaining that there had been increases in demand across a range of services, including:

- Non-urgent and urgent referrals to specialist CAMHS;
- Eating disorder caseloads, which had doubled compared to last year;
- The number of children waiting for an ADHD assessment;
- The percentage of Doncaster school pupils with social, emotional and mental health needs; and
- The number of DCST Forensic Psychology Team consultations, which had doubled in 2021.

It was reported that, pleasingly, the number of children and families accessing early help services was returning to pre-pandemic levels and of those receiving early help, more were staying and moving on to formal pathways. However, within those figures, there had also been an increase in the prevalence of both Child and Parental mental health issues.

The Board noted that in the pupil lifestyle survey responses, there had been a reduction in the number of pupils stating that they were 'very happy' compared to last

year, and an increase in children feeling 'okay'. Mental Health had almost doubled as a reason for children feeling sad or worried compared to the previous year. The headline points to take away from this were that there were fewer children reporting high levels of resilience and fewer children saying that they were being listened to.

Lee continued by outlining the current challenges as identified in the risk profile. The Board noted that many young people did not have diagnosable mental health conditions but had challenges around managing their wellbeing. The important role that teachers played in supporting pupils in this regard was acknowledged. In summarising the actions to reduce future risk and next steps, Lee drew particular attention to the work done in relation to developing a support package for schools, with dedicated Mental Health leads in place.

It was reported that the Young Advisors had been asked to develop a Vision and Ambitions for children's mental health in Doncaster, the details of which were endorsed by the Board, and that they wished to hold partners to account for delivery against these within the Strategy.

Lee concluded by confirming that work on the Strategy would continue with a view to presenting the new Strategy to the Board in the New Year.

Discussion followed, during which Board Members asked questions and made comments/observations on a range of issues including:-

- The possible reasons behind the number of young people regularly attending A&E in relation to mental health behaviour and nature of the issues being presented;
- The anticipated timeframe for completing the mapping exercise of services and gap analysis;
- The current position with regard to provision of crisis response services for young people;
- The importance of incorporating a creativity strand in the new Strategy (with an offer of support from darts), which would help to build emotional resilience and develop interaction/communication skills in children and young people, and help them to understand and express their emotions more effectively.
- The Board welcomed the development of a Children and Young People's Mental Health and Wellbeing Strategy and recognised the importance of ensuring that this was implemented and delivered over the next 3 years.

RESOLVED to:

- 1) Note the information presented and agree to the new Children and Young People's Mental Health and Wellbeing Strategy being presented in the New Year;
- 2) Agree the Vision and Ambitions developed by the Young Advisors; and
- 3) Consider what improvements could be made to the way that data and information is collected, recorded and shared to develop more efficient working practices.

Allan Wiltshire, Head of Policy Performance and Intelligence, DMBC gave a brief presentation to the Board outlining the means by which it was proposed to deliver the Doncaster Delivering Together (DDT) Strategy.

He began by confirming that the 'Great 8' priorities agreed by Team Doncaster, along with further information on the DDT Strategy and the Joint Strategic Needs Assessment (JSNA) for 2021 could all be viewed on the Team Doncaster website. Also on the website were the interactive dashboards that were presented to the Board at its last meeting. It was intended that the suite of dashboards would be expanded in the future and the Board was reminded that partner organisations had been invited to contribute to the data observatory.

Allan outlined how the priorities would be implemented and their progress monitored, and also explained how delivery of the Strategy would necessitate new ways of working if long term improvements were to be achieved. With regard to how the Board could help, Allan summarised the following points:

- Members were invited to attend the Team Doncaster Summit on 25th November 2021;
- Use Doncaster Delivering Together to support and guide the work of the Board e.g. Actions listed from Great 8;
- Help to explore how a well-being commission could work – where could it add the most value?
- Consider how any future Health and Well-being Strategy compliments and builds on Doncaster Delivering Together.

Allan then referred to the journey as depicted in a flow chart, which showed the progress and next steps from the inception of the DDT Strategy through to the Team Doncaster Summit and then on to delivery of the Strategy over the next 10 years, considering issues such as how partner organisations will align and configure themselves to achieve this.

RESOLVED to note the contents of the presentation and the proposed way in which the DDT Strategy will be delivered.

32 LOCAL SOLUTIONS FOR PEOPLE AND PLACES: NEXT STEPS IN IMPROVING HEALTH AND WELLBEING TOGETHER

Phil Holmes, Director of Adults, Health and Wellbeing (DMBC) gave a presentation to the Board outlining the work being undertaken in developing Local Solutions approaches in Doncaster's neighbourhoods, together with Locality Plans. It was noted that Team Doncaster was committed to supporting people, families and communities with local solutions that addressed their needs and built on their strengths in the place where they lived. Working in a way that was responsive to local issues and assets, and investing funding alongside local communities (rather than "doing to" them) would increase local health and wellbeing by giving people more control over their lives and stronger connections with others.

Phil explained that the Local Solutions model was a way of collaborating on a more geographical basis with Doncaster people that felt more joined up. He outlined the ways in which this approach might help partners to deliver services for people that were more specifically targeted to the needs of local communities and how this could

be done in a more joined up way. The Board noted some specific examples of how the model might be applied, such as in supporting stronger families and improving access for people to Adult Social Care and Primary Care services. It could also connect with Town Centre issues where there were cohorts in relation to rough sleeping and homelessness, and some instances of anti-social behaviour by younger people.

The Board noted that it was proposed to use non-recurrent Better Care Fund monies to invest in preventative working and address health inequalities in each of Doncaster's localities/neighbourhoods via provider collaboratives.

During subsequent discussion, in answer to a question regarding how and when the provider collaboratives would be established, Anthony Fitzgerald explained that this approach was about bringing the various existing provider forums together with other organisations to drive the model forward. He envisaged that voluntary, community and faith organisations, together with the Primary Care networks and GP Federation would play a significant role in this regard, but he added that the finer detail was still being worked up.

In commenting on the Local Solutions model, Cath Witherington stated that it was important that there was a consistency in approach in order to ensure that residents had equal access to whatever services they needed.

Jackie Pederson explained that there was already a provider collaborative in place, but that this currently mainly comprised the statutory organisations such as DBTH Trust and RDaSH. There was recognition that this needed broadening to also include voluntary sector organisations and the ambition was that this collaborative would enable all partner organisations from every sector to sit down together to look at the resources available and decide how best to use them, as opposed to all competing against each other for funding. She stated, therefore, that the necessary infrastructure to take this model forward was already there, and that plans were in place to start having conversations across organisations, including the voluntary sector and primary care, to bring the wider provider collaborative together. After the Chair had asked for a progress report on this issue to be brought back to the Board's next meeting in January 2022 so that the Board could be updated on how the conversations and meetings between partners were being progressed, it was

RESOLVED:-

- 1) To note the development of Local Solutions approaches in all of Doncaster's neighbourhoods and the opportunity to build on these alongside local organisations of all sizes;
- 2) To note the development of Locality Plans that will be informed by engagement with local people and communities, building on existing strengths and addressing identified needs;
- 3) To endorse the use of non-recurrent Better Care Fund monies to invest in preventative working in each of Doncaster's localities/neighbourhoods; and
- 4) To receive a further update on progress with this work at the Board's meeting in January 2022.

HISTORY, HEALTH AND HAPPINESS: WELLBEING AT HERITAGE DONCASTER UPDATE

The Board received a presentation by Victoria Ryves, NPO Programme Manager, Heritage Doncaster which gave an update on the History, Health and Happiness programme at Heritage Doncaster. This included the impact on the community to date and the results of ongoing evaluation by Sheffield Hallam University/Arc Research.

Victoria explained that the History, Health and Happiness programme took place in localities across the Borough with the intention of using history and story-telling to spark conversations, improve wellbeing and tackle isolation. The programme worked with a wide range of people, including vulnerable and isolated adults, families and young people, and the sessions were delivered in collaboration with other third sector organisations and independently. Victoria gave examples of the types of activities run by the programme and it was noted that a suite of online and offline activities had been delivered during the Covid-19 pandemic to help people who were struggling with loneliness and isolation.

It was noted that the work of the programme had been recognised with a series of awards, namely a Community Impact Award at the Museums and Heritage Awards and Victoria had also been nominated for an award by the Museums Association.

Having explained that this work was fully evaluated by Sheffield Hallam University and Arc Research, Victoria referred to the findings set out in the Impact Reports from 2019/20 and 2020/21 which demonstrated the wide range of beneficial outcomes being achieved from this work.

Victoria concluded by stating that while the Programme had a strong reputation for best practice and a relatively high profile within the cultural sector, she was keen to increase its visibility and profile within the Council and therefore she welcomed opportunities such as this to spread the word.

Following the presentation, various Board members and attendees expressed an interest in supporting and contributing to this programme and agreed to contact Victoria outside of the meeting for further discussions.

RESOLVED to:-

- 1) Note the progress and achievements of the History, Health and Happiness programme to date;
- 2) Consider what role History, Health and Happiness may play in the health and wellbeing of Doncaster's community, in order to inform future funding applications (submitted in March 2022); and
- 3) Consider how the individual organisations represented on the Board may contribute to the work of History, Health and Happiness at Heritage Doncaster until 2023.

34 BETTER CARE FUND UPDATE 2021/22

The Board considered a report which provided an update on the development of the Doncaster Better Care Fund (BCF) 2021-22.

In presenting the report, Dr Rupert Suckling explained that as the final BCF Plan was not available for the Board to sign off at this meeting, it would be necessary for the Board to agree the arrangements for giving delegated authority to officers to sign off the final BCF Plan in consultation with the Chair of the Board, as in previous years.

RESOLVED:-

- 1) To note the draft Doncaster BCF Plan for 2021-22;
- 2) That delegated authority be given to the Director of Public Health (DMBC), the Director of Adults, Health and Wellbeing (DMBC) and the Director of Strategy and Delivery (DCCG) to sign off the final plan in consultation with the Chair of the Health and Wellbeing Board, pending feedback from regional assurance on 11 November 2021 for submission by the deadline of 16 November 2021;
- 3) To note that a Section 75 Agreement has already been produced for this financial year; relevant annexes will be updated to include details of the new national conditions and metrics; and
- 4) To review progress of Doncaster's BCF plan for 2021-22 and evaluation of schemes at future meetings.

CHAIR: _____

DATE: _____