

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 9TH JUNE, 2022

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER DN1 3BU on THURSDAY, 9TH JUNE, 2022, at 9.00 am.

PRESENT:

Councillor Rachael Blake	Chair and Cabinet Member for Children's Social Care, Communities and Equalities
Councillor Nigel Ball	Cabinet Member for Public Health, Leisure, Culture and Planning
Councillor Andrea Robinson	Cabinet Member for Adult Social Care
Councillor Cynthia Ransome	Conservative Group representative
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals
Lucy Robertshaw	Assistant Director, Darts
Cath Witherington	Chief Executive Voluntary Action Doncaster
Dave Richmond	Chief Executive, St Leger Homes of Doncaster
Sheila Lloyd	Deputy Chief Executive, RDaSH (substitute for Kathryn Singh)
Rebecca Mason	Head of Engagement and Partnerships, Doncaster Council (substitute for Riana Nelson)
Steve Lyons	Board Member, Healthwatch Doncaster (substitute for Steve Shore)

Also in Attendance:

Councillor Glynis Smith	
Councillor Richard Allan Jones	
Mr Tim Brown	
Mr Trevor Illsley	
Anthony Fitzgerald	Director of Strategy & Delivery, DCCG
Dr Victor Joseph	Consultant in Public Health, Doncaster Council
Louise Robson	Public Health Theme Lead (Working Age and Healthy Lives), Doncaster Council
Helen Conroy	Public Health Specialist, Doncaster Council
Allan Wiltshire	Head of Policy, Performance & Intelligence, Doncaster Council
Rachael Leslie	Deputy Director of Public Health, Doncaster Council
Simon Noble	Policy Insight and Change Support Officer, Doncaster Council
Andy Collins	Public Health Alcohol Co-ordinator, Doncaster Council
Clare Henry	Public Health Service Manager, Doncaster Council

1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

It was noted that apologies had been received from Phil Holmes (DMBC), Kathryn Singh (RDaSH) and Steve Shore.

2 APPOINTMENT OF VICE-CHAIR

The Chair informed the Board that in view of the changes to local NHS structures on the 1<sup>st</sup> July 2022 – the creation of NHS South Yorkshire and the dissolution of Doncaster CCG, it was proposed to defer the election of the Board's Vice-Chair until September 2022.

3 CHAIR'S ANNOUNCEMENTS

On behalf of the Board, the Chair congratulated Dr Rupert Suckling on his receipt of an MBE in the Queen's Birthday Honours list for services to public health during the pandemic. She stated that having Dr Suckling's experience and reassurance during the difficult times of the pandemic had made a huge difference and been extremely useful to this Board.

In thanking the Board, Dr Suckling stated that the response to the pandemic in Doncaster had been a team effort. While it was pleasing that everyone's hard work during the pandemic had been acknowledged in this way, Dr Suckling explained that this felt like a bitter sweet moment, given the high cost of the pandemic to the Borough in terms of lives lost and the longer lasting effects and impact of COVID-19 that were still being felt by the people of Doncaster.

4 PUBLIC QUESTIONS

Councillor Richard Allan Jones read out the following statement to the Board:-

"This narrative relates to recent actual occurrences to a terminally ill adult resident of Doncaster. Previous to this, the person had suffered a pulmonary embolism and had been admitted to Worksop hospital and recovered. Subsequently, having had multiple falls in her assisted living home she was transferred to Worksop hospital, and after 3 weeks was assessed suitable for transfer to Tickhill Road. Unfortunately, 24 hours later she had another fall and was admitted again to DRI critical ward. 24 hours later staff at DRI had the intention to return this person to the supported accommodation. A relative objected to this proposal as it was very obvious the person was not capable physically of being returned to her own home.

The patient was then transferred to Positive Steps social care assessment centre, where she is now being cared for. Positive Steps were given no medical history of the patient. Throughout the whole of these events from Worksop/Doncaster/Tickhill/Doncaster transfers it became very clear that the patient's information and wellbeing was compromised. The inability of the person to communicate to staff was always going to be the issue. The relative had to relate the previous situations relevant to the person's needs on each occasion when being transferred and it was very clear poor communication existed throughout the process.

One example was from being fitted with a catheter which was essential for this person and for the treatment of a urinary infection, it was removed when the patient was transferred but not refitted, the relative having been told under no circumstance should the person be without the catheter. It had to be refitted as an emergency.

I relate this issue about information being transferred with the patient which has not been in the best interest of the patient or the relative who found it impossible to understand why important information is not appropriately transferred."

In response, Richard Parker stated that he firstly wished to apologise for the experience that the patient in question and their family had gone through during the person's treatment. He explained that usually patient information accompanied them when they were being transferred. He stated that he would personally review this case and requested that Cllr Jones pass on the details of the patient to enable him to investigate the matter. He added that in reviewing the case, all NHS services/colleagues involved would want to look at the patient's journey in order to identify the areas where procedures could be tightened.

Anthony Fitzgerald stated that he wished to echo Richard's apologies, and explained that this highlighted the very reason why investment was being made into a digital integrated care record for patients, in order to improve the flow of information at every step of a patient's journey.

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In addressing the Board, Mr Tim Brown began by congratulating Dr Rupert Suckling on his award of an MBE, which he felt was well deserved.

Mr Brown stated that he had been raising issues of racial inequality for over 20 years. As a parent, he believed in fairness and equality and recognised the difficulties faced by his children to reach their potential. He referred to the fact that his son had previously not been able to secure an entry level job with Doncaster Council despite having decent qualifications as he had been told that he needed to have had previous work experience with the Council. Mr Brown also highlighted that it was still evident that there was a distinct lack of people from BME communities holding senior positions across organisations such as the NHS and the Police.

Mr Brown asked how people like him could support the response to OFSTED’s findings in relation to Doncaster’s Children’s Services. He also referred to the NHS Race and Health Observatory and asked how NHS organisations responded to its findings.

Finally, he welcomed the proposed establishment of a Fairness and Wellbeing Commission and hoped that people like him would be able to participate.

Having thanked Mr Brown for his statement and questions, the Chair confirmed that Mr Brown’s concerns previously raised in relation to his son’s job application with the Council had been addressed by the Cabinet member at the time, with changes being made to the Council’s procedures. The Chair advised that included within the Equality, Diversity and Inclusion priorities for this year was Looked After Children and the importance of closing the gap between those children who are looked after and those who are not. The Chair also advised that she would ask the Doncaster Children’s Services Trust how Mr Brown could be involved with the Ofsted recovery plan.

Dr Rupert Suckling explained how NHS organisations took into account the findings from NHS Race and Health Observatory reports. He also highlighted that one of the priorities in the Board’s Annual Report, which was later on today’s agenda, was to address health inequalities, reviewing access to services including primary care, health outcomes by population groups and establishing a Fairness and Wellbeing Commission, also to be discussed later in the meeting.

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With regard to Stroke services, Mr Trevor Illsley asked for further information to be provided on the role of this Board in preventing strokes. In particular, he asked how the Health and Wellbeing Board will work upstream to stop strokes happening in the first place.

In response, Richard Parker outlined the current arrangements in relation to stroke service provision in the area and future plans/challenges moving forward. Dr Rupert Suckling added that the Board and all partners tried to focus as upstream as possible through the delivery plans and the three life course stages.

5 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

6 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 10TH MARCH 2022

Councillor Cynthia Ransome referred to minute number 49 – Director of Public Health Annual Report 2021, and stated that, during the discussion on obesity in younger people and the prevalence of fast food outlets in areas of high deprivation, she had also made the comment that more could be done through the Planning process to control the proliferation of fast food outlets in deprived areas and that there needed to be a more joined up approach with colleagues in the Planning department in this regard.

RESOLVED that, subject to the above amendment, the minutes of the meeting of the Health and Well Being Board held on 10 March, 2022, be approved as a correct record and signed by the Chair.

## 7 HEALTH PROTECTION UPDATE

Dr Victor Joseph gave a presentation to the Board which provided an update on health protection work, including building blocks of health protection, governance, status of health protection in the Borough and the next steps in the work programme.

In particular, the presentation highlighted the following key points:

- The background in relation to responsibility for health protection matters and governance structure, including the establishment of a Health Protection Assurance Group in 2013, and annual reporting on health protection to the relevant Overview and Scrutiny Panel.
- The latest position in relation to COVID-19 rates in Doncaster.
- Other non-COVID 19 infections currently being monitored included Monkeypox (no cases in Doncaster yet), TB, Syphilis, MRSA, Scarlet Fever, Chickenpox and Invasive Group A Streptococcal infection (IGAS).
- Next steps

After the Chair had thanked Dr Joseph for his presentation and stated that it was good to see that the necessary health protection assurance was in place for the residents of Doncaster, it was

RESOLVED to note the update on health protection for the people of Doncaster.

## 8 JOINT DELIVERY PLANS

The Board received a presentation by Anthony Fitzgerald outlining the content of the Life Stage Delivery Plans, including priorities for 2022-23.

It was explained that the Life Stage Delivery Plans set out the joint commissioning ambitions for 2022-23 for Starting Well, Living Well and Ageing Well. Each of the plans was focussed on improving health and wellbeing and included specific actions to achieve this, supported by corresponding outcomes.

The life stage delivery plans had been developed from the plans agreed in 2021-22 and took into account all local knowledge regarding priorities for 2022-23, including those services where actions were accelerated, delayed or superseded during the last year as a result of the Covid-19 pandemic. The plans also reflected the NHS Planning Guidance for 2022-23 and the NHS Long Term Plan.

The actions within the delivery plans had been discussed locally across health and social care commissioners and providers. Amendments had been made based on the feedback from those forums.

It was noted that every year there were risks associated with plans, and that 2022-23 continued to have additional risks associated with:

- Further waves of Covid-19, particularly any differing impact of new variants
- System capacity to simultaneously recover a range of areas impacted by the COVID response whilst moving forwards on service development and improvement
- Internal system changes, in particular the South Yorkshire ICB as it goes live from 1 July 2022

These risks would be monitored during the year and reflected in local updates.

During subsequent discussion, Board members made a range of comments/observations on the Delivery Plans, including the following:-

- In highlighting the need to monitor progress and outcomes, Dr Rupert Suckling referred to the outcomes in the JSNA and also confirmed that the Integration White Paper would require local areas to agree a set of outcomes. In light of this, he explained that there would be a need to review existing outcomes to ensure these were fit for purpose going forward.
- With regard to Primary Care, Anthony explained that the model was moving towards greater collaboration across Primary Care networks. Councillor Nigel Ball stated that the culture in communities was such that people wanted to see a GP, and that if people were to be encouraged to move away from that traditional model, then positive alternatives would need to be offered instead. In reply, Anthony acknowledged that there would be a need for effective communication with the public so that they understood that it would be a different offer in the future.
- Steve Lyons, Board Member of Healthwatch Doncaster, gave examples of different methods of engagement with the public that were being trialled by Healthwatch, including online surveys, establishing a TikTok account and having a live presence in the Crucial Crew programme being run at the Lifewise Centre in Hellaby. Dr Rupert Suckling added that the question of how to include engagement with the public in the delivery plans would need further consideration and he suggested that an update on this issue be brought to this Board's meeting in September.
- Cath Witherington informed the Board that Voluntary Action Doncaster had taken on a digital inclusion co-ordinator to help people to access healthcare digitally, whilst recognising that a blended approach, including in-person services, was still needed. She advised that they were also piloting reverse mentoring, and it was hoped that this could be pursued through the new Fairness and Wellbeing Commission and Youth Council, amongst other forums.

After members had welcomed the proposal for quarterly progress reports to be brought to future meetings of this Board, and the Chair had confirmed that a further report to consider the outcomes and methods of public engagement in the Delivery Plans would be submitted to the next meeting, it was

RESOLVED to endorse the final life stage Delivery Plans for Starting Well, Living Well and Ageing Well.

## 9 BETTER CARE FUND END OF YEAR TEMPLATE

The Board received the 2021-22 end of year template for the Better Care Fund, in line with its responsibility for having oversight of the Better Care Fund. In presenting the template, Dr Rupert Suckling summarised the performance status against the metric plan, as follows:

<b>Metric</b>	<b>Progress</b>
Avoidable admissions	On track to meet target
Length of stay	Not on track to meet target
Discharge to normal place of residence	On track to meet target
Residential care admissions	On track to meet target
Reablement	Not on track to meet target

RESOLVED to endorse the end of year template for the Better Care Fund which identifies success and challenges, income and expenditure, adult social care fees and metrics against nationally set criteria.

## 10 HEALTH AND WELLBEING BOARD FIRST ANNUAL REPORT 2021-22

Louise Robson presented the first annual report of the Health and Wellbeing Board for the Board's approval, prior to its publication. Having briefly outlined the background to the drafting of the report, Louise summarised the content and key sections of the document, which was themed according to the three life course stages of Starting Well, Living Well and Ageing Well.

During discussion on the proposed dissemination of the Report following its submission to Full Council on July, Councillor Ransome suggested that copies of the document be circulated to Parish Councils and libraries in the Borough.

With regard to the attendance information for Board members over the past year, Richard Parker felt that it would be useful to include a point of clarification in the report explaining that Board members were able to send substitutes to meetings on their behalf when they were not able to attend in person. In response, Louise Robson confirmed that this would be clarified in the report.

Dr Rupert Suckling confirmed that the actions arising from the 'Next Steps' listed in the report would be revisited with Team Doncaster partners in due course.

After the Chair, Councillor Rachael Blake, had thanked Louise and everyone who had contributed to the drafting of the Annual Report, it was

RESOLVED to note and approve the first Annual Report of the Doncaster Health and Wellbeing Board for 2021/22.

## 11 PHARMACEUTICAL NEEDS ASSESSMENT 2022-25

Louise Robson presented, for the Board's consideration and approval, the consultation draft of the Pharmaceutical Needs Assessment (PNA) for 2022 – 2025. It was reported that the PNA process had been deferred nationally from last year due to the Covid-19 Pandemic. A local core steering group had been set up in January 2022 to complete the PNA and ensure that it met and exceeded the minimum requirements. Following the 60 consultation period on the document, running between June and August 2022, the final version of the PNA would be published on 1<sup>st</sup> October 2022.

The Board noted the key outcomes highlighted in the PNA were as follows:-

- On the whole, access to pharmaceutical services is adequate in Doncaster.
- Doncaster has good access to pharmaceutical services with 91.8% of residents living within 1 mile of a pharmacy and all residents within a 10 minute drive.
- Nearly all GP practices are located within 1km (0.6 miles) of a pharmacy.
- Geographic coverage of pharmacies is high, especially when mapped against areas of Doncaster with poorer health.
- Pharmacies offer brief lifestyle advice and are ideally placed to support the public health agenda.
- All pharmacies are now part of the healthy living pharmacies core offer.
- All proposed housing developments have a pharmacy within one mile.

During general discussion, Councillor Nigel Ball observed that the life expectancy rates for men and women as shown in the graphs in section 3.3 of the PNA, appeared to have been flat-lining since 2010, which he felt was a worrying trend.

Steve Lyons, Board Member of Healthwatch Doncaster, stated that he had heard anecdotally that some pharmacies were having to close due to a shortage of pharmacists. He advised that he was intending to suggest that Healthwatch collected data on this in the future.

After the Chair had stated that she hoped the final PNA would be widely disseminated across the Borough, and also requested that future PNAs include data on the availability of public transport in relation to pharmacy locations, it was

RESOLVED to approve the draft consultation PNA for the Board's 2022 – 2025 Pharmaceutical Needs Assessment.

## 12 SUBSTANCE MISUSE STRATEGIC UPDATE

The Health and Well Being Board received a presentation by Helen Conroy, providing a strategic update on substance misuse. Helen began by summarising local prevalence rates, treatment uptake and cost to the local system of supporting people who were alcohol dependent drinkers and/or opiate and crack users. With regard to the current local picture for substance misuse, Helen outlined the governance structure overseeing this work and the investment being put in. She highlighted, in particular, the Supplementary Substance Misuse Treatment and Recovery Grant (2022/23 to 2024/25), which would deliver an additional £750k in year 1, £1.2 million in year 2 and £2.4 million in year 3.

The Board was informed of the contents of the detailed 1 year costed plan for 2022/23 and noted examples of the type of work to be funded. Helen continued by summarising the proposed work to be covered in the medium to long term planning, pointing out that a joint executive group may need to be set up to look at the wider implications of the 10 year national strategy. She also stressed that a strong partnership development approach would be needed with the service provider Aspire to ensure a coherent vision of the system model and local frontline delivery.

Dr Rupert Suckling highlighted the importance, as a partnership, of considering how to make the best use of the resources available to it, as the aim was to be aspirational and ambitious for the people of Doncaster.

It was then

RESOLVED to endorse the contents of the strategic update presentation.

## 13 EASY READ - ACCESSIBLE INFORMATION ABOUT PUBLIC SERVICES

Dr Rupert Suckling introduced this report, which outlined the steps being taken by the Council to develop a more consistent approach towards using Easy Read across all of its communications when engaging with, and informing, its residents. It was noted that Easy Read was a way of translating difficult information and making it easy to understand, using simple words in short sentences, with pictures to help explain the words. He explained that this had been brought to the Board in order that partners could consider whether there was an opportunity to join with the Council on Easy Read approaches in their own communications.

Various Board members spoke in support of adopting Easy Read as a means of communicating more effectively with residents and outlined the measures being taken by their respective organisations in this regard. Cath Witherington also stressed the importance of having accessible information from an inclusion and fairness perspective.

Arising from subsequent discussion, during which Anthony Fitzgerald made reference to the work of the Joint Communications Team, the Chair, Councillor Rachael Blake, suggested it would be helpful if Voluntary Action Doncaster could be involved in the joint communications team in the future.

RESOLVED to support the use of Easy Read and that Board Members continue to look at ways of partnering with the Council on Easy Read approaches to support wider awareness and inclusion of Doncaster people in health and wellbeing.

DONCASTER FAIRNESS AND WELLBEING COMMISSION

Allan Wiltshire presented a briefing paper, which outlined proposals for establishing a Fairness and Wellbeing Commission. It was explained that the Commission would be formed to receive evidence and the real life experiences of people who live and work in Doncaster to better understand the reality of people's lives. This would inform Team Doncaster's actions in the medium and long term to make the most difference and improve wellbeing across the Borough. The Commission would be an independent body tasked by the Health and Wellbeing Board in Doncaster. It would work to produce a report with some clear areas of focus that would improve wellbeing for residents.

Having welcomed this proposal, Dave Richmond expressed the view that the draft work programme for the Commission was very ambitious and it would be a challenge to cover some of the proposed topics in one session, particularly the topic of Homes. He also suggested that a representative from the Northern Housing Consortium be invited to attend the Commission's session on Homes, as some of the issues to be discussed were on a national scale and beyond the gift of local landlords. In reply, Allan Wiltshire acknowledged that the topics to be discussed by the Commission were significant issues. He stressed the importance of ensuring that the right people were invited to attend, in order to get the most from each session.

In reply to a comment by Steve Lyons that Heathwatch Doncaster did not appear to be included in the representation of the Commission, Allan stated that they were welcome to attend and that he would include them on the list.

In terms of next steps, Dr Rupert Suckling explained that work on finalising the scoping of the Commission would be completed, including looking at the membership, public engagement and identifying a Chair and how the work of the Commission would be co-ordinated. With regard to a Chair, Dr Suckling suggested that this could, for example, be a local faith leader or someone similar.

After the Chair had encouraged Board members to contact Allan with any suggestions/nominations if they knew of any suitable individuals who might be interested in Chairing or sitting on the Commission, it was

RESOLVED to:-

- 1) Note and support the proposed establishment of a Fairness and Wellbeing Commission; and
- 2) Note the ongoing work outlined in the Poverty Position Statement at Annex D of the paper.

FOR INFORMATION ONLY - CHANGING PLACES UPDATE

Councillor Andrea Robinson informed the Board that Doncaster Council had been successful in its bid for Changing Places grant funding from central government. This funding would be used to support the installation of seven Changing Places toilet facilities at various locations across Doncaster, including Sandall Park, Wheatley and in leisure centres.

RESOLVED to note the update.

CHAIR: \_\_\_\_\_

DATE: \_\_\_\_\_