



Doncaster Council

Agenda

To all Members of the

HEALTH AND WELLBEING BOARD

Notice is given that a Meeting of the Health and Wellbeing Board is to be held as follows:

Venue Council Chamber, Civic Office, Waterdale, Doncaster DN1 3BU

Date: Thursday, 9th June, 2022

Time: 9.00 am.

PLEASE NOTE VENUE FOR THIS MEETING

Please Note: Anyone attending the meeting is encouraged to wear a face covering throughout the meeting and when using all communal areas in the Civic Office, including washrooms and lifts. Face coverings can be removed when speaking.

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Damian Allen
Chief Executive

Issued on: Monday 30 May 2022

Governance Services Officer for this Meeting: Jonathan Goodrum
jonathan.goodrum@doncaster.gov.uk

Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

Items for consideration	Time/Lead
1. Welcome, introductions and apologies for absence.	1 min (Chair)
2. Appointment of Vice-Chair.	2 mins (Chair)
3. Chair's Announcements.	5 mins (Chair)
4. To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)
5. Public questions.	15 mins (Chair)
(A period not exceeding 15 minutes for questions from members of the public.)	
6. Declarations of Interest, if any.	1 min (Chair)
7. Minutes of the Meeting of the Health and Wellbeing Board held 10th March 2022. <i>(Attached – pages 1 – 10)</i>	2 mins (Chair)
8. Health Protection Update. <i>(Presentation/Cover Sheet attached – pages 11 – 12)</i>	15 mins (Dr Victor Joseph)
9. Joint Delivery Plans. <i>(Presentation/Cover Sheet attached – pages 13 – 14)</i>	20 mins (Anthony Fitzgerald)
10. Better Care Fund End of Year Template. <i>(Cover Sheet attached – pages 15 – 16. Template enclosed separately)</i>	10 mins (Michael McBurney)
11. Health and Wellbeing Board First Annual Report 2021-22. <i>(Papers attached – pages 17 – 30)</i>	20 mins (Louise Robson)
12. Pharmaceutical Needs Assessment 2022-25. <i>(Papers attached – pages 31 – 98)</i>	10 mins (Louise Robson)
13. Substance Misuse Strategic Update. <i>(Presentation/Cover Sheet attached – pages 99 – 100)</i>	20 mins (Helen Conroy)
14. Easy Read - Accessible Information about Public Services. <i>(Papers attached – pages 101 – 108)</i>	15 mins (Phil Holmes)
15. Doncaster Fairness and Wellbeing Commission. <i>(Papers attached – pages 109 – 130)</i>	20 mins (Allan Wiltshire)
For Information Only	
16. Changing Places Update. <i>(Verbal Update)</i>	5 mins (Phil Holmes)

Date/time of next meeting: Thursday, 1 September 2022 at 9.00 am.

Members of the Doncaster Health and Wellbeing Board

Name	Job Title
Cllr Rachael Blake (Chair)	Portfolio Holder for Children's Social Care, Communities and Equalities
Cllr Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture and Planning
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Kathryn Singh	Chief Executive RDaSH
Steve Shore	Chair of Healthwatch Doncaster
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Jackie Pederson	Chief Officer DCCG
Phil Holmes	Director of Adults, Health & Wellbeing, Doncaster Council
Riana Nelson	Director of Learning, Opportunities & Skills, Doncaster Council
Cllr Andrea Robinson	Portfolio Holder for Adult Social Care
Cllr Cynthia Ransome	Conservative Group Representative
Chief Superintendent Ian Proffitt	District Commander for Doncaster, South Yorkshire Police
Ellie Hunneyball	Group Manager, South Yorkshire Fire and Rescue
Rebecca Wilshere	Deputy Chief Executive of Doncaster Children's Services Trust
Dan Swaine	Director of Economy & Environment, Doncaster Council
Dave Richmond	Chief Executive, St Leger Homes
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Health and Social Care Forum Representative
Cath Witherington	Chief Executive, Voluntary Action Doncaster

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Agenda Item 7

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 10TH MARCH, 2022

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, DONCASTER on THURSDAY, 10TH MARCH, 2022, at 9.00 a.m.

PRESENT:

Chair - Councillor Rachael Blake, Portfolio Holder for Children's Social Care, Communities and 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	DMBC Conservative Representative
Phil Holmes	Director of Adults, Health and Wellbeing, Doncaster Council
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)
Dave Richmond	Chief Executive, St Leger Homes of Doncaster
Ellie Hunneyball	Group Manager, South Yorkshire Fire & Rescue
Lucy Robertshaw	Health and Social Care Forum Representative
Anthony Jones	Acting Director of People & Organisational Development, DBTH Foundation Trust (substitute for Richard Parker)

Also in Attendance:

Martyn Owen	Head of Service, Inclusion, Doncaster Council
Emma Price	Head of Strategy and Delivery for Children's and Maternity at Doncaster CCG
Andrea Ibbeson	Deputy Chief Nurse & Designated Nurse for Children's Safeguarding & LAC, Doncaster CCG
Susan Hampshaw	Head of Service, Public Health Delivery, Doncaster Council
Vicki Beere	CEO, Project 6
Sally Hickson-Clark	Project 6
Fran Joel	Chief Operating Officer, Healthwatch Doncaster

43 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for the meeting were received from Richard Parker (Anthony Jones deputised), Kathryn Singh, Jackie Pederson, Riana Nelson (Lee Golze deputised), and Cath Witherington.

The Chair welcomed Fran Joel, Chief Operating Officer of Healthwatch Doncaster, to the meeting.

44 CHAIR'S ANNOUNCEMENTS

The Chair stated that in light of the fact that the Board would be talking about health and wellbeing today, it was important to reflect on current world events. In particular, she explained that the Doncaster Ukraine Centre had featured on the regional news last night and, on behalf of the Board, she stated that everyone's thoughts and support were with the Ukraine community in Doncaster at the present time. The Chair was aware that there were various opportunities and ways in which people could show their support and contribute, including a GoFundMe page being run by Voluntary Action Doncaster and she encouraged everyone to provide support where they could. The Chair added that there was also support and help available to anyone who was struggling with everything that was going on.

At the conclusion of the meeting, the Chair stated that she was delighted to announce that Dr David Crichton had been appointed as Chief Medical Officer for the South Yorkshire Integrated Care System. On behalf of the Board, the Chair stated that she wished to say a huge thank you to David for all his work and support, both in terms of serving as a Board member, including holding the position of Vice-Chair of the for the past 5 years, and also his work behind the scenes, and she wished him well for the future. In thanking the Chair and Board for their kind words, David explained that he was delighted to be taking up his new role and he acknowledged the help he had received from people around the room that had assisted him on his journey. He added that it had been a privilege to have been part of the Doncaster Health and Wellbeing Board.

45 PUBLIC QUESTIONS

There were no questions received from the public.

46 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

47 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 13TH JANUARY 2022

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 13th January 2022, be approved as a correct record and signed by the Chair.

48 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. The update included data on current case rates compared to those at the Board's last meeting in January 2022.

Dr Suckling explained that since the Board's last meeting, there had been a reduction in the number of cases of the Omicron variant and in the numbers of people requiring hospital care. This had led to the Government introducing its 'Living with Covid' plan in February and the lifting of legal requirements in relation to self-isolation and all other restrictions being lifted. Dr Suckling stressed, however, that Public Health guidance was still advising people with symptoms to self-isolate and get tested, and also recommending that face coverings were worn in enclosed public spaces, and this was still a requirement in health care settings.

It was noted that other changes included the cessation of contact tracing and an increased emphasis on ventilation and vaccinations. Dr Suckling confirmed that in the past week, there had been a slight increase in the number of cases being reported, which was partly due to the fact that people were now circulating more. It was, however, expected that cases would reduce as the weather warmed up over the coming months. He concluded by stating that while Covid-19 had not gone away, the situation was nevertheless manageable, thanks to the effectiveness of the vaccines in breaking the link between people catching the virus and requiring hospitalisation.

Dr David Crichton also provided a brief update on the current position in relation to the roll out of the vaccination programme across the Borough, and future plans in relation to the provision of booster doses of the vaccine. He confirmed that all children aged 5 to 11 would be offered a vaccine from 1 April. In addition, those people aged 75 and over, those who were immuno-compromised and those living in adult care homes would be given an additional booster jab in the Spring. Looking further ahead, Dr Crichton reported that it was expected that there would also be a booster campaign in the Autumn.

RESOLVED that the update be noted.

49 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021

The Health and Well Being Board considered the 2021 Director of Public Health Annual Report. The report, which was the seventh Annual Report authored by Dr Suckling, described the course of the global COVID-19 pandemic in Doncaster in 2021 and included a rapid assessment of the state of health in Doncaster in 2021. The report also demonstrated how the public health grant was being used locally, and highlighted the proposals for implementing the new borough strategy 'Doncaster Delivering Together'.

The report made the following six recommendations for Team Doncaster and partners:-

- Continue to recognise, celebrate and support the roles of 'Key workers', local people, groups, institutions, businesses and communities in the way Doncaster works
- Maintain sufficient local capacity and capability to respond to and learn from the continued COVID-19 pandemic
- Implement Doncaster Delivering Together, including updating and publishing a set of Impact Assessments to continue to guide and shape local recovery and renewal

- Secure long term locality working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations
- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing and establish a Fairness & Wellbeing Commission
- Develop new relationships with the Office of Health Improvement and the UK Health Security Agency, the successor bodies to Public Health England and establish a new method for assurance of local public health services

The Report had been considered & approved by Full Council at its meeting in January and was presented to the Board in order that Members could consider how the recommendations could be taken forward in future strategy and delivery plans.

Discussion followed, during which the Board commented on various aspects of the Report that related to their areas and how moving forward they could put the recommendations into practice, including the following:-

- Dr David Crichton highlighted the significant changes that would arise from the Health and Care Bill currently going through Parliament. He also spoke of the positive lessons learned from the pandemic, and outlined the measures being taken to improve patient access to health care services, including GPs.
- Councillor Nigel Ball highlighted the reference in the Report to the World Health Organisation's Geneva Charter for Wellbeing, and stated that this raised the question of how the health, wellbeing and happiness of Doncaster communities could be effectively measured by way of indicators. In reply, Dr Suckling explained that there were two main drivers in this regard. Firstly, through HM Treasury and how it accounted for new infrastructure projects, he explained that the Green Book was changing and moving from solely economic outputs to also include social outputs. Secondly, he explained that at a South Yorkshire level, a six capitals approach was increasingly being used, which was concerned with measuring social capital and tracking investment in places. He stressed, however, that this work was at an early stage of development.
- Phil Holmes explained that work was being undertaken to identify ways of implementing a more joined up approach when various services areas/Directorates within the Council and partners were engaging with local communities across the Borough.
- Councillor Cynthia Ransome stated that her main concern was the increasing problem of obesity, particularly amongst young people and its prevalence in areas of high deprivation. During subsequent discussion, the Board recognised that it was more costly for families to eat healthily and that with the current cost of living crisis, there was even more reliance on cheaper fast food instead of healthy nutritious meals. Easier access to fresh fruit and vegetables and making healthy options available to people would help to address this. In reply, Dr Suckling acknowledged that obesity was a major challenge in the Borough, and he suggested that an update on this subject could be brought to a future meeting of the Board to outline the measures being taken to tackle this issue.

- Referring to the discussion on obesity, Lucy Robertshaw explained that while the Dance On sessions held across the Borough were not specifically aimed at tackling obesity, they were an effective means of encouraging people of all ages to move more and be more active. She added that the Dance Strategy was due to be re-launched in May and suggested that it might be useful to bring a presentation to a future Board meeting on the Strategy, including the work being undertaken in relation to workforce development and rolling the Strategy out across communities in the Borough.

After the Chair had asked all Board members to consider the recommendations in the Director of Public Health's Annual Report and how their respective organisations could take these forward in future strategy and delivery plans, it was

RESOLVED that the Director of Public Health's Annual Report for 2021, be noted.

50 DONCASTER CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING STRATEGY

The Board received a presentation by Emma Price (DCCG) and Martyn Owen (DMBC) on the Doncaster Children & Young People's Mental Health and Wellbeing Strategy 2022-25.

Emma and Martyn began by outlining the impact that the Covid-19 pandemic had had on children and young people's mental health and wellbeing and on the service provision in supporting their needs. They then summarised the cross-partner working undertaken since 2020 to understand the patterns of presentations emerging at A&E involving young people and working with schools and other agencies to identify any gaps in the support and services available. The Doncaster Young Advisors had also taken a lead part in this work, producing a Vision and Ambition statement formulated from extensive Young Advisor led survey exercises. This formed a fundamental part of the overarching strategy and underpinned all of the priorities and actions.

The Board was then informed of each of the Strategy priorities in turn, which comprised:-

1. Improve access to Doncaster services;
2. Address systemic inequalities;
3. Raise capacity and capability within mainstream schools; and
4. Reduce waiting times for neurological pathways.

It was noted that it was intended to develop an implementation plan setting out the intended actions over the three years of the Strategy. The plan would be designed to identify key actions and provide clear timelines alongside measurable success criteria.

Emma concluded by outlining how the Strategy would be taken forward in years 2 and 3, and the measures that would be put in place in order to test and challenge the progress achieved against the priorities.

Arising from discussion on the need to look at ways of building resilience in young people, Emma Price offered to provide a briefing to a future meeting of the Board on the subject of future resilience and the work being undertaken to support this. She cited as an example the recent launch in Doncaster of the Kooth digital mental health support service for young people and young adults which included free access to a range of resilience tools.

In response to a question as to whether there was any correlation between those areas of the Borough with high levels of deprivation and the levels of need in relation to young people's mental health and whether this had been mapped out, Emma Price explained that the Kooth system had been set to map out the Borough, including the Wards, which would give a clearer picture in 6 - 12 months' time of any correlation between deprivation and young people's needs in respect of mental health. It was also reported that the data from A&E presentations was being used to identify hotspot areas, and this in turn was used to prioritise resources and ensure that schools in those areas were given the necessary support to help deal with cases.

After the Board had acknowledged the importance of joined up working across the various Strategies, including the Early Help Strategy, and discussed the vital role that Early Help would have in terms of building future resilience and emotional intelligence in children, it was

RESOLVED:

1. To agree to the strategic priorities set out within the Doncaster Children and Young People's Mental Health and Wellbeing Strategy; and
2. That the Board formally agrees to sign-off the overall Strategy.

51 PROJECT 6 - DEVELOPING COMMUNITY SOLUTIONS TO SUBSTANCE USE

The Board received a presentation by Vicki Beere, CEO of Project 6, which outlined the work of the Project 6 organisation and gave details of the 'Third Place' proposal for Doncaster, which was a new way of supporting street drinkers in the Borough.

Vicki began by giving an overview of the work of Project 6 and its background history as a charitable organisation. She then summarised the current delivery offered by Project 6, which included:-

- Developing Project 6's community@Sober Social;
- Developing crisis services; and
- Older People's Alcohol Service

The organisation's plans for development included the launch of the Third Place proposal for Doncaster, which was a harm reduction approach for street drinkers, and developing the Crisis Service – Doncaster Pathways, into a Borough-wide offer through a Voluntary, Communities and Social Enterprise collaboration with the health and social care forum.

The Board was informed that, following a successful pilot in Keighley, the Third Place was aimed at providing opportunities to tackle the cycle of multiple and complex needs

by providing a safe environment for street drinkers and others affected by homelessness, rootlessness and destitution who often had no access to their own first or second space. The service would offer opportunities and choices for individuals to create meaningful and sustainable change in their wellbeing through reducing harm and improving health outcomes, in a safe environment where individuals could receive the support they needed. Vicki confirmed that Project 6 had the support of the various substance use forums to develop the Third Place offer, and she stated that she was seeking the Board's support in principle for the proposal today.

During subsequent discussion, Dr Rupert Suckling commented that the compassionate approach of the proposed Third Place project was entirely in keeping with the discussions that this Board had been having with regard to supporting individuals. On the question of resourcing this project, Dr Suckling explained that it was hoped that funding would be forthcoming as a result of the new Drugs Strategy that was launched in December and that some of this could be made available to support the Third Place initiative. He added that it would be useful to give further thought in the future as to how the work of Project 6 fitted in with the broader network of other charities and organisations providing support in relation to substance use.

In supporting the project, Phil Holmes felt that there was always scope for providing more help for individuals affected by drug and alcohol issues and he felt it was timely to be looking at expanding this work in Doncaster. He added that it would be useful to draw together the different strands of activity taking place across the Borough in this regard and stressed the value of providing support to individuals which addressed the root causes while treating them with dignity. He also stated that the Council would be happy to help Project 6 make connections with some of the other work currently being carried out in the different communities in the Borough.

Councillor Nigel Ball welcomed the Third Place proposal but stressed that it was important that all of the various organisations that provided support to people in this area of work co-operated together, in order that there was a joined up approach and people could be signposted to the Third Place where it was felt they would benefit from it.

Dave Richmond stated that St Leger Homes would be happy to provide practical support and assistance with the Third Place project as part of its social responsibility activities.

In response to the comments received, Vicki confirmed that Project 6 was fully supportive of working with the smaller organisations involved in helping individuals in relation to substance use, and this was regularly discussed at the Health and Social Care Forum.

Dr David Crichton suggested that it would be useful for Project 6 to link up with Laura Sherburn, Chief Executive of Primary Care Doncaster, as they had provided an Inclusion GP for Complex Lives in the past. He also suggested that as the Third Place project came under the umbrella of Complex Lives, it might be possible to allocate some funding from that area for this initiative.

It was then

RESOLVED to note the presentation and confirm the Board's support for the 'Third Place' proposal.

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

The Board received a presentation by Phil Holmes entitled 'Local Solutions for People, Places and Planet – Doncaster's Locality Plans'. Phil gave an overview of the development of the Locality Plans in the Borough (North, South, Central and East), which were due to be completed at the end of March. It was noted that these Plans had the potential to relate strongly to NHS delivery in neighbourhoods as well as wider wellbeing partnerships. The presentation described the approach and drew out some health and wellbeing themes. It was explained that the aim was for the Locality Plan to be the place that tied information together accessibly, as it was acknowledged that there were many other plans and these needed to be better coordinated locally.

Dr Rupert Suckling gave an update to the Board on the proposed usage of non-recurrent Better Care Fund monies to invest in preventative working in each of Doncaster's localities.

After a general discussion on the localities approach and how this would be taken forward in the future, it was

RESOLVED:

1. To note the key Health and Wellbeing messages that have arisen from discussion with local people in the development of Locality Plans; and
2. To note the update on usage of non-recurrent Better Care Fund monies to invest in preventative working in each of Doncaster's localities/neighbourhoods.

53 PATHWAYS TO RESEARCH EXCELLENCE: DEVELOPING A HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) FOR SUSTAINABLE AND APPLIED RESEARCH IN DONCASTER

The Board received a presentation by Susan Hampshaw which provided an update on the development of a Health Determinants Research Collaboration (HDRC) in Doncaster.

It was reported that Doncaster Council had submitted an Expression of Interest to the National Institute for Health Research Public Health Research Programme to host a HDRC, and had now been invited alongside several other places to submit a Stage 2 application. The presentation described the proposed collaboration as it stood, and focussed, in particular, on how becoming a more research active place would accelerate progress in Doncaster to improve health and wellbeing and tackle inequalities.

The Board was informed that the key considerations underpinning the bid were:-

- Sharing learning;
- Sustainable collaboration;
- Addressing capacity challenges;

- Being fair and balanced; and
- Addressing wider determinants

The two proposed work streams were:-

1. Knowledge mobilisation; and
2. Capability, capacity and motivation building

Susan concluded by stating that, with regard to the governance structure, if successful the project would report to this Board, and in terms of the timeline, the Council would be pitching its vision in June, with a decision around July and a start date at around October 2022.

In supporting this project, Dr David Crichton advised that he had been asked to lead an innovation and research programme across South Yorkshire, so if this bid was unsuccessful, there would still be other opportunities to pursue research.

Dr Rupert Suckling felt that even if the bid for this project was ultimately unsuccessful, there would still be elements of the work that could be taken forward and utilised in the future.

After the Chair had thanked Susan and her team on behalf of the Board for all their hard work in pulling together the bid for this project, and had confirmed the Board's support for this work, it was

RESOLVED to note the presentation and endorse the outlined approach.

54 DONCASTER SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2020-21

This report was received and noted.

55 DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020-21

This report was received and noted.

CHAIR: _____

DATE: _____

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 9 June 2022

Subject: Health Protection Update

Presented by: Dr Victor Joseph, Consultant in Public Health, and Chair of Doncaster Health Protection Assurance Group

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	Yes

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	Yes
	Mental Health	
	Dementia	
	Obesity	
	Children and Families	Yes
Joint Strategic Needs Assessment		Yes
Finance		
Legal		
Equalities		Yes
Other Implications (please list)		Yes
<ul style="list-style-type: none"> Health protection 		Yes

How will this contribute to improving health and wellbeing in Doncaster?
<p>Doncaster Council assumed the statutory responsibility for health protection when Public Health transferred from the NHS to Local authority in April 2013. Since then, there has been in place the Health Protection Assurance Group to provide assurance on health protection in the borough, bringing together the relevant partners.</p> <p>The presentation at the Health and Wellbeing Board will provide an update on health protection work, including building blocks of health protection, governance, status of health protection in the borough and the next steps of work programme.</p>

Recommendations

The Board is asked to note the update on health protection for the people of Doncaster.

A power point presentation will be delivered on the day.



Subject: Joint Delivery Plans

Presented by: Anthony Fitzgerald

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	x
Information	

Implications	Applicable Yes/No	
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	Y
	Mental Health	Y
	Dementia	Y
	Obesity	Y
	Children and Families	Y
Joint Strategic Needs Assessment	Y	
Finance	N	
Legal	N	
Equalities	Y	
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
<p>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 is focussed on improving health and wellbeing and the specific actions to do so, supported by corresponding outcomes, is detailed within the plans.</p> <p>The life stage delivery plans have been developed from the plans agreed in 2021-22 and take into account all local knowledge regarding priorities for 2022-23, including those services where actions were accelerated, delayed or superseded during this last year as a result of the Covid-19 pandemic. The plans also reflect the NHS Planning Guidance for 2022-23 and the NHS Long Term Plan.</p>

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

Finally, whilst it is noted that every year there are risks associated with plans, 2022-23 continues 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 will be monitored during the year and reflected in local updates.

Recommendations

The Board is asked to:-

- Endorse the final life stage delivery plans for Starting Well, Living Well and Ageing Well



Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 09/06/2022

Subject: Better Care Fund end of year template

Presented by: Michael McBurney, Senior Policy Insight and Change Manager

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	Yes
	Mental Health	Yes
	Dementia	Yes
	Obesity	Yes
	Children and Families	Yes
Joint Strategic Needs Assessment		Yes
Finance		Yes
Legal		Yes
Equalities		Yes
Other Implications (please list) Governance & management responsibility of the Better Care Fund		Yes

How will this contribute to improving health and wellbeing in Doncaster?
<p>The Better Care Fund (BCF) is a pooled budget resource managed jointly between Doncaster Council and Doncaster Clinical Commissioning Group. The Health and Wellbeing Board is responsible for oversight of BCF which includes end of year reports (retrospective performance) and annual plans (forecasted activity).</p>

Recommendations
<p>The Board is asked 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.</p>

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 9th June 2022

Subject: Doncaster Health and Wellbeing Board Annual Report 2021/22

Presented by: Louise Robson

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	x
Endorsement	x
Information	x

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	x
	Mental Health	x
	Dementia	x
	Obesity	x
	Children and Families	x
Joint Strategic Needs Assessment		x
Finance		
Legal		
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?

This is the first annual report for the HWBB and it highlights the work of the HWBB during the last 12 months. The report is only a small snapshot of the ongoing work across some of the partner organisations to improve the wellbeing of the Doncaster population. The key focus going forward will be to build on the foundations from this year and to address the health inequalities and priorities exemplified from the pandemic and to ensure that the work plan for the next year for the HWBB reflects real needs and addresses those gaps.

Recommendations

The Board is asked to:- NOTE and APPROVE the first annual report for the Health and wellbeing board for 2021/22 and consider how the future work plan/next steps can be taken forward for 2022/23.

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STARTING WELL
LIVING WELL
AGEING WELL

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Doncaster Health and
Wellbeing Board

First Annual Report

June 2021- June 2022

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Acknowledgements

Thank you to the following people for their contributions to the development of the first Health and Wellbeing Board annual report:

Doncaster Council
Councillor Rachael Blake
Dr Rupert Suckling
Jon Gleek
Allan Wiltshire
Lee Golze
Mark Wakefield
Susan Hampshaw
Julia King
Helen Conroy
Carrie Wardle
Angela Harrington
Angelique Choppin
Andy Maddox
Jodie Bridger
Vanessa Powell-Hoyland and Well Doncaster team
Jonathan Goodrum
Emma Nicholas-Hernandez
Claire Hewitt
Lois Murtuja/Gemma Parkinson/
communications team
Doncaster Clinical Commissioning Group
Dr David Crichton
Jo Forrestall
Voluntary and Community sector
Lucy Robertshaw (Darts)
*Report compiled by Louise Robson/Claire Hewitt on behalf of the Health and Wellbeing Board



Welcome



"I am delighted to welcome you to the Health and Wellbeing Board's first annual report which provides you with an opportunity to understand the challenges and achievements of the Board in 2021-2022. I would like to thank the members of the Board and their organisations for the incredible work they do day in and day out improving health and wellbeing for residents of all ages. Our work is diverse and we have constantly challenged how we currently work, what we can do differently and how can we work better together to make sure we deliver better health and wellbeing outcomes with and for our residents. Our thinking and what we do is driven by our residents, their experience and their aspirations. Our meetings are held in public and at every meeting we have a public session and I would encourage residents to take part, highlight their concerns and help the Board to understand even more what matters to your community or your group. As we move into the new Integrated Care System (ICS) the role of Health and Well Being boards will become even more important, ensuring that in the place, here in Doncaster we continue to champion and deliver what matters to Doncaster residents and our work influences the work of the ICS.

Please do get involved and contact PHEnquiries@doncaster.gov.uk for more information

Cllr Rachael Blake
Chair of Doncaster's Health and Well-being Board Portfolio holder for Childrens Social Care, Communities and Equalities



"We know that there has been considerable impact on the wellbeing of local people and our staff over the past 12 months, this has resulted in an increase in people coming forward for mental health support. The way in which services were provided had to adapt and respond to immediate needs as further waves of the coronavirus pandemic hit. I am glad to have been part of a collective Doncaster response to the challenges that we faced. One success has been the ongoing COVID-19 vaccination programme; this has provided an evergreen offer of 1st and 2nd doses, utilised pop up sites for our underserved communities, expanded further to younger age groups, offering eligible 3rd booster jabs and even 4th doses to immunosuppressed patients. Over 628,000 dose have been administered to Doncaster people! Thank you to all the local volunteers and staff who have made this happen. Looking ahead we acknowledge that there is now a need to focus on recovering the backlog of unmet need from the past two years.

Dr David Crichton
Vice Chair of Doncaster Health and Wellbeing Board

The Doncaster Health and Wellbeing Board

The Doncaster Health and Wellbeing Board (HWB) is a strategic partnership which sets the vision and direction for health and wellbeing for the Borough. Its aims are to:

- Improve the health and wellbeing for the residents of Doncaster and to reduce inequalities in outcomes;
- Promote integration and partnership working between the local authority, NHS and other local services and to improve the local democratic accountability of health.

The key responsibilities/duties of the Board are:

- Assessing the health and wellbeing needs of the population.
- To oversee the development of and monitoring the implementation of a Joint Health and Wellbeing Strategy (JHWS) ensuring that issues highlighted in the strategy are taken forward by commissioners;
- Promote integrated working and partnership working between health and social care, through joined up commissioning plans.
- Take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding and the wider determinants of health;
- Produce and maintain a Pharmaceutical Needs Assessment (PNA).
- To receive the Doncaster Child Death Overview Panel (CDOP) Annual Report.

The current membership of the Health and Wellbeing Board is:

Cllr Rachael Blake (Chair) Portfolio Holder for Children's Social Care, Communities and Equalities	Meetings (4/5)
Dr David Crichton (Vice-Chair), Chair of Doncaster Clinical Commissioning Group	Meetings (3/5)
Cllr Nigel Ball Portfolio Holder for Public Health, Leisure, Culture and Planning	Meetings (5/5)
Dr Rupert Suckling Director of Public Health, Doncaster Council	Meetings (5/5)

Kathryn Singh Chief Executive RDaSH	Meetings (0/5)
Steve Shore Chair of Healthwatch Doncaster	Meetings (1/5)
Karen Curran Head of Co-Commissioning, NHS England (Yorkshire & Humber)	Meetings (0/5)
Richard Parker Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Meetings (2/5)
Jackie Pederson Chief Officer DCCG	Meetings (2/5)
Phil Holmes Director of Adults, Health & Wellbeing, Doncaster Council	Meetings (4/5)
Riana Nelson Director of Learning, Opportunities & Skills, Doncaster Council	Meetings (1/5)
Cllr Andrea Robinson Portfolio Holder for Adult Social Care	Meetings (4/5)
Cllr Cynthia Ransome Conservative Group Representative	Meetings (3/5)
Chief Superintendent Ian Proffitt District Commander for Doncaster, South Yorkshire Police*	Meetings (0/5)
Ellie Hunneyball Group Manager, South Yorkshire Fire and Rescue^	Meetings (2/5)
Rebecca Wilshire Deputy Chief Executive of Doncaster Children's Services Trust	Meetings (2/5)
Dan Swaine Director of Economy & Environment, Doncaster Council	Meetings (0/5)
Dave Richmond Chief Executive, St Leger Homes	Meetings (2/5)
Laura Sherburn Chief Executive, Primary Care Doncaster	Meetings (0/5)
Lucy Robertshaw Health and Social Care Forum Representative	Meetings (4/5)
Cath Witherington Chief Executive, Voluntary Action Doncaster	Meetings (4/5)

Figure in brackets = meetings attended out of 5
*Joined the Board in Jan 2022
^Joined the Board in Sept 2021

COVID-19 Update

In 2021/22 the COVID-19 pandemic continued to have a significant impact on the health of Doncaster people. At the start of 2021 the country went into a national lockdown in response to the Alpha variant of COVID-19. A Delta variant followed in the summer of 2021 and then as we moved into 2022 the Omicron variant arrived and by March it was the BA.2 variant of Omicron that was dominant.

The direct impacts of COVID are still felt, as people are still catching COVID-19 and despite a successful vaccine programme there are still too many avoidable infections, hospitalisations and deaths. The thoughts of the Board are with all those who lost loved ones or have been impacted by the pandemic in other ways. The disruption to people's lives, livelihoods, the services and institutions we rely on has been profound. The pandemic has unearthed and exacerbated long standing inequalities experienced by older residents, those in key worker roles, those in poverty and those from ethnic minorities. Women have borne the brunt of the pandemic as formal caring, informal caring, childcare and home schooling roles all needed to be fulfilled, at the same time as working shifts or working remotely.

In 2021 the Health and Wellbeing Board was supported by a COVID oversight board, chaired by Mayor Ros Jones, a COVID control board and a daily incident management team. In 2022 the Health and Wellbeing Board will be supported by a revamped Health Protection Board and initially a twice weekly incident management team.

Some of the lessons learnt from the first 2 years of the pandemic were highlighted in the Director of Public Health annual report 2021. These included:

- Doncaster people, families, communities, businesses, groups and institutions have all still pulled together really well. In the second year of the pandemic, the numbers of people able to volunteer has reduced as people return to work, although many have found ways of continuing.
- The importance of 'Key workers' was reinforced during the first national lockdown, but abuse and aggression to key workers has increased as the pandemic has continued.
- Not everyone was impacted equally, and many individuals and communities will continue to be impacted by the wider effects of the pandemic.

- 1 Impacts directly from COVID-19
- 2 Long term physical and mental health impacts of COVID-19 infection (long COVID)
- 3 Impacts of overwhelmed health services and delays to treatment
- 4 Impacts of changes to health services
- 5 Impacts of lockdown and other measures
- 6 Impacts on particular communities and groups including women, people from ethnic minorities and carers
- 7 Ongoing impacts on accessing health and care services due to the initial disruption and now increased demand on health and care services (especially people with diabetes, or suffering with poor mental health, self-harm or depression).

- Many of the working practices that the health and care system developed at the start of the pandemic have continued, but workforce shortages and staff 'burnout' are bigger challenges for the system now than money.
- National decision makers are still too remote and lack the local knowledge needed for many decisions including the implementation and relaxation of lockdowns, supporting local schools and the return of elite sporting events.
- Pandemic preparedness should still continue. This includes better understanding of how local people live their lives, investment in health protection, establishing clear, agile, system leadership and supporting better data to aid management as well as increasing transparency. Local surveillance, responding to new threats (or variants). Communication that is based on behavioural insights avoids polarisation in key, including a focus on supporting people to access and understand large amounts of new guidance and information. This could involve health and media literacy, fact checking websites, critically looking at media sources and reviewing the role of the curriculum.
- Health and the economy are still intrinsically linked and the best way to address the pandemic is good for both health and the economy.

Understanding Doncaster

Joint Strategic Needs Assessment (JSNA) developments in 2021/22

In 2018, the Board agreed a new approach to move away from lengthy and static snapshot documents to reflect the collaboration between health and care analytics teams and the growth in new Business Intelligence tools. In 2021, following the immediate impacts of the Covid-19 response, the Board agreed a refresh to this policy reflecting the impact of the pandemic but also the extent by which health inequalities had both been exposed and exacerbated by Covid-19.

Since that refreshed plan was agreed, a new suite of information has been published for the Doncaster JSNA. A new website has been set up to host a range of information – both a public facing dashboard showcasing Outcomes data profiling the Doncaster population and a growing suite of other demographic and population information. This site can be found here:

<https://www.teamdoncaster.org.uk/jsna>

As well as these developments, the teams have been following the plan agreed at the Board and have been working together on “operations” over winter on understanding pressures and flow across the health and care system. There is also a focus on inequalities with a testbed project between the Council and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) looking at mental health inequalities, initially focussing on analysing data from the Improving Access to Psychological Therapies (IAPT) services that support people with anxiety and depression. With the release of the 2021 Census later this calendar year, a wealth of new demographic data will become available, allowing us to understand more about our communities.

Pharmaceutical Needs Assessment (PNA)

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a ‘pharmaceutical needs assessment’, the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) set out the minimum information that

must be contained within a pharmaceutical needs assessment and outline the process that must be followed in its development.

(Pharmaceutical needs assessments Information pack for local authorities: Department Health and Social care, October 2021).

The Health and Wellbeing Board has a mandatory duty to produce a Pharmaceutical Needs assessment every three years. Due to the covid-19 pandemic a decision was made nationally to defer the development and publication of PNA's until 1st October 2022. The current PNA refresh is underway and will be published on the council web site by October 2022.

Research and the Health and Wellbeing Board

The Health and Well Being Board is the system sponsor for research. During 2021/22, Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust, Rotherham, Doncaster and South Humber NHS Foundation Trust and Doncaster Council have worked together on the Born and Bred in Doncaster (BaBi-D) research programme (<https://www.dbth.nhs.uk/babi-d/>).

Expert research support is provided by our partner universities – the University of Sheffield and Sheffield Hallam University – and the programme aims to help improve the health and wellbeing of children and families across Doncaster maintaining a strong focus on health inequalities and inclusion. In the next few months, the BaBi D project will begin to invite pregnant women to join the project and allow health researchers to join together routinely collected data about them and their baby. The data provided from this cohort study will help us to gain a better understanding of what local families want and need from healthcare services across the borough. We are part of the Born and Bred in (BaBi) network of local electronic birth cohort studies which includes Wakefield, Leeds and Bradford. This network is supported through the Born in Bradford for All (BiB4All) centre.

Health and Wellbeing across the Life Course

The Board has adopted three overarching periods of life, starting well, living well and ageing well to organise its work.



Starting Well

The health and wellbeing of children, young people and their families was severely impacted by the COVID-19 pandemic and the measures taken to 'protect the NHS'.

Service delivery, in response to mental health concerns due to the pandemic were accelerated throughout the past year and in response to an increase in the number of young people presenting at A&E with mental health needs a Social Emotional and Mental Health proactive monitoring group was established. This ensures appropriate services are involved in planning support around the young person including a Mental Health in schools strategy and further support for young people with eating disorders. The children and young people's Mental Health Strategy has been to the Board with an initial one year action plan for change. As a partnership, we have adopted three key principles: 'Reflective, Resilient, Responsive' as the traits we are aiming to embed across all of our service areas in order to achieve the best possible outcomes for children and young people across Doncaster. The application of these three principles will enable us make evidence informed commissioning decisions and build a robust system in which each-and-every Doncaster resident can have complete confidence.

Two areas of the Doncaster Place Plan continue to be delivered the 1001 days and Vulnerable adolescents pilot. The first year of the pilot for the first '1001 days' of life has been embedded. Evaluation of the impact of an integrated offer for parents and families is underway. General feedback from families is that they value the service and are finding input from the professional useful and timely.

The Vulnerable Adolescents pilot has now moved into the implementation phase there is an immediate need, exacerbated by the pandemic, to develop system wide practice to support adolescents as they enter the more uncertain, more complex and more risk taking world of independence.

Work is on track for the majority of areas including the development of the service specification for the post diagnostic offer for Neuro-developmental pathways. Sub-contracting has also begun with Healios (online provider) to reduce the time waiting for assessment on the Children's Attention Deficit and Hyperactivity Disorder pathway. The 5-19 Healthy Child Programme has been recommissioned.

The Early Help offer continues to embed co-ordinated support and evidence-based interventions, through a practice framework across agencies. Young Carers remains a priority service area.

A couple of areas were delayed due to capacity issues and restrictions caused by the pandemic including the service specification for Children's Community Nursing and Children's Therapies. Elements of the Future Placements strategy relating to short breaks overnight provision and the development of in house care homes were delayed due to a buoyant property market following lockdown and social care focus on delivery of front line service and practice over the last year.

Plans are in place to accelerate these areas in next year's plan.

Child Death Overview Panel (CDOP)

Every Local Authority and their partners have a process to immediately respond to any child death in their place. Places also have a responsibility to conduct a review of the death, in Doncaster this is carried out by the CDOP and from September 2020 now reports to the Health and Wellbeing Board. The Doncaster CDOP operates as one of four CDOPs in South Yorkshire and its primary focus is to confirm the cause of death and whether there were any modifiable factors that could have been addressed.

In January 2022 the 2020/21 SY CDOP report was presented to the Health and Wellbeing Board. Areas of focus for 2021/22 included improving bereavement to family members and siblings following the death of a child, continually improving data capture as the electronic National Child Mortality Database develops, to review how factors relating to social deprivation are captured. Rotherham MBC has hosted the South Yorkshire CDOP in 2021/22.

Safeguarding

In 2021 the Board noted the Doncaster Safeguarding Children Partnership's Annual Report.



Living Well

Mental Health

A mapping exercise of community based assets through the lens of mental health support has been completed and will inform the developing delivery plans linked to the national mental health transformation agenda of which two key areas of focus will be i) Housing and Support especially for those in transitions and Complex Rehabilitation and Recovery pathways and ii) the development and coordination of the mapped mental health community assets and resources as part of the prevention and recovery pathway work.

Learning Disability and Autism

Delivery of Doncaster's All Age Learning Disability and Autism Strategy (2021-2024) has continued during 2021/22 across a range of work streams including:

- Diagnosis of Autism
- Education and Inclusion
- Employment
- Carers and Short Breaks
- Housing & Support

A further work stream focussed on Preparing for Adulthood will commence during 2022.

Substance Misuse

A full substance misuse update will be presented at the June 2022 Health and Wellbeing Board.

Over the past year multiple short term funded pilots have been progressing:

- Aspire/Riverside substance misuse integrated supported housing pilot; to July 2022
- Universal Criminal Justice allocation; to July 2022
- Regional Inpatient detoxification allocation; to July 2022, £853K for Yorkshire & Humber regionally, with Doncaster as lead local authority for consortium of 11 Local Authorities
- Families intervention work: to April 2023, funded by local Public Health Allocation
- Rough Sleeping Drug and Alcohol Treatment Grant; to April 2023

Following the Dame Carol Black review, a 10 year national drug strategy has been published, and Doncaster has received notification that there will be an additional three year funding settlement for substance misuse to 2024/25.

The priorities and proposed operational plans to utilise the additional funds will be worked up via the Substance Misuse Theme Group, endorsed by the Safer Stronger Doncaster Partnership and also presented to the Health and Wellbeing Board for endorsement in June 2022.

Homelessness and Rough Sleeping

Work has progressed under each of the Homelessness and Rough Sleeping Strategy delivery plans – Prevention, Accommodation and Care and Support. This includes convening of a range of multi-agency forums to drive forward delivery including:

- Convening of a Housing First (HF) Steering Group focussed on the expansion of Doncaster's HF offer to reduce the numbers of rough sleepers in Doncaster
- Homelessness Prevention Working Group (including a Private Rented Sector sub group) to focus on initiatives to prevent rough sleeping and homelessness in the first instance e.g. averting tenancy breakdowns/evictions

Doncaster has secured a range of Office of Health Improvement and Disparities (OHID, formerly Public Health England) funding linked to homelessness and rough sleeping totalling £1.5m in 21/22, which has supported delivery of local plans. During recent months, Doncaster has seen a reduction in numbers of people rough sleeping, which mirrors the national trend. However, there is further work to do to ensure that repeat and/or entrenched rough sleepers have a more appropriate accommodation and support offer. To this end, a multi-agency assessment hub is being introduced as an 'off the street offer' for this cohort during 2022/23.

Carers charter

Since the Health and Wellbeing Board agreed to sign the Carers Charter, the Carer's Service, Carers Lead and Carers have completed the Mind the Gap project around improving ethnic minority carers access to GPs surgeries; this has led to improved training for primary care staff, reduced health inequalities through improved access and raised carer awareness.

The young carers and adult carer services' have improved support available for young adult carers through a short term initiative, funded through NHS England which has led to an improved young adult carer pathway and protocol and more active support to help with transition from children to adult services.

Carers have co-produced an improved carers wellbeing service and, through tender, have identified the successful provider – the new service which offers preventative support, carers assessments and Carers Direct Payments will go live in April 2022.

Carers, alongside the Carers Strategic Lead are currently in the process of finalising the All Age Carers Strategy for 2022-2025 this will be launched in April 2022.

Harmful/Problem Gambling

Gambling harms don't just affect the person gambling, they affect families, friends and communities. Gambling can lead to debt, unemployment, mental illness, relationship and family problems, homelessness and crime.

This list is not exhaustive, problem gambling can ruin lives with some individuals feeling the only way out is to end their lives.

There are 58 registered betting premises in Doncaster. This includes betting shops, bingo halls, tracks and adult gaming centres. This is the total number of currently licenced premises (as at January 2022) and includes those that are vacant and not currently in use. The majority of which are located in areas of deprivation.

In October 2021 Office for Health Improvement and Disparities (OHID), formerly PHE published their 'Gambling-related harms: evidence review' noting that in 2018, 24.5 million people in England gambled (54% of the adult population). It found that men are more likely to gamble than women and this difference is most obvious for online gambling where 15% of men participate, compared to 4% of women. They estimated that, based on 2018 figures, 0.5% of the population reached the threshold to be considered problem gamblers, and that 3.8% of the population are classified as at-risk gamblers.

Based on ONS population projections for 2021 in Doncaster (age 15+) this means we are likely to have 1294 problem gamblers and 9832 at risk gamblers in Doncaster.

In order to focus in on the potential issue in Doncaster, Public Health facilitates a Gambling and Financial Inclusion working group whose purpose is to bring together partners to work collectively to raise awareness of problem/harmful gambling across the borough.

The group is in the process of updating its Action Plan for the forthcoming year, which will focus on:

- Leadership and partnership
- Influencing the regulatory environment
- Reducing exposure of vulnerable people to gambling products
- Improving identification and recognition of problem gambling
- Protecting children & young people from gambling related harm
- Workplace health and wellbeing
- Building and sharing the evidence base

Safeguarding

In 2021 the Board noted the Doncaster Safeguarding Adults Board's Annual Report.



Ageing Well

In 2021-22, we continued to work in partnership with our colleagues across health and social care to further develop services so everyone has the opportunity to age well, have a good quality of life and to be able to live as long and as independently as possible. A good quality of older life has been described as one of "well-being" where people are satisfied by having control over their lives and a sense of purpose. Well-being is not just about health and social care services, it also includes housing, transport, income, energy, education, support to stay in employment, having a social life and interaction with the community. It's about how people live the life they choose. The Pandemic has made it harder for older people to look after their physical health, they have had reduced opportunities to be physically active but also access to care and treatment has been delayed. Older people have told us that they feel that they have "aged, lost some independence and have reduced ability to do things that they enjoy doing."

The ongoing vision for Doncaster residents is that they will receive their health and social care in a cohesive, integrated, coordinated way, eliminating inefficiency and waste by providing a model that supports people remaining safely at home, wherever possible, with an increase in strength based preventative activity. This will be achieved by changing:

- From fragmented services to integrated locally based services.
- From multiple, single focused assessments to one holistic assessment.
- From multiple (sometimes conflicting care plans to one co-ordinated care plan).

The national NHS Ageing Well programme focuses on how we care for our population in the community. It's part of the NHS Long Term plan which was published in 2019 but more recently the national Covid-19 response and ongoing recovery has also highlighted the importance of providing crisis care within the community to prevent avoidable hospital admissions and accelerate the treatment of people's urgent care needs closer to home. Preventing avoidable hospital admissions is not just about bed management and managing increasing demand, as important as these are. But research is clear that even a short stay in hospital leads to physical and mental deconditioning, particularly for older people. Deconditioning refers to changes in the body that occur after a period of inactivity, such as bedrest or a sedentary lifestyle.

It can lead to people finding it difficult to accomplish normal daily activities and remain independent.

There are three elements to the programme:

- Urgent Community Response (UCR) is about ensuring that rapid crisis response care and reablement is available to all people within their homes or usual place of residence, including care homes. A two-hour crisis response is available across Doncaster. This service will continue to develop over the next 12 months to increase referrals directly from 111 and 999 as well as local health and care front line staff.
- Enhanced Health in Care Homes (EHCH) which is focused on improving the health care provision of care home residents. The EHCH model has three principle aims: 1. Delivering high-quality personalised care within care homes. 2. Providing, wherever possible, for individuals who (temporarily or permanently), live in a care home access to the right care and the right health services in the place of their choosing. 3. Enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes. Integration and co design remained during 2021-22 bringing together partners providing care across the care home sector, moving away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents in a whole-system, collaborative approach. Multi-Disciplinary Teams (MDTs) were co-produced across multi-agencies providing physical, mental and social aspects of care ensuring that the care discussions take place in a joined-up way, as well as conducting structured medicine reviews and completing Respect and Advanced care plans.
- Anticipatory care which is about supporting people to proactively manage their health conditions and avoid a health crisis. This work has not yet commenced in Doncaster due to the pandemic, but is included within the Ageing Well delivery plan for 22/23.

Underpinning all of this is a focus on health promotion and prevention. The NHS Long Term Plan includes priority commitments to support people keeping healthier for longer, maximising the opportunities that patient contact brings to not only treat people but prevent them from getting ill in the first place.

Focus on Dementia

Progress was delayed in implementing the actions and recommendations from the Dementia Deep Dive which was undertaken during 2019-20, due to Covid-19. However the findings of the deep dive have been revisited and are still valid including prevention and awareness, early identification opportunities, elimination of variance across Doncaster, supporting patients and carers, referral, assessment and diagnosis and in post diagnostic and care planning areas. A recovery plan for dementia diagnosis is being implemented to address the decline in diagnostic rates during Covid-19.

Post Diagnostic Support - The Clinical Commissioning Group (CCG) and Doncaster Council jointly continued to commission a dementia post and a diagnostic service across Doncaster under an Alliance Agreement. A number of organisations are involved in the Alliance including Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), Making Space, Alzheimer's Society, Age UK, Royal Voluntary Service and Choices 4 Doncaster. During the pandemic they have continued to support people with dementia and carers and families through the pandemic and have adapted the traditional service offer by supporting them via regular telephone contacts, Zoom group meetings which involved cookery classes, quizzes, reminiscence sessions, conversation cafés and many other activities to reduce isolation and ensure people still felt connected and supported. We are also working with the Alliance to develop a service offer to support patients' and their carer's needs whilst awaiting assessment for dementia along with improved identification and referral to ensure appropriate referrals are made for diagnosis. This will support individuals through their journey from first noticing signs and symptoms, GP referral and throughout the assessment process and will also signpost to other services to support their mental wellbeing throughout the assessment process.

A new dementia collaborative was formed in late 2021 and consists of members of organisations providing dementia services, Doncaster Clinical Commissioning Group (DCCG), Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT) and allied health professionals, DMBC officers including Public Health and Ageing well commissioning, third sector representatives, Alzheimers Society and Donmentia.

The collaborative provides a voice for dementia patients and their carers a mechanism for further engagement around a local dementia strategy and a one stop portal for information, guidance and support.

Social Isolation Alliance (SIA)

55 organisations are members of the Social Isolation Alliance.

The Voluntary Community and Faith Sector (VCFS) Humanitarian Fund closed on the 13th October 2021. The SIA successfully devolved £325,123.04 to 50 VCFS organisations (collaboration on projects allowed 59 organisations to receive funding in total), with an estimated 25,000 residents being assisted with the funding. Each organisation had 12 months to spend the money, and we are starting to receive reports from some of the first projects that were funded in 2021.

On the 1st November, the Winter Support Fund (assisting people identified as Clinically Extremely Vulnerable (CEV) with getting back to together safely over the winter period) opened and to date £24,641 has been devolved to 8 organisations. This funding has now been extended from March 2022 to March 2023.

£45,000 from the Emergency Winter Support Fund was devolved to six organisations to assist with Doncaster's Winter Plan (transport, befriending (in-person and digital), winter wellbeing packs, hygiene products, and digital, community, employment, and transport support for those with drug and alcohol problems, and complex needs). The funding runs until the end of March, and it has allowed organisations to increase their capacity to meet the increase in demand during the winter period.

The SIA is currently involved in the following:

- SIA is chair of the Central Social Isolation and Low-Level Mental Health Subgroup – focusing on ensuring that within communities there are varied and available activities to help ease social isolation / low level mental health (including identifying gaps) and identifying those that require support for social isolation / low level MH but have not yet self-referred.
- The Accelerated Evidence Based Co-Design (AEBCD) research project with Manchester Metropolitan University, the Universities of York and Aberdeen, and DMBC – this is in the 2nd phase (the co-design phase) and the groups are looking at 2 priorities: groups/support and transport.

Age Friendly Doncaster

In autumn 2021 the first age friendly festival took place across localities in Doncaster, the aim being to promote positive ageing and to start a conversation about becoming an age friendly borough. Over 18 organisations supported the event providing information and resources which included a touring bus across six locations and a series of 25 social and wellbeing activities and events at multiple locations across Doncaster. Over 330 responses during the week's events will be captured to develop a 12 month plan going forward and further links will be made across the localities.

Safeguarding

In 2021 the Board noted the Doncaster Safeguarding Adults Board's Annual Report.

Ways of Working

Doncaster Delivering Together

The Doncaster Delivering Together Strategy was agreed in September 2021 and sets out the strategic ambitions for Doncaster up to 2030. It sets out a bold ambition for Doncaster's future with a central mission for Thriving People, Places and Planet which balances the well-being of people and places with the planet.

It proposes new ways of working that respond to local needs and opportunities, seeks to reduce inequalities and improve people's well-being. There are six well-being goals that set out the vision for our future:

- Greener and Cleaner Doncaster
- Skilled and Creative Doncaster
- Prosperous and Connected Doncaster

- Safe and Resilient Doncaster
- Healthy and Compassionate Doncaster
- Fair and Inclusive Doncaster

In order to deliver this longer-term vision, eight cross-cutting priorities (the 'Great 8') will drive the delivery of the work. Behind each of these priorities will be an action plan that sets out some high level deliverables that can be monitored and reported upon via partnership performance management mechanisms. We will be bringing forward key products forward in 2022 to ensure we are best placed to deliver this strategy including;

- Reviewing the way the Partnership operates
- Making public a Doncaster Delivering Together Outcomes Dashboard
- Exploring a Fairness and Well-being Commission
- Aligning the Council's decision making reports to Doncaster Delivering Together.
- Refreshing the Health and Wellbeing Board strategy



Physical Activity and Get Doncaster Moving

Over the last 5 years Doncaster has been working resolutely on addressing physical inactivity through Get Doncaster Moving (GDM), our 10 year strategy to increase levels of physical activity and sport across the borough. A recent review of the GDM strategy was shared at the Health and Wellbeing Board in January 2022; highlighting that significant progress and learning has taken place. It identified that there is a requirement to refresh the GDM strategy for the next 5 years in light of our progress, learning and the development of local and national policy.

Network of Partners includes:

- Active Communities, in partnership with Well Doncaster – recruitment of four Community Connectors, hosted by Community Anchor Organisations, who support residents to access opportunities close to where they live. Over 50 Active Communities Grants awarded to individuals and groups to increase support, access and opportunity for inactive people.
- Doncaster Future Parks – Community engagement on the first phase of sites has begun. A Green Space Network Coordinator has been appointed, to support the huge network of people involved in maintaining and developing green space in Doncaster.
- Leisure Facilities, in partnership with DCLT – work continues to deliver investment into our leisure facility stock, phase one of work at Askern is complete, decarbonising the building from coal fired boilers to air source heat pumps. Phase two works have commenced to develop the offer and connect the centre with the country park. In addition survey work has been undertaken at Thorne and Edlington to enable concept design for their refurbishments be developed."
- Communications Campaigns – Partnership with Doncaster Mumbler, to deliver a series of adventure trails in a number of parks.
- Dance, in Partnership with darts – a growing network of 'Dance On' activities are taking place across the Borough.
- Walking – 55 new Walk Leaders trained, to support existing and set up new community walking groups
- Children and Young People – Set-up Doncaster PE & Active Schools Network, engaging with over 30 primary school teachers in development opportunities for their schools.
- Sport – Preparation for the Rugby League World Cup taking place in 2022, including partnership with Leeds Beckett University to measure the social impact of RLWC2021. Successful Expression of Interest with Football Foundation Local Authority Grass Pitch Programme, which aims to support the improvement of grass pitches.

Arts and Health

The Board established a subgroup to focus on Arts and Health. This Board is chaired by local charity darts and membership includes senior leaders from the council, social prescribing, health partners and other key culture, health and social care representatives. Our joint ambition is to embed arts and culture into health and social care pathways, so that all residents can access sustainably funded arts and health programmes in their communities.

In the last six months we have focused on developing creative activity for cognitive stimulation with adults living with dementia; improving mental health and wellbeing for adults; and increasing physical activity for inactive adults. Recognising the impact the pandemic has had on children and young peoples' mental health, we have expanded to include them as a priority in our Arts and Health Board development work.

In November 2021 the Arts and Health Board delivered a consultative Think Tank exploring a 10 year vision for Doncaster, which has fed into the development of the new Cultural Strategy. University of Leeds published their research on Dance On (delivered by darts in Doncaster) which demonstrated how dance has increased and sustained participants physical activity.

From January -March 2022 darts have been developing 'Breathe and Connect' – an approach for adults with Long Covid using gentle movement, breath work and song to improve breathing, reduce anxiety and increase sense of connection with others. The pandemic has significantly impacted learning of young children, particularly personal, social and emotional development and part of our 'Breathe and Connect' work has focused on working with Early Years pupils to use creative activity to develop communication and language, social skills and gross physical development.

Compassionate approach to weight

Development of compassionate approach resources for frontline health & wellbeing staff is our priority for the next 3 months. Conversations have begun with registered dieticians to support this work. We have prepared an application for the NIHR Public Health Research programme for research and evaluation support on our frontline resources and broader anti-stigma work.

We are working with colleagues in Policy, Insight and Change to ensure the Healthy and Compassionate goal is considered in decision-making processes in a meaningful way.

In partnership with our colleagues at the University of Leeds, two public consultations on health behaviours and perceptions of weight have received approx. 1000 responses overall. A third survey went out to health professionals. Results and analysis will be available shortly and will drive the focus of work going forward.

Application of compassionate approach principles into weight management programmes continues, including most recently the pilot Tier 2 Be Well, Feel Good service, and the SHINE Health Academy programme. An evaluation has been designed and will be undertaken to assess the effectiveness of the principles in these programmes.

Our relationship with Get Doncaster Moving, Well Doncaster, and Be Well continues. We are holding a refresher workshop with Well Doncaster Officers and Be Well Coaches in the New Year, and we will be involved in the Get Doncaster Moving strategy redevelopment to ensure the compassionate approach is embedded throughout.

A compassionate approach to health and wellbeing is embedded in the 10 year Borough Strategy.

Well Doncaster

Community Centred Approaches

Since 2015 Well Doncaster has added to the existing evidence base that investing in supporting, working with, and empowering communities facilitates healthy communities.

Some of our defining characteristics include; a continued commitment to utilising community centred approaches in creating a community led Health and Wealth approach, encouraging and facilitating asset based discussions with our

residents and ensuring communities are involved in decision-making about where they live, work and play.

We have been the leader in using Asset Based Community Development (ABCD) as the starting point in approaching local challenges and opportunities and feel embedding assets-based approaches in the way we work with individuals, families and communities is crucial to the achievement Team Doncaster's overall vision.

Utilising the Public Health England framework for Community Centred Approaches for health and wellbeing, we have developed an evidenced base outcomes framework to shape and drive our work in reducing health inequalities and building stronger, more resilient communities.

The framework focuses on three key areas: Individual, Community and Organisational

Individual: Promote increased health literacy, behaviour change, self-management and self-efficacy leading to improved health and wellbeing.

Community: Build resilience, social capital and strengthen community resources and leadership
Organisational: Embed evidence-based community centred approaches across Team Doncaster, utilise VCFS intelligence and collaboration in shaping locality commissioning and redesigning services.

By focusing community centred approaches at an individual, community and organisational level, we have the best chance of closing the health gaps that have only widened through the Covid-19 Pandemic.

Community Wealth Builder

Community Wealth Builder (CWB) continues to provide a wide variety of workshops and sessions to the organisation we are working with and the support they are telling us they need. Favourite sessions include our business start-up workshop, fundraising opportunities and the five fundamentals of social media, as well as new titles including strengthening resilience during change and Effective Time management. CWB attended the Business Doncaster Awards 2021 where they presented the Third Sector of the Year Award. All six finalists are part of the CWB project with Active Fusion taking the award and People Focused Group taking the runners up spot.

Be Well Doncaster

Health and Wellbeing Coaches provide one to one support to residents using evidenced based behaviour change techniques to understand and address the root drivers of health behaviours. This approach enables the identification of gaps in both commissioned and community services leading to better understanding of where needs are not being met and inform the design and development of hyper local solutions through locality commissioning.

Be Well Doncaster has been working with community organisations and set up community-based peer groups for Wellbeing, Fibromyalgia, Diabetes and COPD across each locality and an online Hidden Conditions peer group. The peer groups provide education, information, and an opportunity for peer support to enable better self-management. The peer groups were adapted where necessary to be in line with Covid-19 guidance.

A range of communication and marketing material including videos and flyers have been developed to launch the text self-referral service in February. This allows residents to text a free number to request to meet with a Coach. It is hoped this approach will raise the profile of Be Well Doncaster across partners and with residents to increase referrals from outside the Primary Care Networks, widening the reach of Be Well Doncaster.

Community

Voluntary Community Faith Sector Capacity Building and Support (VCFS)

Well Doncaster team have continued to support the Voluntary, Community and Faith Sector (VCFS) using community centred approaches and offering support in accessing funding, public health guidance updates and building community resilience as groups continue to make a return to their communities.

Local Solutions Community Investment Fund

The Local Solutions Community Investment Fund was launched in September 2021 and was a test and learn approach to locality working, embedding Community Centred Approaches in its design. The Local Solutions Community Investment Fund has two grants: the Local Solutions Community Hub Grant and the Community Investment Fund.

The Community Investment Fund aimed to support up to thirty community organisations with up to £25,000 grant funding in the delivery of existing services that are addressing health, economic, social, and environmental challenges identified in their communities. In the first round of the Community Investment Fund, fifteen organisations were awarded a total of £344,450.39.

Due to and underspend a second round of the Community Investment Fund was announced in which twenty organisations were awarded a total of £310,644.89. Due to the strengths of the applications in meeting community priorities the 10 highest scoring organisations were awarded the full amount applied for, and the next 10 all received 50% of their application. The total funding awarded through the Community Investment Fund was £655,095.28.

Initially the Local Solutions Community Hub Grant was to support up to ten community anchor organisations with up to £60,000 grant funding with a minimum 10% match funding to support established community anchor organisations in the delivery of existing services addressing economic, social, and environmental challenges identified in their communities. However, due to the quality of applications, funding was made available to support a total of fifteen community anchor organisations with up to £60,000 of grant funding. This additional funding of £257,746 was made available through the Covid Outbreak Management Fund. The total funding awarded through the Local Solutions Community Hub Grant was £887,746.28.

In total £1,542,841.56 was distributed between 50 organisations, the breakdown of this across localities is displayed in the chart below.

Appreciative Inquiry

Appreciative Inquiry is an evidenced based approach to gathering positive community insight and working with communities and stakeholders to co-design and co-produce community action plans. The four-stage approach outlined below will be carried out across twenty communities:

Discovery:

Strength based conversations with residents focusing on gathering positive insight about their community which undergoes a thematic analysis to find key themes for each community.

Dream:

Community workshops where residents and stakeholder's sense check and develop the themes identified through the Discovery into how they would like their community to look, feel and be.

Design:

Community workshops where residents and stakeholder priorities ideas and aspirations developed in the Dream stage and co-design actions plans with short, medium and long term goals.

Deliver:

Ongoing delivery of the co-produced community action plans by residents and partners.

A two week Discovery period was completed in twenty communities throughout July and August 2021 whereby community explorers had targeted conversations with residents in the community. Over 600 responses from across twenty communities were thematic analysed and provided the basis of the dream and design workshops in quarter three.

By February 2022, dream and design workshops had taken place where the thematic analysis of Discovery responses were shared with community members and discussions centred around community priorities leading to the co-production of community action plans. These action plans and highlighted priorities for each community will shape Well Doncaster's work and the Locality plans moving forward.

Organisational

A Community of Practice has been developed consisting of members of the Voluntary Community and Faith Sector (VCFS) which is shaping and influencing locality commissioning and fostering collaboration and capacity building within the Sector. The Local Solutions Community Investment Fund and Community Booster Fund was designed and delivered as a test and learn approach to locality commissioning and participatory budgeting.

To further increase the understanding of community centred approaches and embed the approach and thinking into the Council, Well Doncaster delivered training to sixty council staff members. The Well Doncaster team play leading role in the Localities Silver Workshops for each locality where the team presented about Community Centred Approaches and the themes and assets in communities based on the Appreciative Inquiry insight.

For further information about Well Doncaster – please see www.welldoncaster.uk

Better Care Fund (BCF)

Following approval of the Better Care Fund Plan (BCF Plan) 12th January 2022 by NHS England, current BCF spend is in line with the approved plan spend set out to the Health and Wellbeing Board via a corporate report 11th November 2021. We are currently awaiting confirmation of future funding, and do not anticipate significant changes in the funding allocation for the new financial year.

Next Steps: Our Plan for 2022-2023

- Address health inequalities, reviewing access to services including primary care, health outcomes by population groups and establish a Fairness and Wellness commission:
- Continue to use the life course approach to coordinate activity and track progress. Agree a set of 'Deep Dives' within the life course approaches (e.g. children and young people's mental health, homelessness, substance misuse and dementia)
- Increase the voice of local residents in the Health and Wellbeing Board and refresh the Health and Wellbeing strategy.
- Develop effective working arrangements with the new health system structures and local Voluntary, Community and Faith groups
- Agree delivery responsibilities for Doncaster Delivery Together with the new Team Doncaster partnership structures.
- Continue to build on the compassionate and



Contacts

For further information regarding the
Health and Wellbeing Board please email:
PHEnquiries@doncaster.gov.uk

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 9 June 2022

Subject: Pharmaceutical Needs Assessment 2022-25

Presented by: Louise Robson

Purpose of bringing this report to the Board	
Decision	X
Recommendation to Full Council	
Endorsement	
Information	

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Alcohol	Yes
	Mental Health & Dementia	Yes
	Obesity	Yes
	Family	Yes
	Personal Responsibility	Yes
Joint Strategic Needs Assessment		Yes
Finance		
Legal		
Equalities		Yes
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment', the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) set out the minimum information that must be contained within a pharmaceutical needs assessment and outline the process that must

be followed in its development. Due to the pandemic nationally the directive for the refresh of the PNA was deferred in 2021 until 2022.

Local pharmaceutical provision needs to take account of the health and wellbeing of the population and in particular identify gaps in current service provision by assessing current and future need. This draft consultation document is for consideration and approval to go out for a 60 day stakeholder consultation between June and August 2022. The findings of the 60 day consultation and subsequently any final amendments will be collated in a final draft to be circulated for final sign off in September. The PNA needs to be published by 1st October 2022.

Recommendations

The Board is asked to:

RECEIVE, CONSIDER and APPROVE the draft consultation PNA for the Board's 2022-2025 Pharmaceutical Needs Assessment .

Doncaster Health and Wellbeing Board

Pharmaceutical Needs Assessment (2022 – 2025)



Version: Consultation Draft

Publish: 1st October 2022

Author of Report: Louise Robson

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NHS England & I

Verena Marshall

Local Pharmaceutical Committee Representative

Nick Hunter

Local Medical Committee

Dr Dean Eggitt

Doncaster CCG/Integrated Care System [ICS]

Carolyn Ogle

Medicines Management

Charlotte McMurray,
Faiza Ali

Neighbouring PNA Leads

Kate Gray/Lorna Quinn (Rotherham)
Sohaib Akhtar/Emma Robinson/Helen Hickson (Barnsley)

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Executive Summary

This Pharmaceutical Needs Assessments (PNA) assesses the local needs in relation to pharmaceutical services across the borough and identifies any gaps in that provision. The Health and Wellbeing Board has the responsibility of producing PNAs in accordance with the National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013.

The report highlights the key findings of the mapping analysis, and will be then circulated for the 60 days pharmacy stakeholder consultation which will be undertaken from June 2022 to August 2022 inclusive.

In conclusion, this PNA confirms that:

- On the whole access to the provision of pharmaceutical services is good.
- 91.8% of residents live within 1 mile of a community pharmacy.
- Nearly all GP practices are within 1km (0.6 miles) of a community pharmacy.
- There is a good coverage of pharmacies in poorer areas of Doncaster.
- Pharmacies offer brief lifestyle advice and are ideally placed to support the public health agenda.
- There is now a requirement for all pharmacies to become healthy living pharmacies
- All proposed housing developments have a pharmacy within one mile.

Please be aware that the information contained in this report relating to service provision (opening times, services provided, housing developments etc.) was correct at the time of development, and is subject to future changes. Hard or electronic copies of any related information and links to documents are available on request.

The final report will be published on 1st October 2022. The process was delayed due to the Covid-19 Pandemic. The regulations do not specify as to how or where it is published. It is recommended that it is published on the Local Authority website.

This PNA will be valid for three years from 1st October 2022 to 1st October 2025 unless there are any significant changes and then a review will be undertaken. .

1. Introduction

PNA Introduction

Legislation requires that Health and Wellbeing Boards (HWBB) produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments or PNA) are due every three years. The last PNA was published in April 2018 and the delay with this publication is due to the Covid-19 Pandemic.

PNAs describe:

- current pharmaceutical services;
- the need for such services;
- potential future need ;
- potential need for new services.

Pharmaceutical services are an important part of the health care system. They play a major role in improving health and reducing health inequalities. The main roles of pharmacies include supplying prescribed medicines and appliances

For the purposes of the pharmaceutical needs assessment, 'pharmaceutical services' is defined in regulation 3(2) of the 2013 regulations. In summary the term includes the provision of:

- Essential services that must be provided by pharmacies and dispensing appliance contractors that are included in a pharmaceutical list,
- Advanced services that pharmacies and dispensing appliance contractors may choose to provide,
- Enhanced services that NHS England and NHS Improvement (potentially integrated care boards in the future) may commission from pharmacies, Local pharmaceutical services
- The dispensing service provided by some GP practices. The enhanced services that NHS England and NHS Improvement may commission are listed in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff¹⁰. Services that are commissioned from pharmacies by other commissioners, for example local authorities, are not enhanced services and do not fall within the definition of pharmaceutical services.

Community pharmacies provide most of these services. There are other providers of pharmaceutical services and the PNA describes these where relevant. Assessment of pharmacy services in hospitals or in prisons are considered separately.

A range of organisations use PNAs to guide developments and commissioning intentions. NHS England is bound by regulations to consider the PNA for certain

applications. Local Authorities and Clinical Commissioning Groups use the PNA to guide commissioning of services from pharmacies. The PNA is not a stand-alone document and organisations use other evidence in their planning. Other evidence includes Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies.

As part of developing PNAs a consultation must be undertaken for a minimum of 60 days. The regulations list those persons and organisations that must be consulted.

The PNA requires approval from the HWBB. The HWBB includes representatives from the local authority, Health Watch and other relevant partners.

More information about Doncaster's HWBB can be found here: [Doncaster's Health and Wellbeing Board - Doncaster Council](#)

This PNA will be valid for three years from 1st October 2022 – 1st October 2025 (unless there is such a significant change in pharmaceutical services provision or needs that the Health and Wellbeing Board determines an earlier review).

There is a range of legislation and regulation that specifies the development of PNAs and the information they must contain. This PNA complies with these regulations. For more information please refer to:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

2. Process for developing the PNA

2.1. Combined Approach

The Director of Public Health (DPH) in the local authority leads on the process and makes sure the PNA meets regulations.

HWBBs are constrained by the regulations to produce a PNA of their own. However, in order to make best use of limited resources the Directors of Public Health (DsPH) worked collaboratively across South Yorkshire on the elements of the PNA that would allow this.

This combined approach would only apply to the production of the 2022 refresh. At this stage, it does not apply to the production of any supplementary statements. Any future collaboration is dependent on an evaluation of this approach and any changes to PNA regulations.

2.2. Governance

The DsPH agreed a project governance structure. Each local authority PNA lead has agreed to act as a co-ordination group and are providing peer support to one another throughout the process.

A local core steering group for Doncaster was established in early 2022 consisting of representatives from the Local Pharmaceutical Committee, Doncaster Clinical Commissioning Group, Public Health, NHS England, Health Watch, Local Medical Committee and DMBC Policy Insight and Change (PIC) team. This group has been responsible for the completion of the PNA and to ensure that the PNA meets and exceeds the minimum requirements.

2.3. Scope

Regulation 3(2) in the 2013 regulations defines the scope of PNAs. These state:

“The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.

- *The provision of local pharmaceutical services under an LPS (Local Pharmaceutical Service) – not local pharmaceutical services which are not pharmaceutical services.*

- *The dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements by the NHS Commissioning board with a dispensing doctor)."*

There are 3 main types of pharmaceutical services in relation to PNAs:

- **Essential Services** – As at October 2021 there are a number of essential services: dispensing of prescriptions, dispensing of repeat prescriptions, disposal of unwanted medicines, promotion of healthy lifestyles, signposting people who require advice, support for self-care, discharge medicines service.
- **Advanced Services** – community pharmacies can provide advanced services subject to accreditation by NHS England. These include New Medicines Service and Appliance Use Reviews. Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards.
- **Locally Commissioned Services** – Local Authorities and CCGs commission community pharmacies to provide local services. Examples include Emergency Hormonal Contraception, Needle Exchange and Palliative Care Drugs Services.

A pharmaceutical list includes the following:

- **Pharmacy contractors** – healthcare professionals working for themselves or as employees who practice in pharmacy.
- **Dispensing appliance contractors** - appliance suppliers' supply, on prescription, appliances including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors** –medical practitioners authorised to provide drugs and appliances in designated rural areas.
- **Local Pharmacy service contractors** – these provide a level of pharmaceutical services in some Health and Wellbeing Board areas.

Community pharmacies can provide services to patients that are not commissioned by NHS England, Local Authorities or Clinical Commissioning Groups. For example, some pharmacies provide a home delivery service as an added value service to patients. Community pharmacists are free to choose whether to charge for these services as part of their business model.

In line with the 2013 regulations this PNA does not consider pharmacy provision in prisons or hospital settings.

2.4. Process

1. Mapping

Local leads gathered data from NHS England, local authorities and Clinical Commissioning Groups. This data was collated into a single master spreadsheet detailing the following:

- Name / Contacts: Pharmacy name, lead pharmacist and contact details
- Geographical information: address, postcode
- Opening Times
- Advanced Services
- Commissioned Services

As we were looking for a combined approach, we decided to use a single piece of software for the mapping of PNA data. This software is called SHAPE. SHAPE stands for Strategic Health Asset Planning and Evaluation. The UKHSA Knowledge and Information Service manage the SHAPE tool. PHE have provided support to the South Yorkshire PNAs. SHAPE can layer geographical information with other indicators. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

2. Health Need

To identify health and pharmaceutical need the PNA uses a wide variety of data and information. These include the Joint Strategic Needs Assessments and other relevant strategies. The PNA uses these sources of information to assess current and future population size, measures of health and ill-health and other service provision.

3. Analysis

The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs.

4. Consultation

A brief questionnaire was circulated to the pharmacy contractors in April 2022 to identify any gaps in data collected from the main data collection.

A 60 day consultation on the PNA will be conducted between June and August 2022. This consultation will be distributed to the list of stakeholders as defined by the regulations.

A summer public engagement campaign called 'Daily Dose' will also be explored with Health Watch Doncaster across the same period to ascertain some public feedback around pharmacy provision.

2.5. Equality Impact

The Public Sector Equality Duty (PSED) was introduced via the Equality Act 2010. It ensures Councils and other public bodies consider how different people will be affected by their activities and services.

The general duty (3 main aims) requires the council to have due regard to the need to:

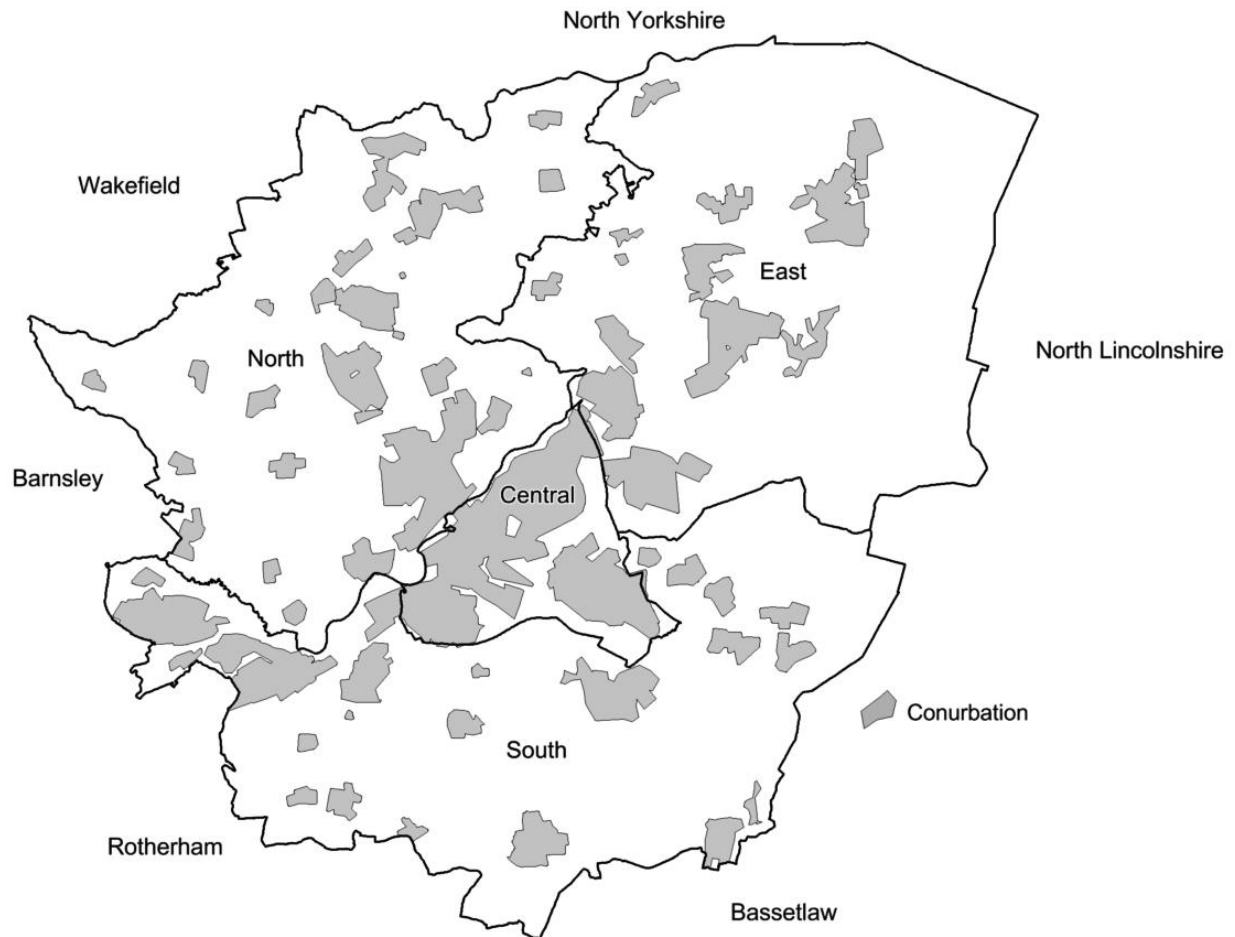
- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

In accordance with the PSED at the outset of the PNA process the appropriate registration and paperwork is in place in accordance with the Doncaster Council Community Engagement Policy. An Equalities statement is underway and will be continually updated throughout the consultation process. This is available on request.

2.6. Localities for the Purpose of the PNA

The PNA uses the four neighbourhood areas defined by Doncaster Council and used by the majority of corporate partnerships (Central, North, East and South). These have roughly equal populations, ranging from approximately 72,000 in the North to 83,000 in the South. The PNA also takes account of pharmaceutical services outside the Borough provided by neighbouring areas – this is pertinent in the South and North which border Bassetlaw, Rotherham and Barnsley. The area beyond East is very rural and has no neighbouring pharmacies within a one mile radius of the border; however there is access to pharmaceutical services a little further afield in Crowle and Epworth (North Lincolnshire).

Map 1 – Doncaster Neighbourhood Areas



2.7. Consultation

A 60 day consultation on the document to the wider Doncaster community will take place between June and August 2022. For this consultation all key stakeholders as recommended in the regulations will be consulted through online and email information methods. Copies will also be circulated to neighbouring HWBBs for comment.

Following the 60 day consultation, feedback on the document will be collated. These comments, our responses and any subsequent changes made to the document will be listed in the final version by 1st October 2022.

2.8 Review Process

Doncaster Health and Wellbeing Board will publish a revised assessment in three years unless there are significant changes to the availability of pharmaceutical services, in which case, a review will be considered. Assurances from partners will be sought on an annual basis if required, with accountability held by the Health & Wellbeing Board. Where changes to the availability of pharmaceutical services do not require a revision, the HWBB will issue a supplementary statement as soon as practical. The impact of covid-19 and future national guidance may also impact on the next revised assessment.

3. Population Demography

Doncaster has a population of around 316,700 (2022 population projection). Some areas within the Borough are relatively affluent compared to the national average, though other areas are amongst the most deprived in the country. No Doncaster communities are free of lifestyle or social problems but some areas have multiple and persistent issues afflicting people across the life course.

3.1 Age Profile of the Population

Compared to the England average, it is estimated that Doncaster has a smaller proportion of adults aged 20 to 44 but has a higher proportion of people aged 45-69 and above (2020 population mid-year estimates).

The number of children and teenagers and the number of people aged 70 and above are similar to the national trend.

Table 1

Age Range	Doncaster		England
	Count	%	%
0-19	73,197	23.4	23.6
20-44	96,244	30.8	32.3
45-69	99,915	31.9	30.5
Above 70	43,429	13.9	13.6
All ages	312,785		

Since 2001, Doncaster's population has increased by 9% (or 25,800 people) and is estimated to be around 312,785 (2020 population mid-year estimates).

3.2 Future Age Trends

Doncaster's population is expected to grow by approximately 3.2% - to 326,800 by 2032 (2022 population projection).

Table 2 – Estimated Percentage change between 2022 and 2032 (2022 population projection).

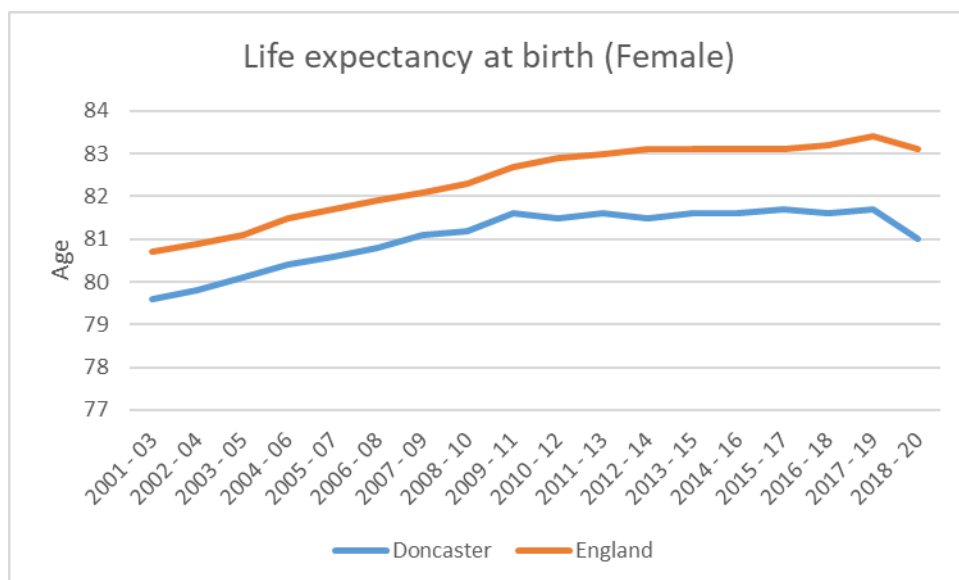
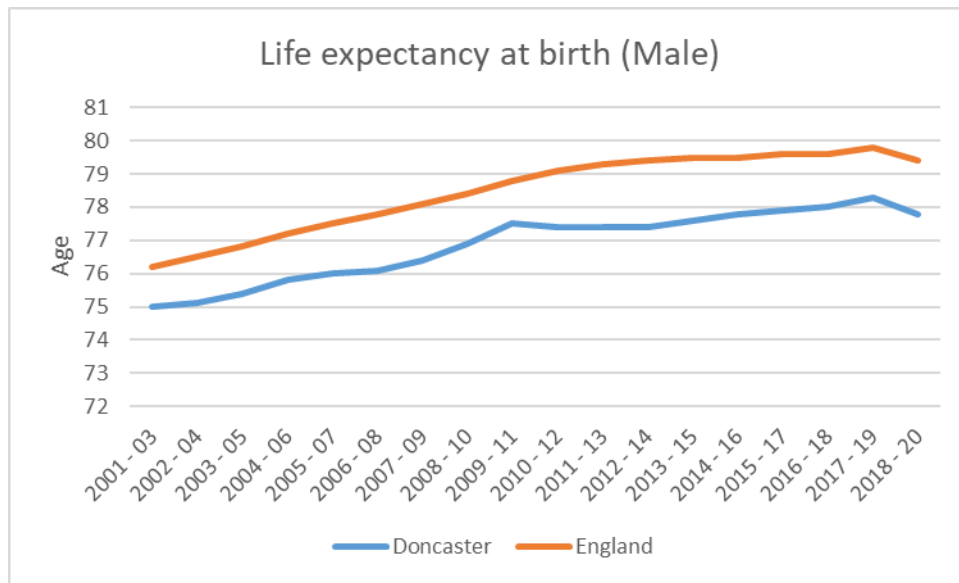
Age Group	2022	2032	% Change
0-4	16,972	16,432	-3.2
5-9	19,246	17,185	-10.7
10-14	20,089	18,085	-10.0
15-19	17,168	18,852	9.8
20-24	15,251	17,441	14.4
25-29	19,812	18,488	-6.7
30-34	22,127	19,428	-12.2
35-39	21,336	21,622	1.3
40-44	19,185	22,525	17.4
45-49	18,271	21,488	17.6
50-54	21,492	19,662	-8.5
55-59	22,386	18,545	-17.2
60-64	20,499	21,179	3.3
65-69	17,521	21,226	21.1
70-74	16,112	18,530	15.0
75-79	13,148	14,544	10.6
80-84	8,285	11,436	38.0
85-89	5,130	6,978	36.0
90+	2,634	3,159	19.9
All ages	316,662	326,804	3.2

The largest increase (38.0%) is expected to be in the 80-84 age band. Notably, there is predicted to be an increase in all age groups from 60 years and above. This increase in the age profile will have implications for health and social care services including pharmacies. The forecast also predicts a decrease in children aged 0-14 years.

3.3 Life Expectancy

Life expectancy at birth is 77.8 years for men and 81.0 years for women (latest data available 2018-20). Life expectancy has been improving steadily in both men and women for the last 18 years, in the 2 years there is evidence that life expectancy has fallen slightly. These average increases mean more people in Doncaster will reach very old age and extreme old age, with associated health needs.

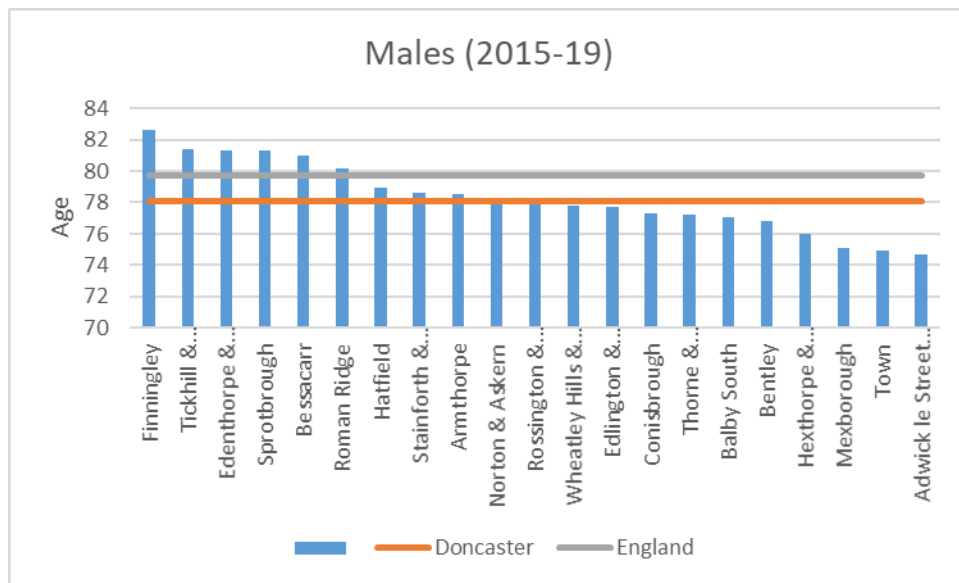
Graph 1 - Life expectancy gap for males and females (Public Health England (PHE), 2014)



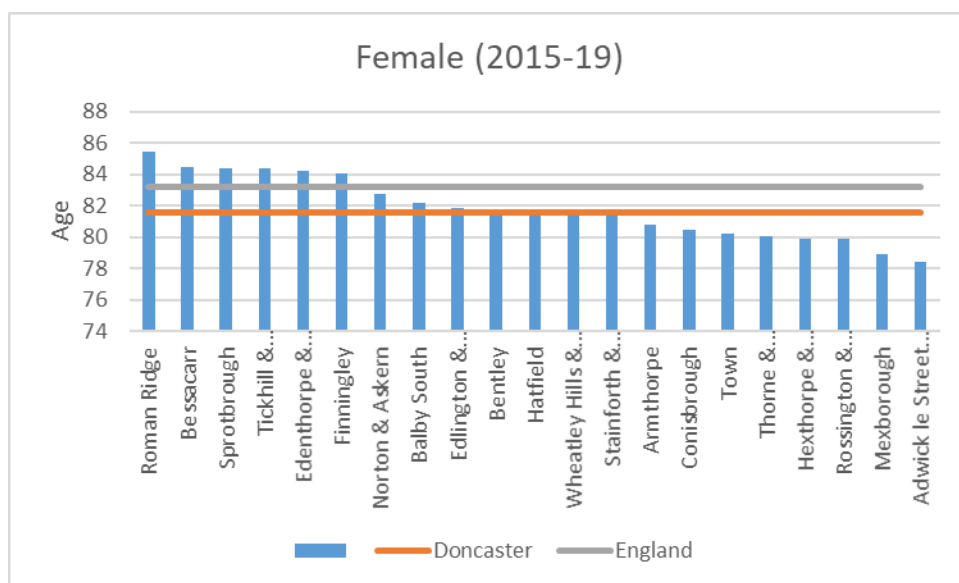
3.4 Variation in Life Expectancy

There is a variation in life expectancy within Doncaster. For males, there is a 7.9 year range from 74.7 years in Adwick le Street & Carcroft to 82.6 years in Finningley. For females, there is a 7.1 year range from 78.4 years in Adwick le Street & Carcroft to 85.5 years in Roman Ridge.

Graph 2 - Life expectancy for males by Doncaster Electoral Wards (Doncaster Data Observatory, Electoral Ward Profiles 2010-14).



Graph 3- Life expectancy for females by Doncaster Electoral Wards (Doncaster Data Observatory, Electoral Ward Profiles 2010-14).

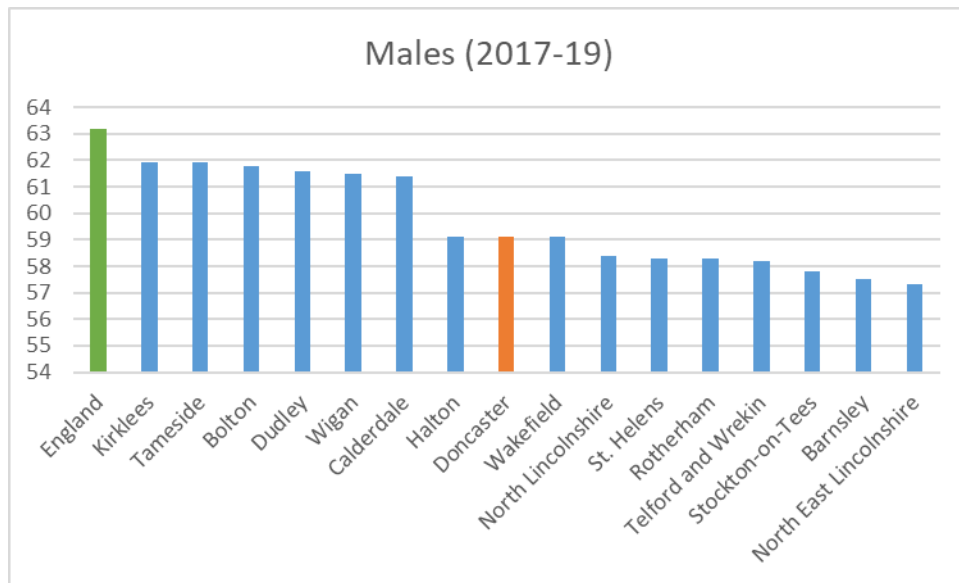


3.5 Healthy Life Expectancy

Both males and females in Doncaster have a lower healthy life expectancy compared to England average. The healthy life expectancy for both males and females is also lower when compared to the Yorkshire average. This means that people in Doncaster might spend the latter 20 years of their life without good health.

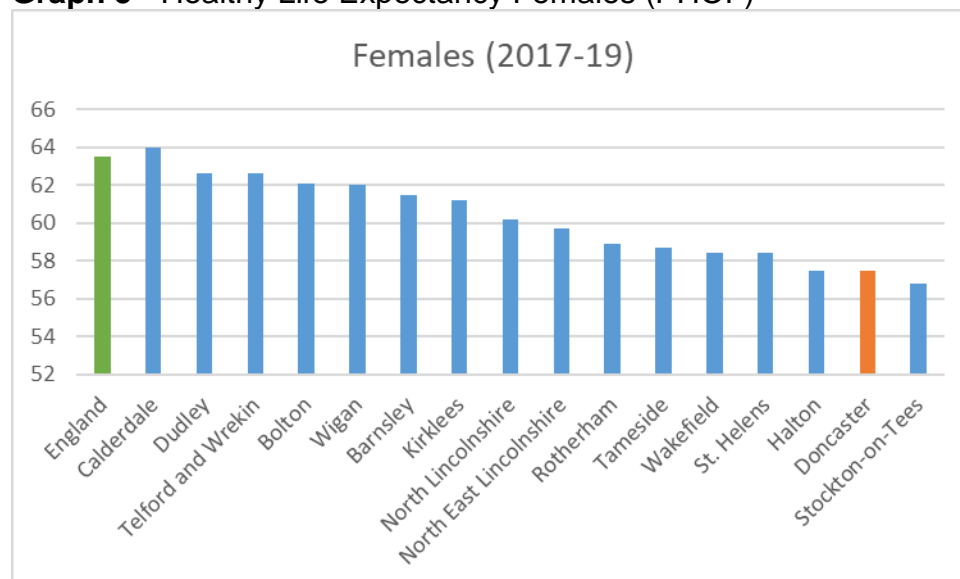
The graphs below compare healthy life expectancy in Doncaster to its Chartered Institute for Public Finance and Accountancy (CIPFA) nearest neighbours.

Graph 4- Healthy Life Expectancy males (PHOF).



On average, males in Doncaster experience ill-health from the age of 59.7. This is significantly lower than the national average of 63.4 years of age.

Graph 5 - Healthy Life Expectancy Females (PHOF)



The growing population and increasing life expectancy means more people will reach very old and extreme old age, with the associated health problems that result in low healthy life expectancy. Commissioners need to be prepared for increasing demand, to support older people to be a valued part of society, leading full and active lives for as long as possible, and to be cared for in the best possible way up to the end of their lives.

3.6 Disease Specific Populations

Generally, people in Doncaster experience higher levels of disease and ill-health compared to other areas. Compared to England as a whole, a high number of patients are registered with their GP for:

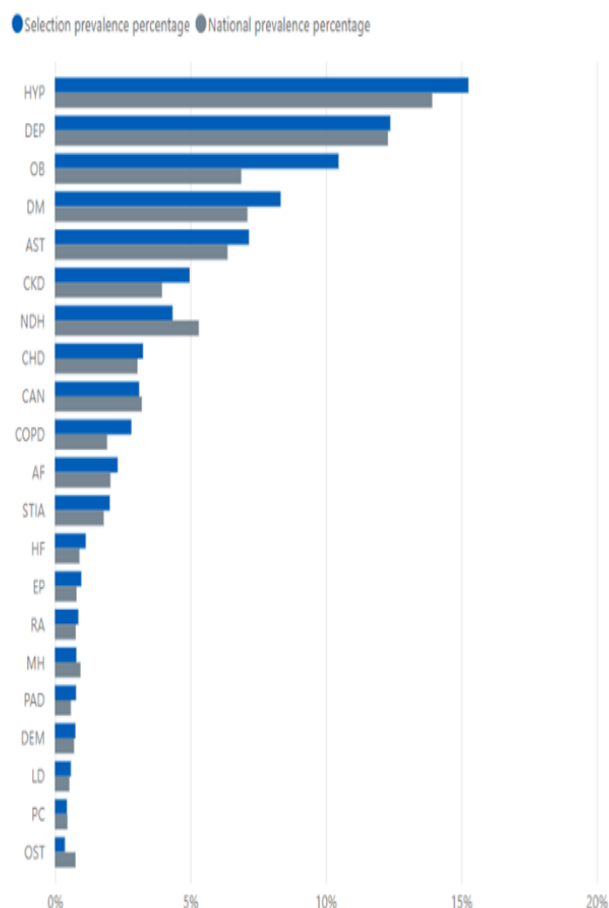
- Mental health conditions such as depression
- Circulatory conditions such as chronic heart disease, heart failure, stroke, hypertension and atrial fibrillation
- Chronic kidney disease
- Chronic obstructive pulmonary disease (respiratory disease) and asthma
- Diabetes
- Epilepsy

The table below gives a full breakdown of prevalence in primary care as measured by the Quality Outcomes Framework (QOF).

Table 3 – GP registered patients (Health and Social Care Information Centre (HSCIC), QoF 2020-21).

Indicator group code	Indicator group name	Register	Patient list size	Prevalence %
AST	Asthma	21,853	304,983	7.17%
AF	Atrial fibrillation	7,553	326,111	2.32%
CAN	Cancer	10,142	326,111	3.11%
CKD	Chronic kidney disease	12,855	258,392	4.97%
COPD	Chronic obstructive pulmonary disease	9,205	326,111	2.82%
DEM	Dementia	2,464	326,111	0.76%
DEP	Depression	31,996	258,392	12.38%
DM	Diabetes mellitus	21,829	261,951	8.33%
EP	Epilepsy	2,518	258,392	0.97%
HF	Heart failure	3,710	326,111	1.14%
HYP	Hypertension	49,773	326,111	15.26%
LD	Learning disability	1,917	326,111	0.59%
MH	Mental health	2,574	326,111	0.79%
NDH	Non-diabetic hyperglycaemia	11,223	258,392	4.34%
OB	Obesity	27,060	258,392	10.47%
OST	Osteoporosis: secondary prevention of fragility fractures	472	128,073	0.37%
PC	Palliative care	1,448	326,111	0.44%
PAD	Peripheral arterial disease	2,539	326,111	0.78%
RA	Rheumatoid arthritis	2,300	265,557	0.87%
CHD	Secondary prevention of coronary heart disease	10,605	326,111	3.25%
STIA	Stroke and transient ischaemic attack	6,598	326,111	2.02%

Prevalence percentage per indicator group



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[QoF data](#)

3.7 Ethnicity

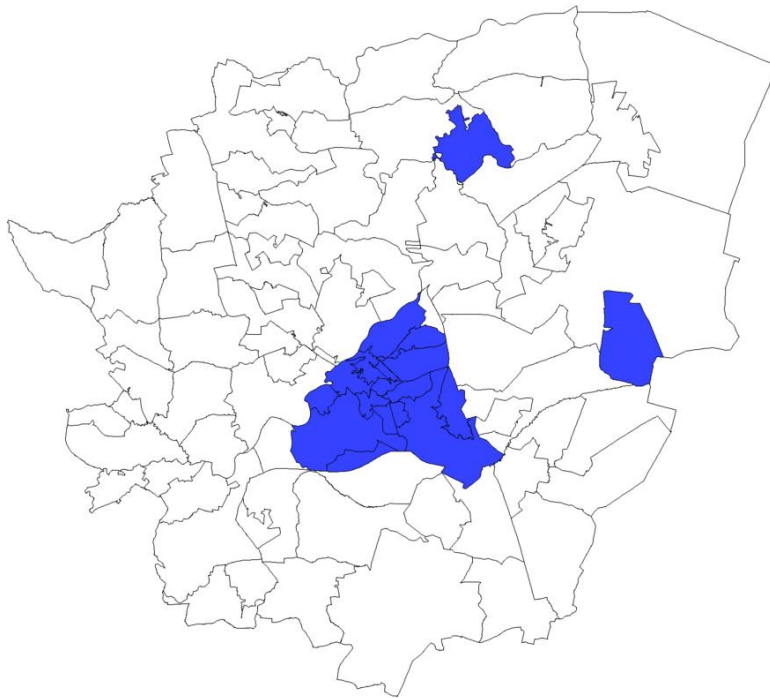
In the 2011 Census, the Doncaster population was 91.8% White British compared with 85.5% for Yorkshire and Humber and 79.8% for England. Though less diverse than the regional and national average, the proportion has increased in recent years- In 2001 the population was 96.5% White British. The main other ethnic groups in Doncaster are detailed in the following table.

Table 4 – Minority ethnic groups in Doncaster (Nomis, 2013)

Ethnic Group	Person %
All categories: Ethnic group	302402
White: Total	95.2
White: English/Welsh/Scottish/Northern Irish/British	91.8
White: Irish	0.39
White: Gypsy or Irish Traveller	0.19
White: Other White	2.84
Mixed/multiple ethnic group: Total	1.09
Mixed/multiple ethnic group: White and Black Caribbean	0.46
Mixed/multiple ethnic group: White and Black African	0.14
Mixed/multiple ethnic group: White and Asian	0.29
Mixed/multiple ethnic group: Other Mixed	0.19
Asian/Asian British: Total	2.51
Asian/Asian British: Indian	0.61
Asian/Asian British: Pakistani	0.90
Asian/Asian British: Bangladeshi	0.03
Asian/Asian British: Chinese	0.37
Asian/Asian British: Other Asian	0.58
Black/African/Caribbean/Black British: Total	0.77
Black/African/Caribbean/Black British: African	0.43
Black/African/Caribbean/Black British: Caribbean	0.25
Black/African/Caribbean/Black British: Other Black	0.08
Other ethnic group: Total	0.35
Other ethnic group: Arab	0.08
Other ethnic group: Any other ethnic group	0.27

Overall Doncaster has low ethnic diversity though the map below shows there are diverse areas within the Borough. There are significant non-white British populations in the urban centre and surrounding areas, namely Balby (16%), Belle Vue (26%), Bennethorpe (18%), Hexthorpe (24%), Hyde Park (46%), Intake (16%), Lower Wheatley (37%), Town Moor (20%), and Wheatley Park (20%). There are anomalous hotspots in the North and East (HM Prisons and Braithwaite & Kirk Bramwith).

Map 2 - Significant non-white British populations (ONS, 2013a)



3.8 Language in Doncaster

96% of Doncaster's population (aged ≥ 3 years) speak English as their first or preferred language – compared to 94% across Yorkshire and Humber and 92% across England and Wales. 2.1% of people speak 'Other European' languages as a first or preferred language, of which 1.6% of people speak Polish.

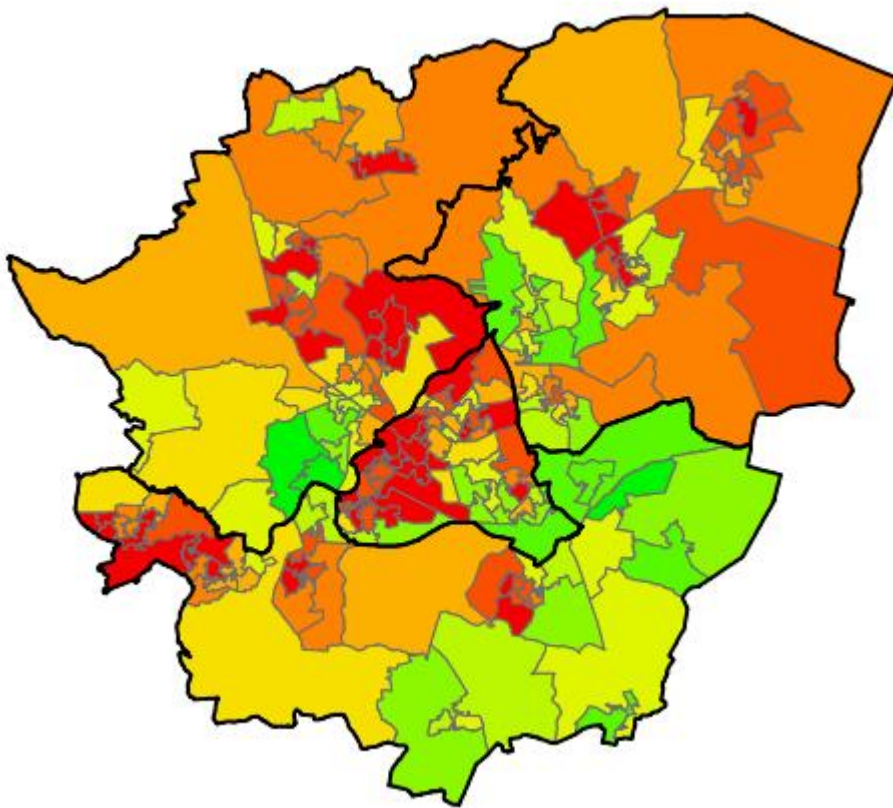
No other language accounts for half a percentage in Doncaster though 0.3% speak Urdu as a first or preferred language and 0.2% speak Punjabi as a first or preferred language (ONS, 2013b).

3.9 Deprivation

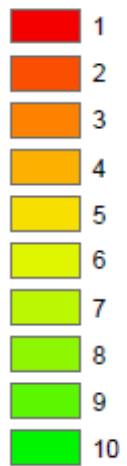
The Indices of Deprivation 2019 provides a composite measure of deprivation across multiple domains including income, employment, health and disability, education, skills and training, housing, crime and living environment (Index of Multiple Deprivation, 2019).

Doncaster is the 37th most deprived Local Authority (of 317 lower tier local authorities in England). In 2015 Doncaster was 39th. However, there are concentrated areas of deprivation in all 4 corners of the Borough. Over 24% of the population in Doncaster are within the 10% most deprived in England.

Map 3 - Deprivation by LSOA in Doncaster



Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10% of LSOAs)



Covid -19 Impact on Pharmacies

The impact of covid-19 has been felt by everyone over the last 2 years and all organisations have been under significant pressures as a result of the pandemic. Pharmacies also felt increased pressure not only in meeting demand for services during the pandemic but particularly in the delivery of prescription services and general safety around access and provision. In the peak of the pandemic a community hub through Doncaster Culture and Leisure Trust (DCLT) was organised to support local pharmacies to deliver prescriptions and ensure the safety of the most vulnerable people in view of government guidance. In addition there was an additional pressure around providing lateral flow testing kits and later the addition of routine flu vaccinations. In April 2021 pharmacies across England were able to sign up to deliver free rapid lateral flow tests for people to collect and use at home. Those pharmacies that provided the service received a set-up fee and a transaction fee every time a member of the public collected a kit. Some pharmacies have also supported the Covid-19 Vaccination Programme.

Other impacts on pharmacies include staff shortages, unavailability of primary care appointments, increasing workload, patients stock piling medicines, disruption to supplies, social distancing measures. For further information see below:

<https://academic.oup.com/ijpp/article/29/6/556/6380910?login=false>

4. Locally Identified Health Need

Local need is identified through the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Board Strategy (HWBS) for Doncaster. Priorities in the JSNA (identified from the Public Health Outcomes Framework) include:

- Overcoming challenges of an ageing population
- Reducing health inequalities
- Reducing number of older people living with above average levels of disability

In addition, the 2011 Census showed that a high proportion of people in Doncaster:

- Report their health as 'bad' or 'very bad'
- Report having a disability that limits their everyday life
- Provide unpaid care, particularly those providing 50 hours or more per week

The Census also showed that, relative to the national average, a high number do not have access to a car, do not have qualifications and are economically inactive.

JSNA Developments in 2021/22

In 2018, the Doncaster Health and Wellbeing Board (HWBB) agreed a new approach to move away from lengthy and static PDF documents to reflect the collaboration between health and care analytics teams and the growth in new Business Intelligence tools. In 2021, following the immediate impacts of the Covid-19 response, the HWBB agreed a refresh to this policy reflecting the impact of the pandemic but also the extent by which health inequalities had both been exposed and exacerbated by Covid-19.

Since that refreshed plan was agreed, a new suite of information has been published for the Doncaster JSNA. A new website has been set up to host a range of information – both a public facing dashboard showcasing Outcomes data profiling the Doncaster population and a growing suite of other demographic and population information. This site can be found here: <https://www.teamdoncaster.org.uk/jsna>

As well as these developments, the teams have been following the plan agreed at the HWBB and have been working together on “operations” over winter on understanding pressures and flow across the health and care system. There is also a focus on inequalities with a testbed project between the Council and RDASH looking at mental health inequalities, initially focussing on analysing data from IAPT services. With the release of the 2021 Census later this calendar year, a wealth of new demographic data will become available, allowing us to understand more about our communities.

Doncaster's Health and Wellbeing Board Strategy 2016-21

The Doncaster Health and Wellbeing Board Strategy 2016-21 identified 4 key themes for development to improve health and wellbeing outcomes in Doncaster:

1. Wellbeing
2. Health and Social Care Transformation
3. Five Areas of Focus
4. Reducing Health Inequalities

The five areas of focus identified in the strategy are:

1. Substance misuse (Drugs and Alcohol)
2. Obesity
3. Children and Families
4. Dementia
5. Mental Health

The Health and Wellbeing Board Strategy can be viewed from the link below:

[Doncaster's Health and Wellbeing Board - Doncaster Council](#)

A new Health and Wellbeing Board strategy will be developed in 2022/3 due to delays with the pandemic.

Doncaster Delivering Together 2021-2030

The Doncaster Delivering Together Strategy was agreed in September 2021 and sets out the strategic ambitions for Doncaster up to 2030. It sets out a bold ambition for Doncaster's future with a central mission for Thriving People, Places and Planet which balances the well-being of people and places with the planet.

It proposes new ways of working that respond to local needs and opportunities, seeks to reduce inequalities and improve people's well-being. There are six well-being goals that set out the vision for our future:-

- Greener and Cleaner Doncaster
- Skilled and Creative Doncaster
- Prosperous and Connected Doncaster
- Safe and Resilient Doncaster
- Healthy and Compassionate Doncaster
- Fair and Inclusive Doncaster

In order for us to deliver this longer-term vision, eight cross-cutting priorities (the 'Great 8') will drive the delivery of the work. Behind each of these priorities will be an action plan that sets out some high level deliverables that can be monitored and reported

upon via partnership performance management mechanisms. We will be bringing forward key products in 2022 to ensure we are best placed to deliver this strategy including:

- Reviewing the way the Partnership operates
- Making public a Doncaster Delivering Together Outcomes Dashboard
- Exploring a Fairness and Well-being Commission
- Aligning the Council's decision- making reports to Doncaster Delivering Together.
- Refreshing the Health and Wellbeing Board strategy

5. Current Pharmacy Provision and Services

In line with the HWBB’s areas of focus, particular attention needs to be on those communities with the highest need and where there are gaps in provision – the following section will look at the provision across the Doncaster localities.

5.1 Pharmacy Demographics

Pharmacy contractors in Doncaster comprise of:

- **73** community pharmacies with:
 - **61** providers on 40 hour contracts
 - **10** providers on extended hour’s contracts
 - **2** distance-selling providers/ internet pharmacy
- **1** dispensing appliance contractor
- **2** dispensing General Practices.

In Figure 1 we can see the breakdown of pharmacies across the 4 localities in Doncaster and the % of pharmacies in each area. The Central locality has 35.6% of pharmacies, the North has 23.3%, the East and South both having 20.5% of Doncaster pharmacy provision.

Figure 1

Overview of Pharmacies in Doncaster by Locality

Locality	Total	40 hr	100 hr	Internet	Dispensing Appliance Contractor	
Central	26	19	5	1	1	35.6%
East	15	13	2	0	0	20.5%
North	17	15	2	0	0	23.3%
South	15	13	1	1	0	20.5%
Total	73	60	10	2	1	

*Four maps in Appendix 1 present current pharmacy provision by geographic coverage (PHE, 2017).

At the time of the last PNA (2018-21) there were 79 pharmacies. In 2022, there were 73 community pharmacies. The number of extended hour’s pharmacies has reduced from 11 to 10 and the number of 40 hour pharmacies has reduced from 65

pharmacies in 2018 to 61 in 2022 .The number of Distance Selling Pharmacies has reduced from 3 to 2 and the number of Dispensing General Practices has remained the same (Auckley Surgery and The Mayflower Medical Practice). The geographical distribution of pharmacies does reflect the current demographic profiles and is what we would expect based on the current data.

The NHS (Pharmaceutical and Local Pharmaceutical Services) regulations 2013 were amended in December 2016 by the introduction of Section 26A consolidations. The Section 26A consolidation is a merger of two pharmacy businesses that does not create a gap in the provision of pharmaceutical services. To date, there have been a number of Section 26A consolidations in Doncaster since the last PNA. These can be found in the full list of supplementary statements since the last PNA on the website page: [Doncaster’s Health and Wellbeing Board - Doncaster Council](#)

This PNA has not analysed whether there are any areas where a Section 26A consolidation would create a gap in the provision of pharmaceutical services. Any such applications would need to be considered on a case by case basis. The SHAPE tool could be used to assess such applications and is a consideration for future PNAs.

5.2 Pharmacies in Doncaster

Doncaster has a similar number of pharmacies per head of population compared to South Yorkshire and Bassetlaw and England as a whole. Central Neighbourhood has a higher rate of pharmacies per head of population compared to local and national averages. This is to be expected given the density of pharmacies in the town centre which people from whole of the borough travel to for work and leisure purposes. North Neighbourhood has a similar rate to the overall average. South Neighbourhood is the most rural of the four areas and has a lower rate of pharmacies per head of population. The East also has a lower rate of pharmacies per head of population. However, Doncaster has two Dispensing General Practices, which are in the South (The Mayflower Medical Practice and Auckley Surgery).

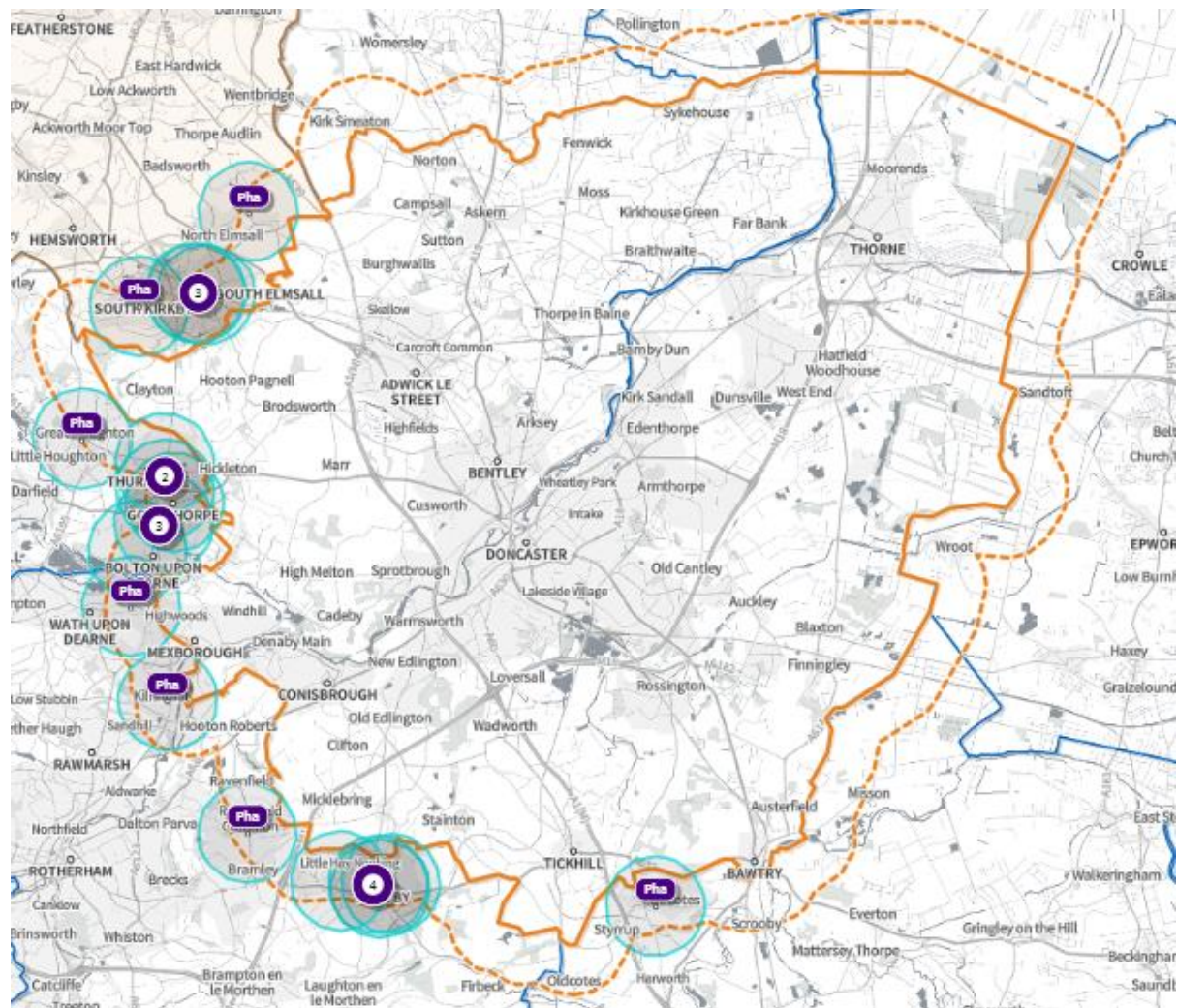
Table 5 – Pharmacy density for Neighbourhoods, Area Team and England (DMBC, 2017).

Pharmacies per head of population	Pharmacies	Population	No. per 10,000 population
South neighbourhood area	15	83,439	1.80
North neighbourhood area	17	71,947	2.15
East neighbourhood area	15	69,829	2.45
Central neighbourhood area	26	87,570	2.97
Doncaster	73	312,785	2.33

5.3 Access to pharmaceutical services around the HWBB boundary

Doncaster borders multiple neighbouring authorities so it is important to factor these into access to pharmaceutical services. Communities in the West and North also benefit from access to pharmacies in Bassetlaw, Rotherham, Barnsley and Wakefield authorities. There are no neighbouring pharmacies within a one mile radius of the border to the North East and East due to the rural nature of these areas, however there is some pharmaceutical provision a little further afield. The ratio of pharmacies per 10,000 people appears to be higher in the central neighbourhood area compared to South, East and North neighbourhood areas for Doncaster.

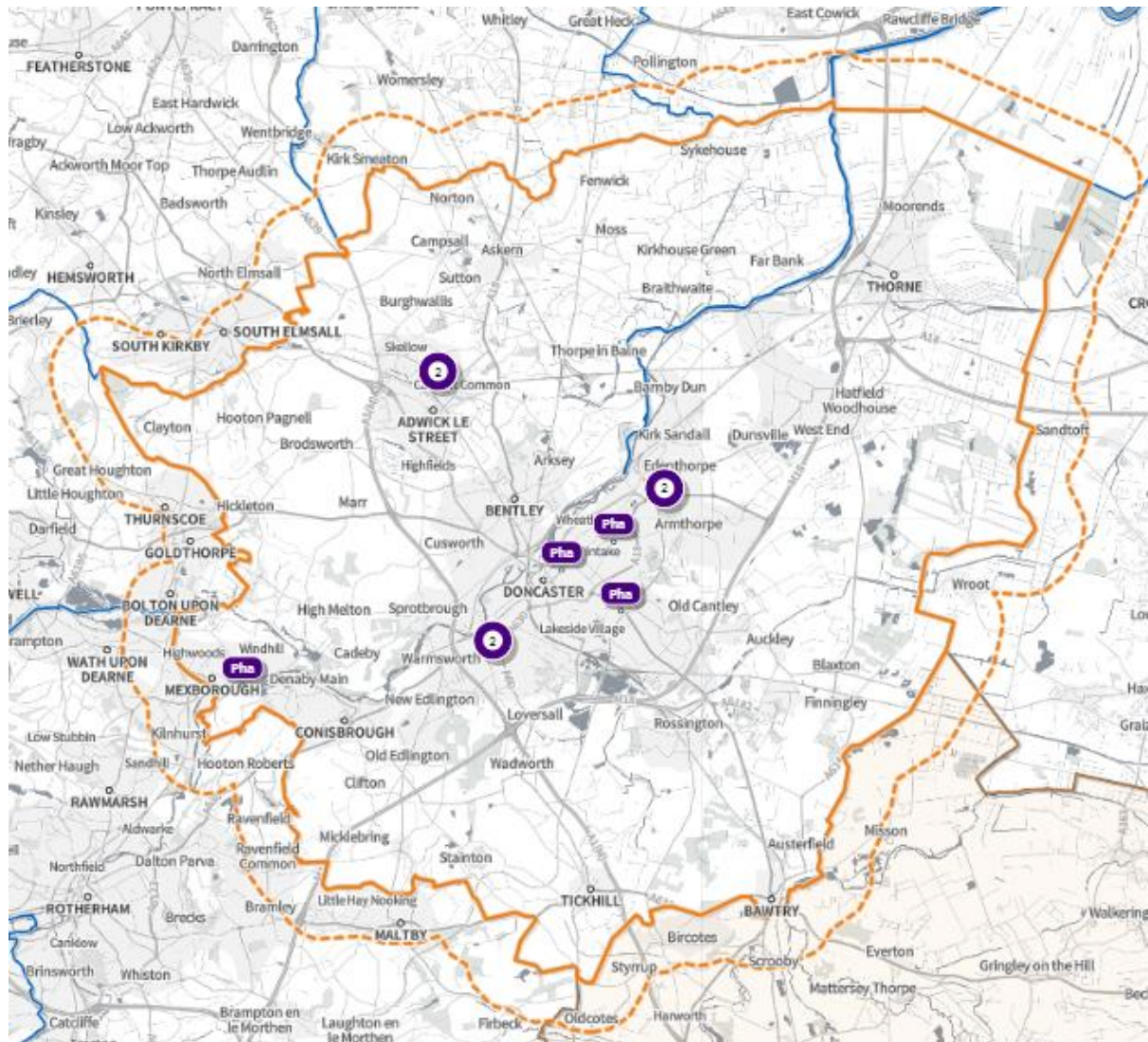
Map 4 – Pharmacy locations within 1 mile of Doncaster’s border



5.4 Extended hour’s Community Pharmacies

More than half of the extended hour’s pharmacies in Doncaster are located in, or border, Central Neighbourhood. There are 2 extended hours pharmacies in the North, 5 in the central area, 2 in the East and 1 in the south locality. Access to the nearest extended hours pharmacy for most in the South (e.g. Rossington, Auckley) would be in the Asda supermarket, Lakeside. Communities further out (e.g. Tickhill, Bawtry) could also access an extended hours pharmacy across the border in Maltby.

Map 5 – Extended hour’s pharmacy locations in Doncaster and within 1 mile radius of the border.



5.4.1 Services delivered by extended hour’s pharmacies

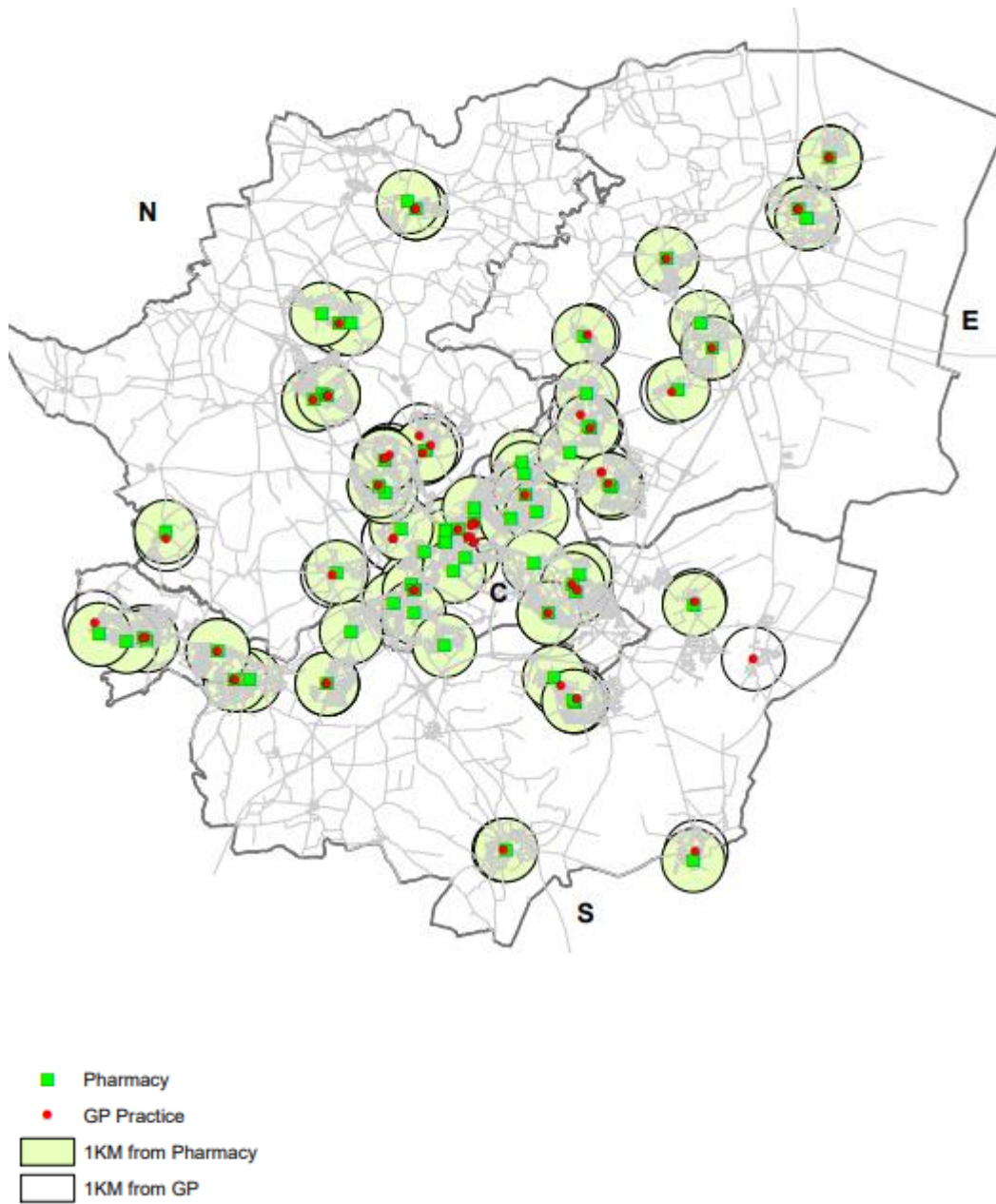
Medicines use reviews (now ceased), new medicines service and palliative care drugs services, inhaler technique, flu vaccination, minor ailment, supervised consumption and emergency hormonal contraception services are delivered by most of the extended hour’s pharmacies. Pharmacy Urgent Repeat Medicine (PURM) service is no longer available in any pharmacies. Needle Exchange services are

available in three of the extended hour's pharmacies. In terms of setting, three of the eleven pharmacies are based in supermarkets. This will limit their opening hours on a Sunday to 6 hours however there is no determined need for more hours to be available on a Sunday.

5.5 Pharmacy correlation with GP practices

In Doncaster there are 1.6 pharmacies per GP practice – there are 73 community pharmacies to 43 GP practices. Nearly all GP practices are within 1km (0.6 miles) of a pharmacy, or a 10 minute walk at average walking pace.

Map 6 – Locations of GP Practices and Pharmacies within Doncaster



6. Access to Pharmaceutical Services

An important part of the PNA is to assess how accessible pharmacies are to residents.

6.1 Geographical Access

This is measured by the proportion of residents who are within a 1.6km (1mile) walk of a pharmacy and by the proportion of residents who are within a 10 minute drive of a pharmacy.

6.1.1 Method

The method of calculating these measures was changed in the last PNA in 2015 and has again been used for this version. The method now uses mapping software to assess access. This may give a better indication of access, particularly walking access than using a fixed radius around a pharmacy.

6.1.2 Results

Using the SHAPE access tool the following results have been calculated. To prepare these results consideration was also given to the pharmacies outside of Doncaster that could be reached within a 1.6km walk. 23 such pharmacies were identified within 1.6km of the Doncaster boundary. Of these only two pharmacies (both in Swinton, Rotherham) were close enough to improve access. However, those residents are already within a 1.6km walk of the McGill pharmacy in Mexborough. Thus, the overall access picture was not changed by pharmacies outside of the Doncaster border.

1. Proportion of Doncaster residents within 1.6km (1 mile) walk of a pharmacy (including Dispensing GP Practices).

Population	% of Population	Distance travelled
264,668	84.6%	people live within a 15 minute walk of a pharmacy.
287,083	91.8%	people live within 1 mile walk of a pharmacy.
312,785	100%	people live within a 10 minute drive of a pharmacy.

Total population: 312, 785 (SHAPE, 2022)

The number of residents living within 1.6km (1 mile) walking distance from a pharmacy is 287,083 which equates to 91.8% of the Doncaster population

Number of residents **not** within 1.6km walking distance of a pharmacy is 25,702. This has reduced since the last PNA.

The number of residents living with a 15 minute walk from a pharmacy is 264,668 or 84.6% of the population.

2. Proportion of Doncaster residents within 10 minute drive of a pharmacy

Total population: 312,785 (SHAPE, 2022)

Number of residents within 10 minute drive of a pharmacy: 312,785

Number of residents **not** living within 10 minute drive of a pharmacy is 0. This has remained unchanged since the last PNA.

Proportion of Doncaster residents living within 10 minute drive of a pharmacy is therefore 100%.

6.1.3 Discussion

The walking access measure shows an increase in proportion of Doncaster residents within 1 mile walk of a pharmacy from 87% in the last PNA to 91.8%. This is due to the change in methods of analysis rather than a change in the population or pharmacy provision. This new method of analysing access does still have some methodological weaknesses which can bias the results. We will work with Office for Health Improvement and Disparities or OHID (formerly Public Health England) to continue to improve this analysis as we believe that over time this will give a more accurate measure of access.

Access to pharmaceutical services in Doncaster is further improved through the two distance selling pharmacies and the delivery service provided by most pharmacies. Distance selling pharmacies provide a service to whole of England so fill a need where people don't have access to transport or cannot make the walk.

6.2 Access to pharmacies by opening hours

Table 6 – Number of pharmacies opening early, in the evening or at weekends.

Number of Pharmacies open by Day of Week and Time of Day in 2022.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Early opening (= < 8am)	10	10	10	10	10
Late opening (>= > 7pm)	13	12	12	12	12
	Saturday	Sunday			
Weekend AM	48	12			
Weekend PM	24	12			

Opening hours of pharmacies have changed since the last PNA. In 2015 there were 33 pharmacies opening on Saturday mornings and now there are 48 pharmacies opening. There were 22 pharmacies opening on Saturday afternoons and now this has been reduced to 12. The number of pharmacies opening in 2015 on Sundays was 10 and now there are 12 opening on Sundays. Figure 2 shows previous opening hours. The changing provision could very well be as a result of the pandemic or changes in ownership.

Figure 2

Previous Pharmacy Opening times in 2015 (Last PNA)

	Early opening (< 8am)	Late opening (> 7pm)
Monday	4	14
Tuesday	7	14
Wednesday	7	14
Thursday	7	15
Friday	7	14

	Morning	Afternoon
Saturday	33	22
Sunday	10	

Access to a pharmacy on a Saturday morning is good throughout the borough and coverage is also good on Sundays as provision has now increased.

*. Four maps in **Appendix 2** present opening hours by geographic coverage.

*Weldricks at East Laith Gate is commissioned yearly on a needs basis by NHS England and Doncaster CCG, to ensure a pharmacy provision is available into the evenings, weekends and on Bank Holidays including Christmas day.

Feedback from the Pharmacy Contractor Questionnaire (April 2022)

A brief questionnaire was circulated to local pharmacies to establish wider feedback on some areas not covered by the data mapping however the timescale was tight and we were conscious of capacity of the services and only 5 responses were received which is not representative of all the services. It did however indicate a few areas which were being provided as follows:

- **Language services** – some pharmacies are offering language facilities ie Urdu, Punjabi, Polish, Spanish and English
- **Disability access**- all pharmacies who responded had disability access
- **IT facilities** - all but 1 out of the 5 pharmacies had IT access

** IT is an essential requirement and be used for all operational aspects of the pharmacy so this may have been a misinterpretation of the question*

- **Private consultation rooms** – all 5 pharmacies offered a private consultation room

**This is a core requirement unless there are exceptional circumstances which NHSE&I would be made aware of*

- **Access to toilet facilities** – 1/5 pharmacies were able to provide toilet facilities
- **Access to handwashing facilities** – most provided a facility nearby
- **Additional service** – 1 pharmacy indicated they could provide phlebotomy services
- **Non – commissioned services** – 1 pharmacy said they would like to provide Emergency Hormonal Contraception and another indicated minor illness service as an additional service they would like to provide
- **Delivery of dispensed medicines** – most pharmacies provided this and named the Mexborough area as one of the areas providing these services

7. Pharmaceutical Services

7.1 Essential Services

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contract (PSNC 2017). These include:

- Dispensing medicines
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Dispensing Data Summary

GP dispensing data can be obtained from the NHS Business Authority. A comparison is illustrated below between 2020 and 2021.

Table 7: Total GP items prescribed in 2020 and 2021

GP Practice Prescribing Data	
2021 Total Items	7,567,874
2020 Total Items	7,654,916
Variance	-87,042
%variance	-1.1%

(Source: NHS Business Services Authority)

Overall in 2021 a total of just over 87,000 fewer items were prescribed by Doncaster GPs, a fall of 1.1% from 2020. The 5 GP Practices prescribing the most items has remained the same in both years and in each year they accounted for 22.8% of the Total Items prescribed.

Table 8 shows the comparison between GP practice dispensing data between 2020 and 2021 and the top 5 practices. The top 5 are :Great Northern Medical Group (5.9%), The Scott Practice (4.6%), The Burns Practice (4.3%), St. Vincent (4.0%) and Mount Group Practice (4.0%).

Table 8: Actual GP Prescribing data between 2020/21

Highest Number of Prescribed Items by GP Practice 2020 & 2021							
year	GP Practice	Items	%	year	GP Practice	Items	%
2020	GREAT NORTH MEDICAL GROUP	453,603	5.9%	2020	THORNE MOOR MEDICAL PRACTICE	255,514	3.3%
2021	GREAT NORTH MEDICAL GROUP	443,162	5.9%	2020	THE SANDRINGHAM PRACTICE	249,727	3.3%
2020	THE SCOTT PRACTICE	355,543	4.6%	2020	HATFIELD HEALTH CENTRE	248,636	3.2%
2021	THE SCOTT PRACTICE	344,364	4.6%	2021	THE SANDRINGHAM PRACTICE	248,160	3.3%
2021	THE BURNS PRACTICE	325,191	4.3%	2020	KINGTHORNE GROUP PRACTICE	246,909	3.2%
2020	THE BURNS PRACTICE	315,096	4.1%	2020	NORTHFIELD SURGERY	246,452	3.2%
2020	MOUNT GROUP PRACTICE	313,562	4.1%	2021	KINGTHORNE GROUP PRACTICE	246,327	3.3%
2021	ST VINCENT MEDICAL CENTRE	305,951	4.0%	2020	REGENT SQUARE GROUP PRACTICE	243,245	3.2%
2021	MOUNT GROUP PRACTICE	305,612	4.0%	2021	REGENT SQUARE GROUP PRACTICE	242,786	3.2%
2020	ST VINCENT MEDICAL CENTRE	304,426	4.0%	2020	FIELD ROAD SURGERY	240,485	3.1%
2020	CONISBROUGH GROUP PRACTICE	273,695	3.6%	2021	NORTHFIELD SURGERY	238,455	3.2%
2021	CONISBROUGH GROUP PRACTICE	271,987	3.6%	2021	HATFIELD HEALTH CENTRE	238,412	3.2%
2020	THE TICKHILL & COLLIERY MEDICAL PRACTICE	269,282	3.5%	2020	ST.JOHNS GROUP PRACTICE	233,058	3.0%
2021	THORNE MOOR MEDICAL PRACTICE	265,441	3.5%	2021	DON VALLEY HEALTHCARE*	228,547	3.0%
2021	THE TICKHILL & COLLIERY MEDICAL PRACTICE	263,013	3.5%	2021	FIELD ROAD SURGERY	226,606	3.0%

Summary: Contractor Dispensing data from NHS Business Service Authority (2021 versus 2020 data).

Contractor Dispensing : data from NHS Business Services Authority	2021 Total	2020 Total	var	%var
Number of Forms	3,131,114	3,507,538	-376,424	-10.7%
Number of Items	6,826,850	7,642,709	-815,859	-10.7%
Total number of Prescriptions (Professional Fees)	6,953,842	7,765,429	-811,587	-10.5%
Number of Prescriptions (Professional Fees)(Standard discount rate)	6,426,447	7,215,826	-789,379	-10.9%
Number of Prescriptions (Professional Fees)(Zero discount rate)	589,114	549,603	39,511	7.2%
Number of forms for Electronic Prescription Service (EPS)	3,283,953	3,107,287	176,666	5.7%
Number of Items processed via Electronic Prescription Service (EPS)	7,304,816	7,004,104	300,712	4.3%
Number of Medicine Use Reviews (MURs) declared	1,114	7,862	-6,748	-85.8%
Number of New Medicine Service (NMS) interventions declared	12,718	7,852	4,866	62.0%
Number of Appliance Use Reviews (AURs) conducted in users homes	0	0	0	--
Number of Appliance Use Reviews (AURs) conducted at premises	0	0	0	--
Number of Stoma Customisation Fees	8,924	9,922	-998	-10.1%
Number of COVID19 Home Delivery Fees	13,405	21,899	-8,494	-38.8%
Number of Community Pharmacist Consultation Service (CPCS) Fees *	3,294	--	3,294	--
Number of Community Pharmacy Hepatitis C Antibody Testing Service Fees *	0	0	0	--
Number of Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service *	87,573	--	87,573	--
Number of Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM) *	0	0	0	--
Number of Community Pharmacy Clinic Blood Pressure checks *	83	--	83	--
Total	37,256,612	36,840,031	416,581	1.1%

*N.B Numbers of medicine reviews have decreased as Medicine Use reviews have now been de-commissioned and these are legacy claims

- The total number of forms has fallen by 10.7% from 2020 to 2021 and so has the number of Items, down by 10.7%.
- Total number of Prescriptions (professional fees) have fallen by 10.5% and number of Prescriptions (professional fees)(standard discount rate) have fallen by 10.9%, however there has been an increase of 7.2% in Prescriptions (professional fees)(zero discount rate).
- The number of Forms for Electronic Prescription Service has increased by 5.7% and the number of items processed this way by 4.3%.
- The number of Medicine Use Reviews (declared) has dropped by 85.8%, whilst the number of New Medicine Service interventions declared has risen by 62.0%.
- Stoma Customisation Fees have fallen by 10.1% and the number of Covid-19 Home Delivery Fees are down by 38.8%.
- Number of Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service in 2021 were almost 88,000, This was not available in 2020.
- Another new item in 2021 was Community Pharmacist Consultation Service Fees, these totalled 3,294.
- In 2020 there were 13 lines of data, a further 5 lines were added in 2021.
- Overall 2021 saw an increase of 1.1% in the Total when all lines of data were added together.

7.2 Advanced Services

Any pharmacy contractor may choose to provide Advanced Services. Currently, in Doncaster these include : New Medicine Services, Appliance Use Reviews, Appliance Customisation and Flu Vaccinations.

DONCASTER LPC	Q3 2021-22	Q2 2021-22	2021/22 Q1
LPC code	YL02040	YL02040	YL02040
Items	1,937,211	1,880,769	1,867,758
Pharmacies in data	72	72	72
NMS	4,170	2,922	2,835
AURs	0	0	0
Stoma customisations	69	68	62
Covid deliveries	468	387	625
CPCS	818	896	863
Hep C tests	0	0	0
LFD distributions	33,514	34,627	18,176
DMS	113	132	62
BP clinic checks	83		
ABPM	0		
No. DSPs	2	2	

data source psnc.org.uk Clinical Services Dashboard

The data sourced from the PSNC website gives us the quarterly data for some of the advanced services. Although it only accounts for 72 of the pharmacies it provides some information on the various advanced services but not all. It has proven quite difficult this time to obtain all the data due to national and local changes.

The number of stoma customisations has increased and averaged around 62-68 per quarter; Hep C test data was unavailable; lateral flow test distributions have increased from Q1 in 2021 to Q3 but have now ceased. Blood pressure check data was only available in quarter 3 and indicated 83 blood pressure checks; appliance reviews have not been recorded here and new medicine service interventions have increased from 2,835 in the first quarter of 2021 to 4,170 by quarter 3.

7.3 Locally Commissioned Services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities and Clinical Commissioning Groups (CCGs). Smoking cessation, needle exchange and supervised consumption are some of the Locally Commissioned Services in Doncaster.

Tables 9 and 10 illustrate locally commissioned services by NHS England and Doncaster Clinical Commissioning Group and Public health.

Table 9 – Advanced Services Commissioned by NHS England

Commissioner	Service	Community pharmacy provision in 2021
NHS England	Medicine Use Reviews (now ceased)	1,114 (decreased by 85.1% since 2020) <i>*This is because NHSE capped the number that each pharmacy could do in 2021</i>
	New Medicines Service interventions	12,718 (increased by 62% since 2020) <i>*This is because NHSE increased the therapeutic conditions that are included</i>

	Appliance Use Reviews	Not available
	Flu Vaccination	68.06% uptake
	NHS Urgent Medicines Supply	Not available
	Stoma Appliance Customisation fees	8,924 (fallen by 10.1%)

Table 10 – Local services commissioned by Doncaster Council Public Health and Doncaster CCG (direct and indirect).

Commissioner	Service	No of Community pharmacy providers
Doncaster Council Public Health	Emergency Hormonal Contraception	46
	Needle Exchange	16
	Supervised Consumption	71
	Smoking Cessation	57
Doncaster CCG	Palliative Care	33
	Minor Ailments (now reduced)	40
	Inhaler Technique	52
	Pharmacy Urgent Repeat Medicine (PURM) Service	No longer available

At the time of writing the above data on the commissioned services is correct. The numbers may rise particularly with the emergency hormonal contraception service as there is a new provider (Solutions 4 Health Ltd). However, from 1st April 2018 some of the services were changing. The changes will be added to the supplementary statements which can be found on the following webpage:

[Doncaster's Health and Wellbeing Board - Doncaster Council](#)

There has been a decrease in number of pharmacies offering Palliative Care (39 down to 33), Minor Ailment (70 reduced to 40) and Inhaler Technique (69 down to 52) services since the last PNA in 2018. The PURM service no longer exists and Flu Vaccinations services in the borough have been running alongside the pandemic vaccinations services.

**This is because the CCG reviewed the provision and as a result decided to limit the number of pharmacies they commissioned to provide each service.*

8. Geographic coverage of provision

This PNA does not consider prison or hospital pharmacies as they are commissioned through separate routes.

8.1 Advanced Services commissioned by NHS England

Medicine Use Reviews

The Medicines Use Review (MUR) Advanced Service ceased on 31 March 2021.

New Medicines Service

A New Medicine Service provides support for people with long term conditions starting new medicine to help improve adherence; it is initially focused on particular patient groups and conditions.

Geographic coverage is high across the borough with many pharmacies now offering the New Medicine Service. In 2021 there was an increase in new medical service interventions as recorded in Table 9.

Appliance Use Reviews

Appliance Use Reviews improve patient knowledge on the use of appliances (e.g. colostomy/urostomy bags, syringes etc) by resolving poor or ineffective use, and advising on safe and appropriate storage and disposal.

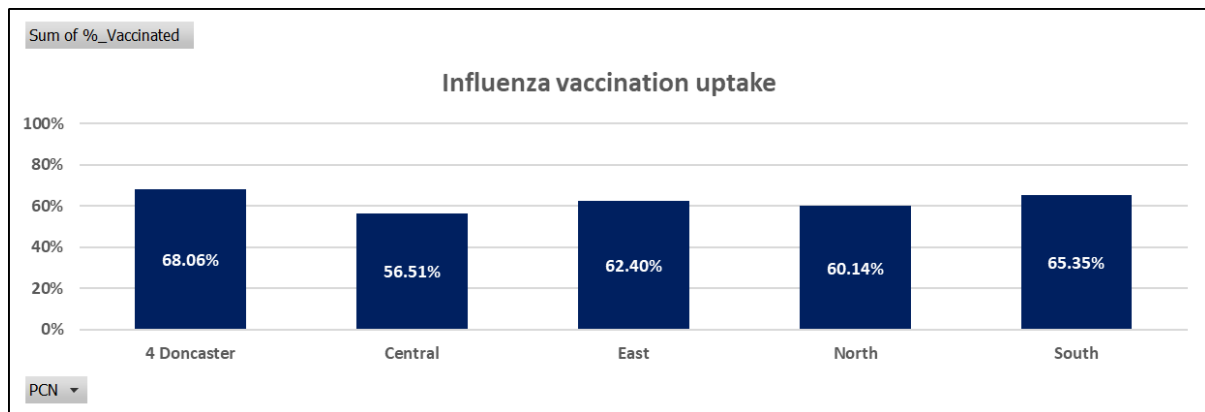
During the data collection period we were unable to obtain the total number of appliance use reviews.

Flu Vaccination

Flu Vaccination is available every year to help protect adults and children identified at higher risk of flu and its complications. The risk groups identified include; people aged over 65 pregnant women, children and adults with an underlying health condition (such as long-term heart or respiratory disease) and children and adults with weakened immune systems (PSNC 2017b). The eligible list is currently awaiting changes to include paid carers and is subject to annual review by NHSE&I. The impact of covid-19 in the last 2 years may also have had an impact on uptake. For further information see: <https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/>

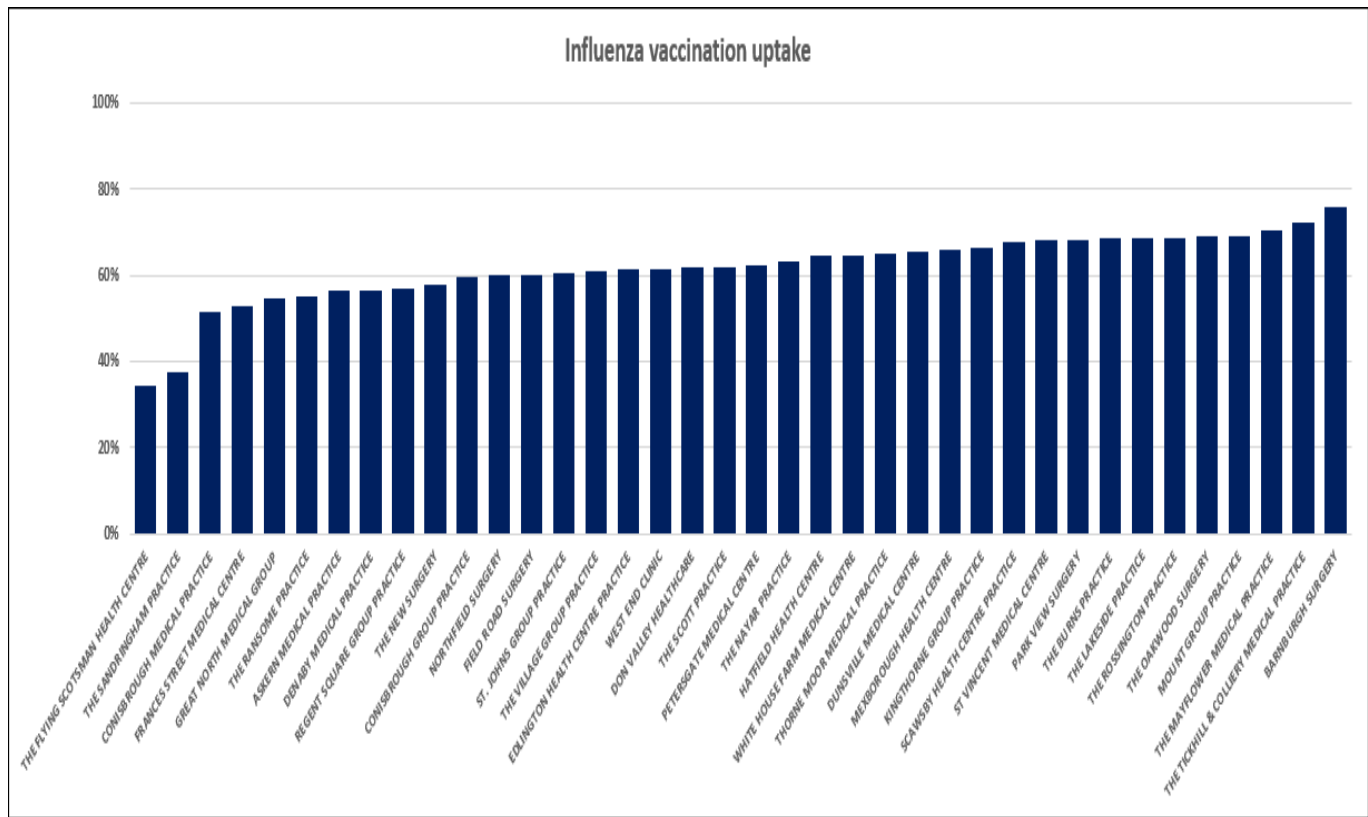
The following tables show flu vaccination uptake in Doncaster up to April 2022:

Table 11: Flu vaccination uptake in Doncaster 2022 across localities



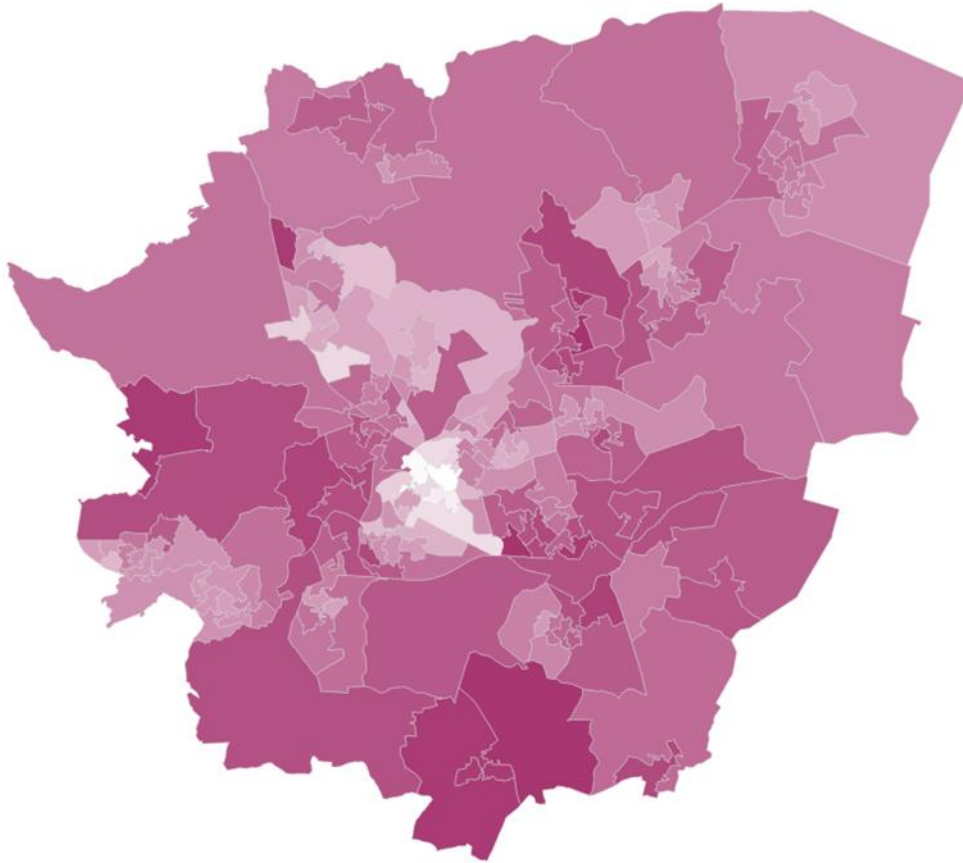
Generally flu uptake during the pandemic has been around 68.06% with higher uptake in the South locality (65.35%) followed by 62.40% in the East and 60.14% in the north and 56.51% (lowest) in the central area.

Table 12: Flu vaccination uptake across GP practices



The flu vaccination uptake across GP practices is illustrated in Table 12 and shows some fluctuation across GP practices. The lowest uptake is the Flying Scotsman and Sandringham practices and the highest is Barnburgh surgery.

The map below shows the variation of flu vaccine uptake across the borough.



NHS Urgent Medicines Supply Advanced Service (NUMSAS)

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) has been integrated into the Community Pharmacist Consultation Service (CPCS) which launched on 29 October 2019. Data was therefore not available for this service at the time of this report.

Stoma Appliance Customisation Service

The Stoma Appliance Customisation Service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Patients access this service through specialist Dispensing Appliance Contractor (DAC) providers which operate over a wide geography.

Hepatitis C testing service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trialled in the [5-year CPCF agreement](#), but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

C-19 lateral flow device distribution service

At the end of March 2021, a new Advanced service – the NHS Community Pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it is described in communications to the public) – was added to the NHS Community Pharmacy Contractual Framework.

Following the Prime Minister's announcement on 21st February 2022 and the publication of the Government policy document – [COVID-19 Response: Living with COVID-19](#) – free COVID-19 mass testing ceased from 1st April 2022.

Hypertension case-finding service

The Hypertension case-finding service was commissioned as an Advanced service from 1st October 2021.

In public-facing communications, the service is described as the NHS Blood Pressure Check Service.

Community Pharmacist Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS. This pathway is now agreed across all practices. It will be reviewed frequently and changed as technology allows to improve efficiency.

8.2 Locally Commissioned Services

Palliative Care Drugs Service - commissioned by Doncaster CCG

The Palliative Drugs Service ensures appropriate access to a range of palliative care drugs in accessible locations across Doncaster, particularly in the out-of-hours period and when treatment is needed urgently.

At the time of writing this although there has been a reduced number of pharmacies providing the service, we are assured that there is a good geographical spread and equitable access to the service across Doncaster. The CCG reviewed the service provision and decided to reduce the number of pharmacies it then signed up. Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/palliative-care-service-in-extended-hours-pharmacies/>

Ear Care Service – provided by Doncaster CCG

Information for this service can be accessed by the following link:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/doncaster-earcare-service/>

Needle Exchange Service- provided by Aspire

Needle Exchange Service allows injecting drug users to obtain hypodermic needles and associated paraphernalia at no cost. This reduces the risk of harm from disease and blood borne viruses such as HIV/AIDS and Hepatitis, which also benefits the health of wider society. Exchanges also offer the opportunity to sign-post users to treatment services.

Geographic coverage is good in Centre and South West of Doncaster, especially when mapped against areas in Doncaster with high crime rates. The service is commissioned by Public Health Doncaster and all areas are now required to have this provision. Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/public-health-services/drug-and-alcohol-services/>

Supervised Consumption Service- provided by Aspire

Supervised Consumption Service aims to dispense and supervise the consumption of Methadone / Phylseptone and buprenorphine/Subutex, a substitute used by people recovering from addiction to opiates such as Heroin.

Geographic coverage is high across the borough as nearly all pharmacies (71) offer the Supervised Consumption Service. Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/public-health-services/drug-and-alcohol-services/>

Inhaler Technique Service- commissioned by Doncaster CCG

Inhaler Techniques Service aims to improve the inhaler technique of patients with asthma and Chronic Obstructive Pulmonary Disease (COPD). Research shows that many patients use their inhaler incorrectly and this service provides additional advice by pharmacists who have undertaken additional training.

Geographic coverage is high across the borough, especially when mapped against areas in Doncaster with poorer health. There are 52 pharmacies in Doncaster which provide the Inhaler Technique Service

The number of patients accessing this service over the last 2 years has decreased significantly which is largely as a direct result of the COVID pandemic, the CCG and the LPC are planning a review of this service and a major relaunch in the 2022/23 financial year. Information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/inhaler-technique-pharmacy-review-service/>

Minor Ailments Service- Doncaster CCG

Minor Ailment Service provides advice and support to people suffering illnesses such as colds, headaches, eczema and diarrhoea. Pharmacists can also supply a range of medicines to people without having to visit the GP for a prescription. The service also provides referral to other services where appropriate.

The Minor Ailment Service was reviewed and changed in 2021/22 and has seen some changes in the offer that is available. The main ailments that are covered by the MAS service are:

- Impetigo
- Oral candidiasis
- Mild inflammatory skin conditions
- Conjunctivitis (infective) child under 2
- Headlice
- Scabies
- Threadworms
- Vaginal Thrush Adult
- Uncomplicated UTI in females

Geographic coverage is high throughout the borough although we have seen a slight drop in the number of pharmacies delivering the service because of both the change in specification and COVID pressures. Consequently, there has been a decrease in the number of pharmacies providing this service since the last PNA from 72 to 40 at present. The main reason for less pharmacies providing these services is because the CCG wanted to limit to only five per Primary Care Network (PCN).

Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/minor-ailments-service/>

Smoking Cessation Service- Commissioned by South West Yorkshire Partnership NHS Foundation Trust (SWYFT)

The pharmacy Smoking Cessation Service allows members of the public to speak to a trained member of staff about quitting smoking. The trained staff can provide one-to-one behavioural support based on the National Centre for Smoking Cessation and Training (NCSCT) standard treatment programme and/or Nicotine Replacement Therapy (NRT) and Champix.

Due to the pandemic the locally commissioned service was paused delivering stop smoking interventions and started to implement contracts as part of the recovery plan back to service. Currently there are two active advisors in Mexborough and Dunscroft. There are 57 pharmacies with current service level agreement dispensing pharmacotherapy. Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/public-health-services/stop-smoking-services/>

Pharmacy Urgent Repeat Medicine (PURM) Service- commissioned by Doncaster CCG

The PURM service allows pharmacists to supply prescription only medicines to patients without a prescription in an emergency at the request of the prescriber or patient.

***This service has been discontinued and there is now a nationally funded service.**

The national service is similar but not like for like in that it requires patients to contact 111 for a CPCS referral whereas the Doncaster PURM was "walk-in" or practice / Out of hours referral.

Emergency Hormonal Contraception Services- commissioned by Solutions 4 Health Ltd.

The Emergency Hormonal Contraception is a pill that can be taken to prevent pregnancy in the event of unprotected sex, or where usual contraception has failed (for example a split condom).

Geographic coverage is high when mapped against Doncaster's most deprived areas. These are likely to be the areas of greatest need - there is a correlation between deprivation and issues such as unprotected sex, sexually transmitted infections and teenage pregnancy.

8.3 Pharmacies and Public Health Campaigns

Community pharmacies are an easily accessible health care service within the wider community setting, and therefore are an ideal setting to promote healthy lifestyles messages. Pharmacies are required to participate in up to six NHSE public health campaigns at request of NHS England (NHSE), and with provision of materials for those campaigns. These have tended to be directed by the national team in recent years and during COVID were reduced in number – mostly focussed on COVID and flu. Latest campaign is Quit smoking at the time of writing. <https://psnc.org.uk/our-news/have-you-received-your-quit-smoking-campaign-materials/>

Community pharmacies contribute to the Public Health agenda in a number of ways. They provide prevention and early intervention brief advice to support and help tackle health inequalities. This includes support and advice around:

- Stopping smoking- some pharmacies are commissioned by South West Yorkshire Partnership NHS Foundation Trust to provide structured advice and pharmacotherapy – List of services offered by the NHS stop smoking service can be viewed here: : <https://www.nhs.uk/Livewell/smoking/Pages/NHS-stop-smoking-adviser.aspx>
- Brief alcohol and drugs signposting and lifestyle advice- Aspire commission substance misuse support by way of supervised consumption and needle exchange.
- Signposting/Blood pressure checks
- Contraception and sexual health signposting and lifestyle advice-Solutions 4 Health Ltd also commission Emergency Hormonal Contraception services from a selection of pharmacies in Doncaster .
- Delivering public health campaigns- as part of the essential services commissioned by NHS England.

Pharmacies are also encouraged to train staff on the principles of Making Every Contact Count (MECC) as part of the Healthy Living Pharmacies Level 1 criteria. Doncaster Public Health has developed a MECC e-Learning module focussing on five key areas; diet, smoking, alcohol, physical activity and mental wellbeing and has worked with the Local Pharmacy Committee (LPC) to help pharmacies understand that every interaction is an opportunity to deliver a health promotion intervention. The

module is mandatory to anyone attending the leadership or the healthy living champions training.

In terms of workforce, pharmacies are encouraged to train staff as Dementia Friends. The Doncaster Dementia Action Alliance (DDAA) has previously worked in partnership with the Local Pharmaceutical Committee (LPC) and Centre for Pharmacy Postgraduate Education to deliver dementia awareness sessions for pharmacy staff on two levels. One aimed at all pharmacy support staff and the second being a more comprehensive session for pharmacists and pharmacy technicians, which included the dementia friends information along with more clinical information related to dementia care. The specific DDAA training hasn't been done since before COVID, but there are now many more online training resources including the CPPE which are widely used.

Healthy Living Pharmacies (HLP)

HLP as an Essential service requirement in 2020/21

Community pharmacy contractors will be required to become a Healthy Living Pharmacy in 2020/21 as agreed in the **five-year CPCF**; this reflects the priority attached to public health and prevention work.

The NHS Terms of Service have been amended to include Healthy Living Pharmacy requirements, with supplementary information on the details being included in guidance on the regulations, which will be published by NHS England and NHS Improvement (NHSE&I). Pharmacy contractors must ensure they are **compliant with the HLP requirements from 1st January 2021**, however the Distance Selling Pharmacy (DSP) website requirements do not have to be complied with until 1st April 2021.

For further information see below:

<https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

9. Future Impacts

9.1 Housing and Development

The development of significant quantities of new housing and the creation of job opportunities can have a major impact on the demand for pharmaceutical services.

The Doncaster Local Plan sets out how Doncaster Borough will grow and develop from 2015 to 2035. It identifies where and how new jobs, homes and services will be located. The Plan includes provision for a minimum of 15,640 net new homes in the remainder of the plan period 2018 – 2035 (920 per annum) and the allocation of 481 Hectares of employment land to accommodate a forecast 1% jobs growth per annum.

After an independent examination by a Planning Inspector, the Doncaster Local Plan was adopted following a resolution of Full Council on 23 September 2021.

Table 13 - Possible future housing development sites in Doncaster with existing planning permission granted by Doncaster Metropolitan Borough Council (DMBC) for 100+ plots as at 1st April 2021. *

Area	Location	Approved number of dwellings (total site capacity net units)	Remaining	Planning stage
East	Dunscroft, Dunsville, Hatfield & Stainforth	3100	3100	Outline
Central	Bessacarr	1109	843	Started
South	Rossington	911	728	Started
Central	Hexthorpe	671	671	Started
Central	Edenthorpe	600	600	Outline
Central	Wheatley Hall Road	600	548	Started -
Central	Edenthorpe	542	542	Outline
Central	Balby	460	425	Started
Central	Waterdale	450	353	Started
Central	Armthorpe	400	400	Outline
East	Hatfield	400	341	Started
East	Armthorpe	382	382	Started
South	Edlington	375	375	Outline
North	Adwick - Woodlands	342	189	Started

Area	Location	Approved number of dwellings (total site capacity net units)	Remaining	Planning stage
North	Askern	227	8	Started
North	Askern	220	220	Outline
South	Mexborough	215	27	Started
Central	Bentley	203	5	Started
South	Conisbrough	175	61	Started
South	Edlington	173	34	Started
East	Stainforth	170	36	Started
Central	Lakeside	156	156	Permission - not started
East	Stainforth	152	152	Started
Central	Belle Vue	152	5	Started
Central	Lakeside	147	52	Started
Central	Wheatley Hills	143	131	Started
South	Auckley - Hayfield Green	140	140	Permission - not started
North	Askern	126	126	Permission - not started

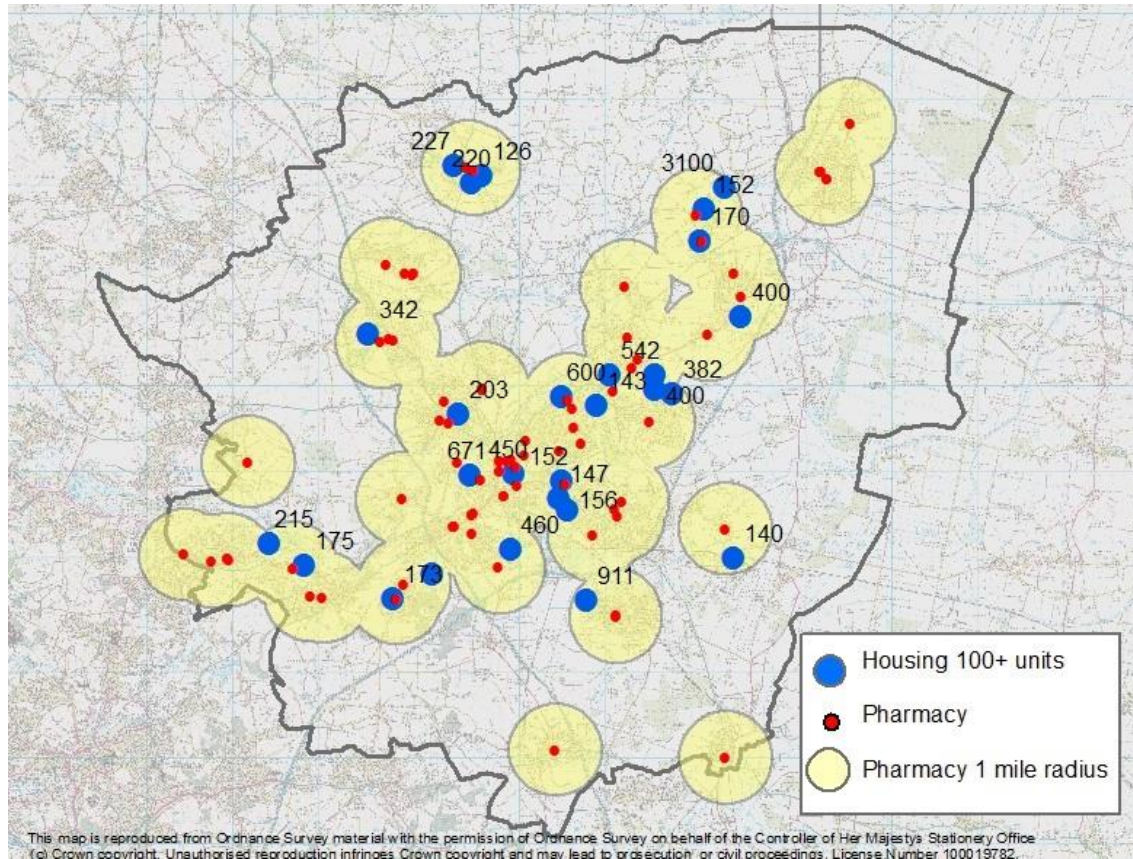
**Please note that this information was correct as of 31st March 2021 and will not be updated until 1st April 2022.*

Any future PNA reviews will need to be mindful of any unmet needs of newly established populations residing within future building programmes and make recommendations as appropriate. It also needs to consider prescription costs per household and implications for services.

Various reports are produced to monitor the implementation of the council's Planning Policies. They include the Residential Land Availability (RLA) report that monitors housing development progress, and the Local Plan Annual Monitoring Report (AMR) that measures the overall effectiveness of the Plan and its Policies.

The latest versions of these documents are available on the Councils website.

Map 7: Housing Developments within one mile of a pharmacy



All of the proposed housing developments fall within the 1 mile radius of a pharmacy

The future housing developments plan concludes that all new proposed housing developments in the foreseeable future fall within a 1 mile radius of a pharmacy which essentially means there will be no anticipated gaps in provision for the foreseeable future.

10. Conclusion

The outcomes of this PNA have confirmed that on the whole access to pharmaceutical services is adequate in Doncaster..

In summary our analysis shows that:

- 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.

11. Recommendations

- To note the current provision of pharmacy services in Doncaster as being sufficiently adequate and identify any future needs as the population changes.
- There are currently no unmet needs in terms of provision of services and there is a good geographical spread across the localities although impact of travel/access in the more deprived areas has not been possible to assess in this study at this time
- To consider the future impacts of an increasing ageing population particularly in view of demand for healthcare and social care services which includes pharmacies
- To consider the growing diversity of the population and the need to provide flexible and culturally appropriate services
- To consider the impact of any future housing developments on current pharmacy provision
- To keep up to date with supplementary changes and review the needs assessment on October 2025.

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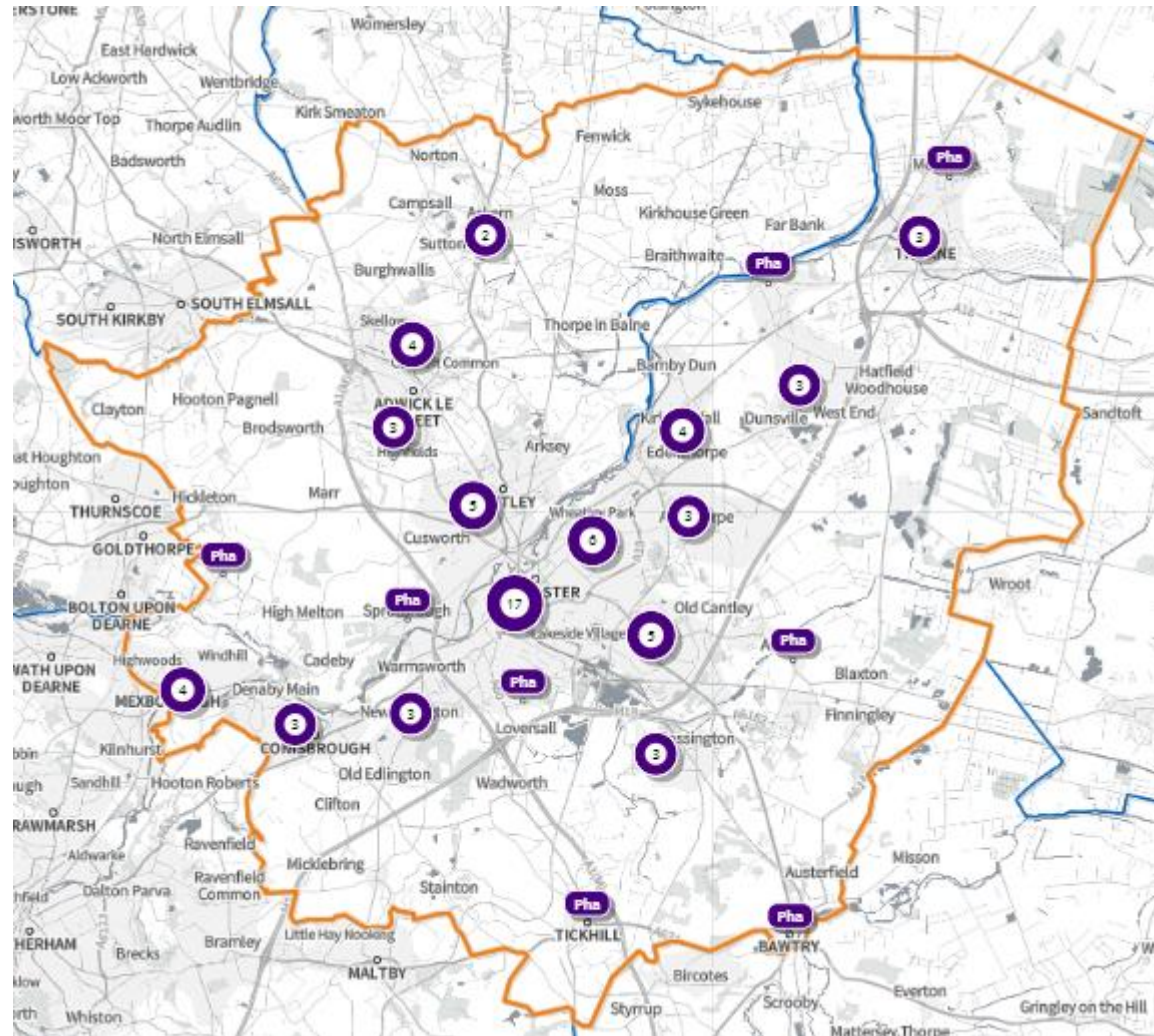
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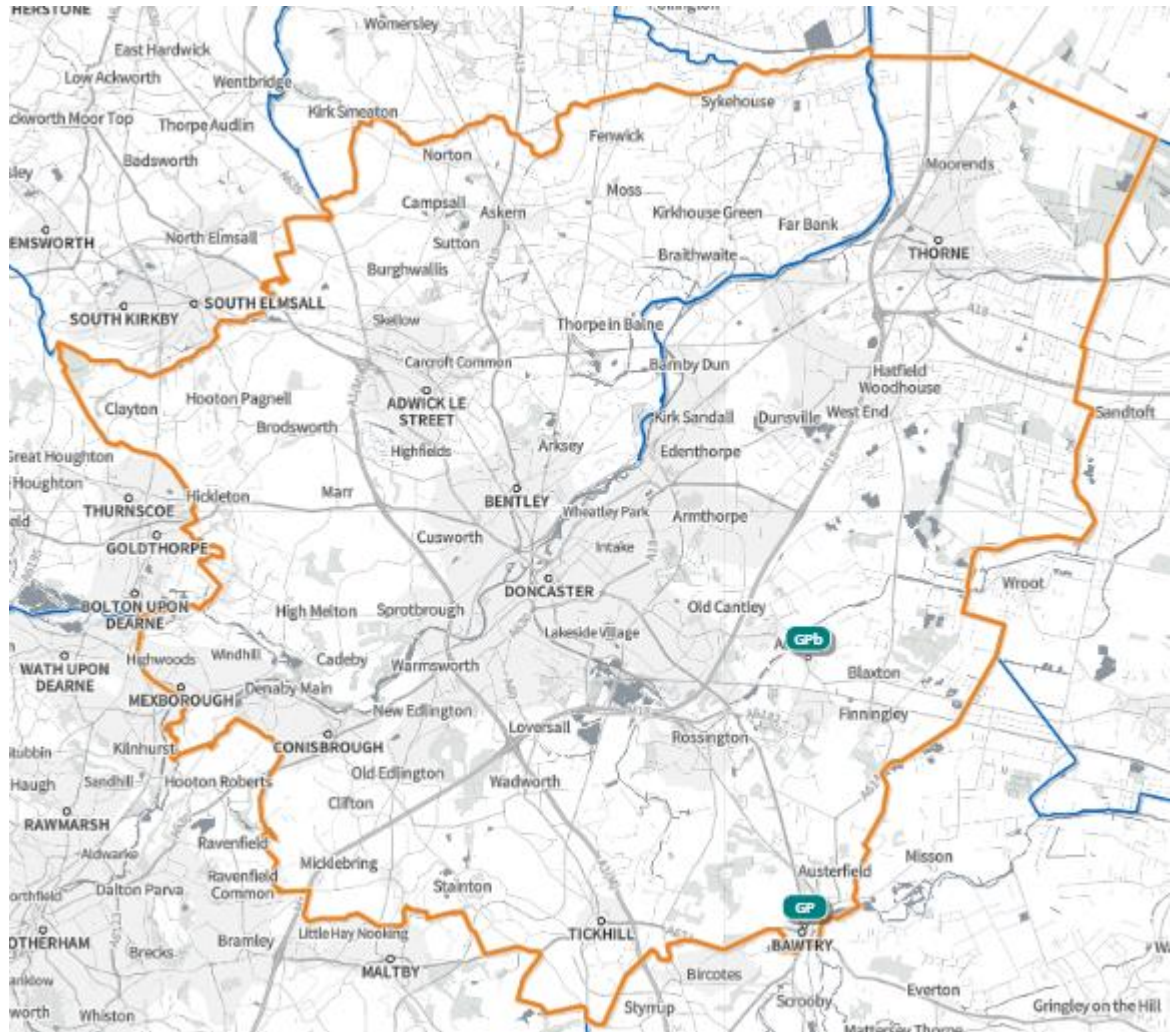
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Appendix 1 – Current Pharmacy Demographics

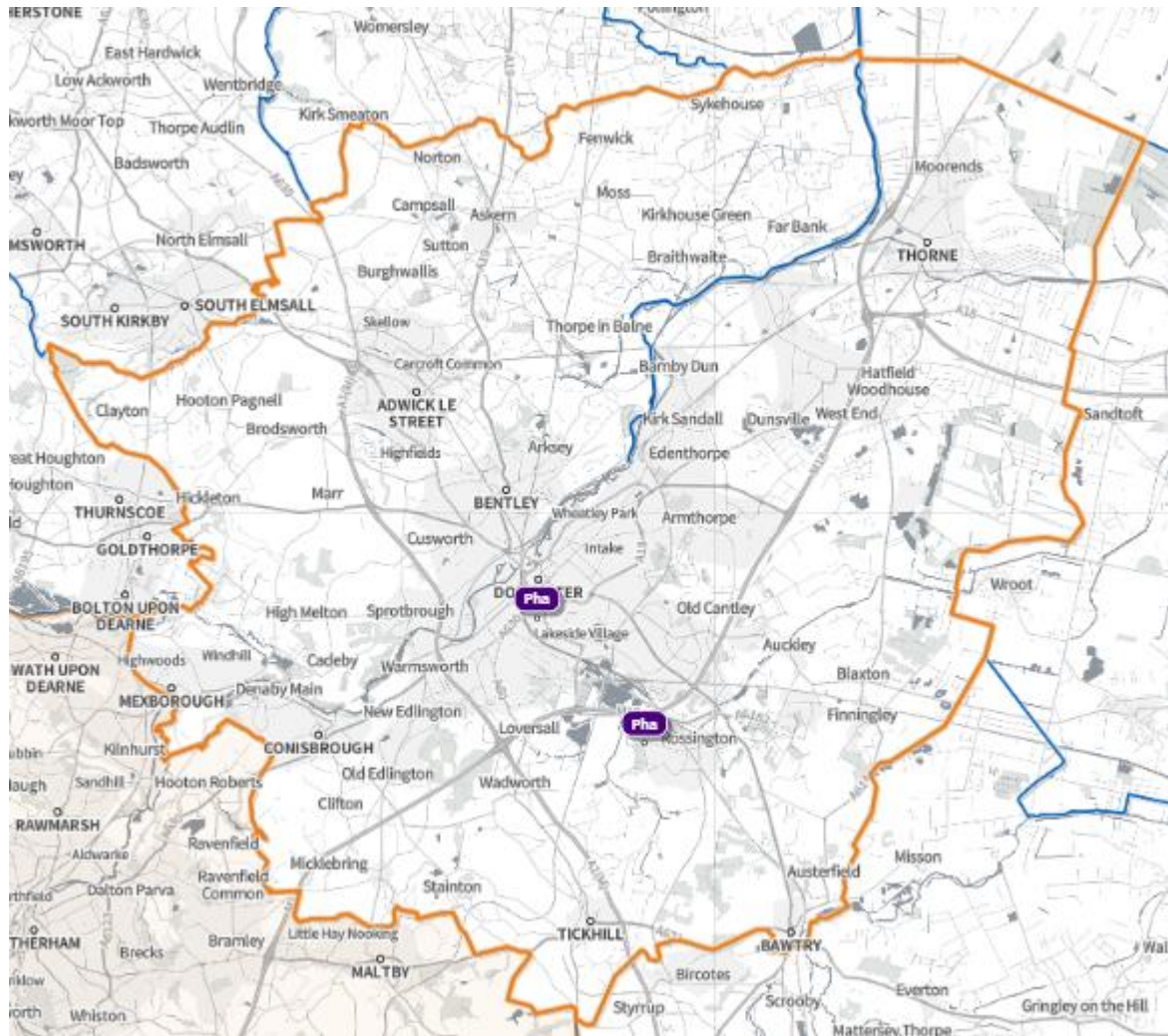
Map 1 – Community pharmacies by location.



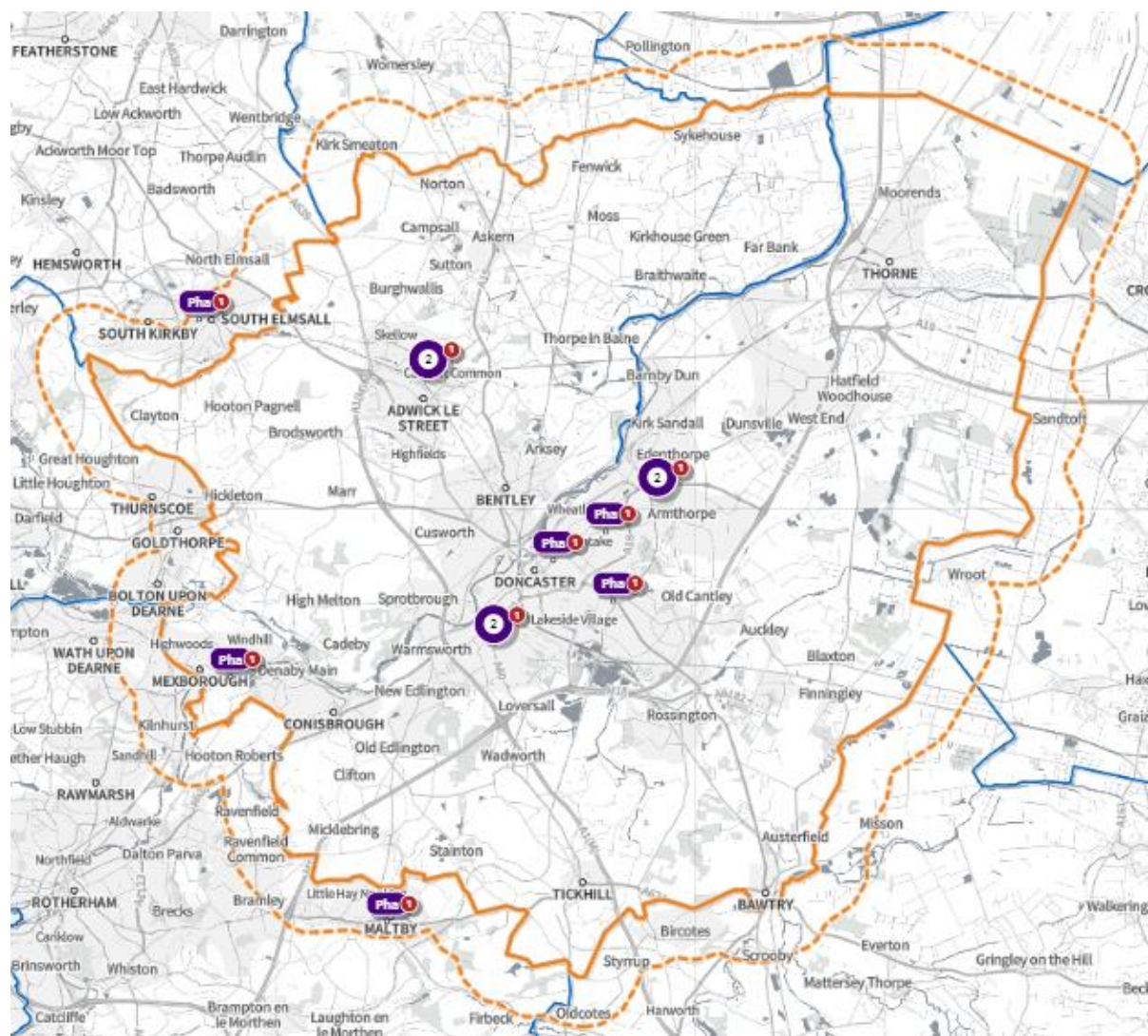
Map 2 - Dispensing GP practices by location.



Map 3 - Distance selling pharmacies by location.

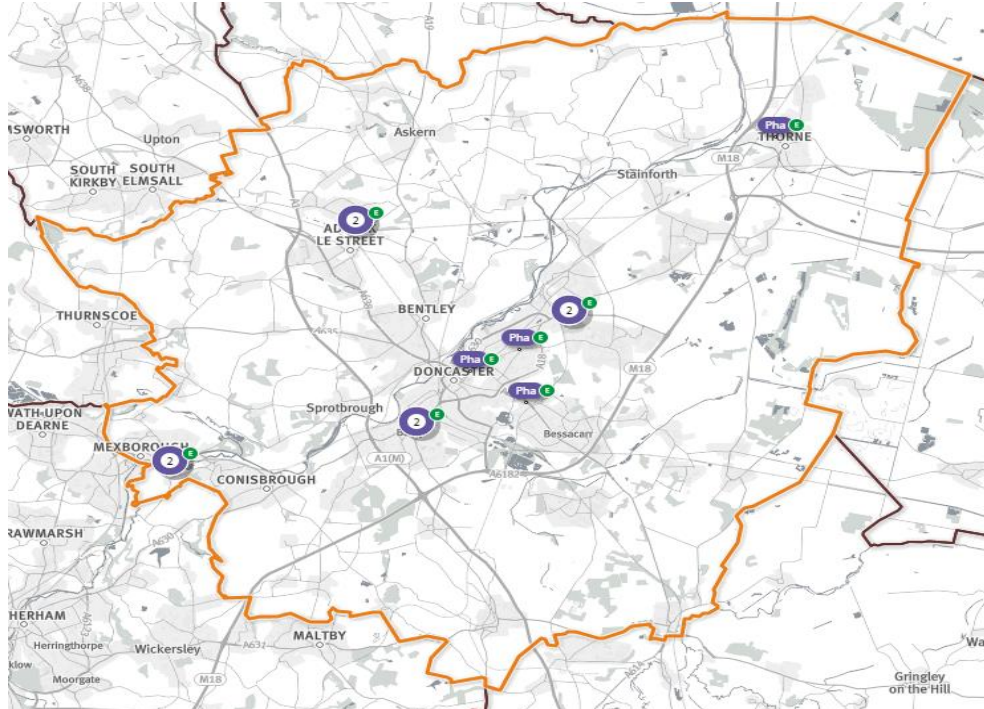


Map 4 – 100hr community pharmacies in Doncaster, plus bordering 100hr pharmacies.

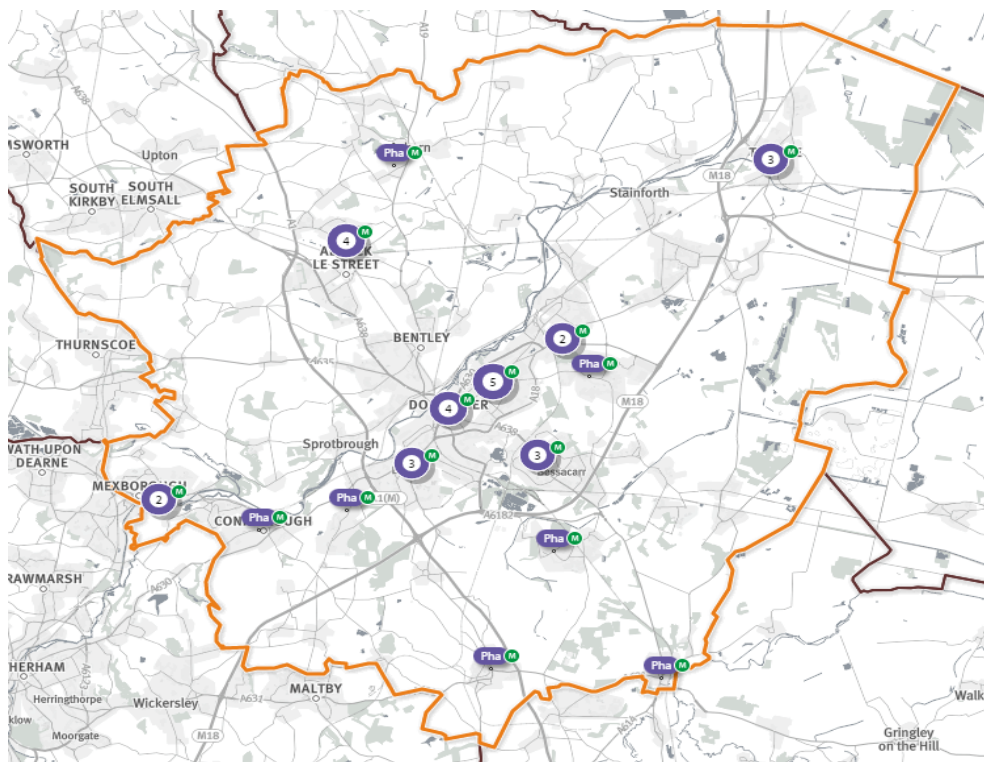


Appendix 2 – Opening hours by geographic location (maps)

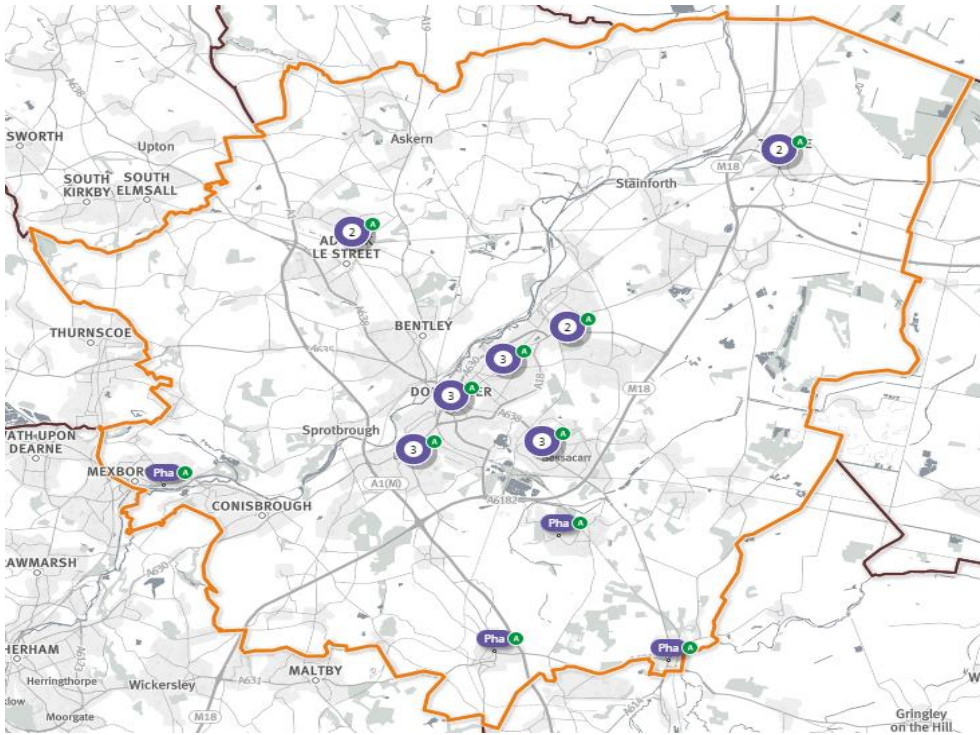
Map 1 - Evening opening.



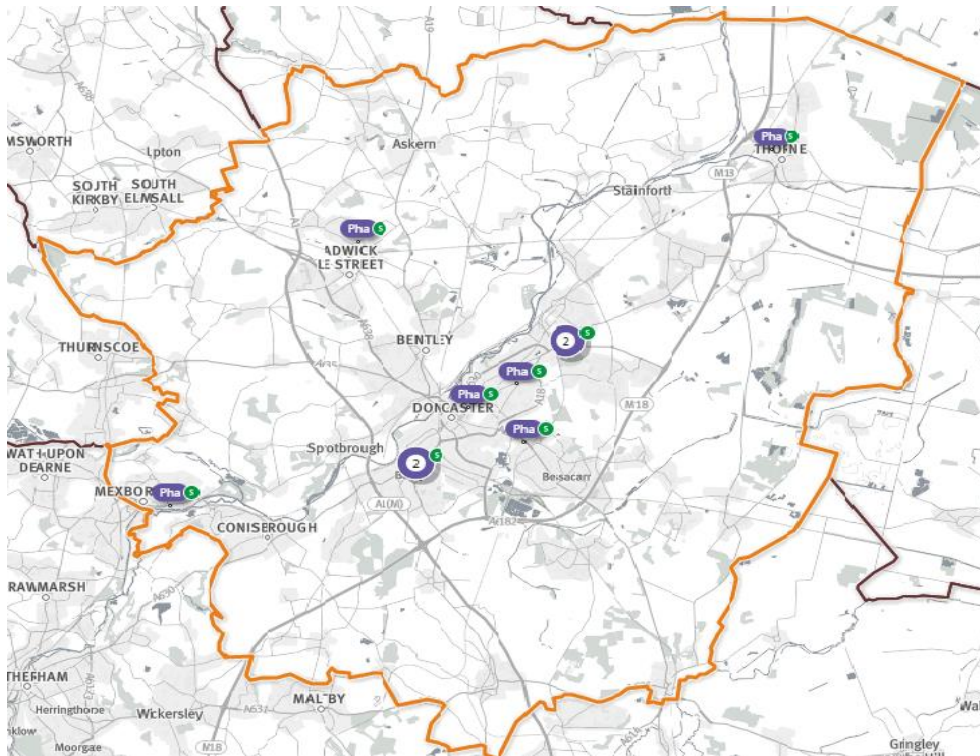
Map 2 - Saturday morning opening.



Map 3 - Saturday afternoon opening.



Map 4 - Sunday opening



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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 09/06/22

Subject: Substance Misuse Strategic Update

Presented by: Helen Conroy

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	

Implications	Applicable Yes/No															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">DHWB Strategy Areas of Focus</td> <td style="padding: 5px;">Substance Misuse (Drugs and Alcohol)</td> <td style="padding: 5px; text-align: center;">yes</td> </tr> <tr> <td></td> <td style="padding: 5px;">Mental Health</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Dementia</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Obesity</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Children and Families</td> <td></td> </tr> </table>	DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	yes		Mental Health			Dementia			Obesity			Children and Families		
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	yes														
	Mental Health															
	Dementia															
	Obesity															
	Children and Families															
Joint Strategic Needs Assessment																
Finance	yes															
Legal																
Equalities																
Other Implications (please list) Adult and children and young people substance misuse treatment and recovery	yes															

How will this contribute to improving health and wellbeing in Doncaster?
Receipt of an outline 3 year, with detailed 1 year, financial allocation to increase capacity and improve quality of the substance misuse treatment and recovery system.

Recommendations
The Board is asked to endorse the contents of the strategic update presentation.

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 9 June 2022

Subject: Easy Read – Accessible Information about Public Services

Presented by: Phil Holmes

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	Yes

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	Yes
	Mental Health	Yes
	Dementia	Yes
	Obesity	Yes
	Children and Families	Yes
Joint Strategic Needs Assessment		No
Finance		Yes
Legal		No
Equalities		Yes
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
Communicating clearly and consistently with our residents in formats that are relevant to them is critical in helping them to access information and services.

Recommendations
The Board is asked to consider whether there is an opportunity to partner with the Council on Easy Read approaches to support wider awareness and inclusion of Doncaster people in health and wellbeing.

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Doncaster Council

Report

To the Health and Wellbeing Board

Date: 9 June 2022

Easy Read – accessible information about public services

1. Background

- 1.1. Accessible information is vital to help people from a range of backgrounds, learning styles and disabilities find out the information they need about the council, to access services and help make decisions about their life.
- 1.2. One accessibility format is Easy Read. Easy Read information is for some people who:
 - have a learning disability
 - have low literacy levels
 - use English as a second language
 - are elderly
 - are deaf.
- 1.3. Easy Read is a way of translating difficult information and making it easy to understand. Easy Read information uses simple words in short sentences, with pictures to help explain the words. Easy Read is different from plain English and plain language but uses the same principles and builds on them.
- 1.4. Our customers have a range of requirements and Easy Read is one format that we as a council are using more to engage and inform our residents. However it is not embedded in our communications arsenal across services and inconsistently used across the council with some services providing Easy Read documents and others not. It should become a default format as part of our communications and engagement toolbox.
- 1.5. Communicating clearly and consistently with our residents in formats that are relevant to them is critical in helping them to access information and services. We deal with complicated, often jargon-filled information in letters, information sheets and brochures that are sent to residents and there is a presumption that this is enough to explain.

Why now and why is it important?

- 1.6. Quite simply the pandemic has shown us a range of ways our residents and businesses want to be communicated with. They want accessible information that helps them to understand, appreciate and access our services in a way that

www.doncaster.gov.uk

suits them and in a format that they are comfortable and knowledgeable with. Communications that are accessible have a range of benefits, not least customer satisfaction and acknowledgment of individuals' and groups' needs but also it is best practice. Organisations and businesses are engaging with their customers via Easy Read and accessible formats as part of their everyday business methods. Having Easy Read embedded into our accessible communications offer will help the council now and in the future.

- 1.7. Customers who feel appropriately engaged with, find information, advice and guidance easier and more effectively. This find first time approach will also reduce the number of unnecessary customer interactions on line and in person or on the phone, if the information advice and guidance is provided at the outset of the customer search whether online or sent via post or available on site. This approach also fits in with shift 4 of the regenerative council programme strategic outlook and goals.
- 1.8. Easy Read also supports digital lab aspirations and insight as we find out more about how and where our audiences engage with us. It also offers more accessibility to our services' information, advice and guidance and more routes for public engagement.

2. Proposal

- 2.1. The council is committed to equality, diversity and inclusion being at the heart of all we do and this should also apply to how we communicate and engage with our residents and service users.
- 2.2. The use of Easy Read across the council is not consistent. Some services and in particular Adults, Health and Wellbeing, regularly use this format to engage with their customers whilst others only use it for specific larger scale projects or upon request.
- 2.3. There is no 'central repository' of resources or service to create and develop Easy Read documents and this is currently done by services themselves.
- 2.4. Easy Read usage is a distinct skill and one that cannot be easily assimilated as a corporate offer even though there are colleagues around the council who have detailed experience of producing documents whilst others do not, so no consistency in developing Easy Read documents or even producing them as standard for an audience.
- 2.5. Therefore the Council is subscribing to an annual Easy Read Library for all services to access the 'how to' guides, assets such as pictures and formats and this becomes part of the toolkit for services to use when communicating with residents. There will be a procurement exercise to determine the best option.

3. RECOMMENDATION

- 3.1 For Health and Wellbeing Board partners to consider whether there is an opportunity to partner with the Council on Easy Read approaches to support wider awareness and inclusion of Doncaster people in health and wellbeing.

BACKGROUND PAPERS

Appendix 1 – Examples of Easy Read documents

REPORT AUTHOR

Steph Cunningham, Head of Communications and Engagement
01302 737223 Steph.Cunningham@doncaster.gov.uk

Debbie Hogg
Director of Corporate Resources

Appendix 1 – Excerpts from Easy Read documents 2021

Example 1 – Winter booklet from Corporate resources



Doncaster Council

Staying safe and well this winter



3. Get active

Doncaster has lots of parks and outdoor spaces you can visit with your household or **support bubble**.



A **support bubble** is where a single person joins up with another household.



For information about outdoor places you can visit in Doncaster go to: www.visitdoncaster.com/green-doncaster



You can also do activities on the internet, like yoga, Zumba and keep fit.



Websites like YouTube have lots of videos showing you how to keep fit in your own home.

9

Introduction



Doncaster Council is here to support you.



This information explains the help and support that is available to you this winter.



Cold weather advice

For advice about what to do during cold weather, go to:

www.doncaster.gov.uk/winter



Coronavirus COVID-19

Coronavirus COVID-19 is a new illness that can affect your lungs and breathing.

3

Illness during cold weather



Cold weather can be very bad for your health, so it's important to look after yourself during winter.



If you have a cough or a cold, go to the pharmacy straight away before it gets worse.



Your pharmacist can tell you what medicine you should have at home to help get through the cold weather.



Medication

Make sure you order enough to last through Christmas and New Year.




If you run out, contact your pharmacy or phone **NHS 111** who should be able to help.

11

Example 2 – from Adults, Health and Wellbeing

Why we wear PPE


Keeping everybody safe




Staff at Stainforth may look different.
This is Fiona wearing her extra protection called PPE.

- ✓ Face mask and Visor
- ✓ Gloves
- ✓ Aprons

Don't be scared





- ✓ PPE helps staff to work safely
- ✓ PPE helps stop the Coronavirus spreading to others
- ✓ Underneath it is still the same person looking after you.



Coronavirus

How to get a test






If you get **symptoms of coronavirus** you can now get tested.


Book a test as soon as possible. There is a new NHS website and **119** phone number you can call.

What happens?


You can ask for a test to do at home - a carer can help




Or you can ask to go to a local testing centre



An NHS worker will explain more on the phone or at the testing centre





Call **119** to book a test

nhs.uk/coronavirus

If you have symptoms
Stay home for 7 days
Phone 119 to book a test
In an emergency call 999

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 9 June 2022

Subject: Doncaster Fairness and Well-being Commission

Presented by: Allan Wiltshire

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	X

Implications	Applicable Yes/No	
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	
	Mental Health	
	Dementia	
	Obesity	
	Children and Families	X
Joint Strategic Needs Assessment	X	
Finance		
Legal		
Equalities	X	
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?

The Well-being Commission will help the board to understand the lived experience of residents in the borough and also allow time to explore the interventions that will have the most impact in improving people's well-being and addressing poverty.

Recommendations

The Board is asked to:-

- a) Note the intention of the Fairness and Well-being Commission and comment upon draft proposals in the report.
- b) Note the ongoing work outlined in the Poverty Position Statement (Annex D).

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Why have a Fairness and Well-being Commission?

- 1.1 Life for some people in Doncaster is a real struggle, where people cannot easily access some of the things in life we take for granted such as food or heating, or spend lots of their time alone and feel isolated. This has been highlighted by the Covid-19 pandemic, and then exacerbated by high inflationary pressure putting a real squeeze on household bills, that make real, the decisions people and families should not have to make between energy, food and the fundamentals many of us take for granted.
- 1.2 Our **Poverty Position Statement (annex d)** sets out some of the latest information, the work already completed and things planned to support people to better deal with the impacts of poverty in the here and now. This covers three categories of preventing poverty happening, supporting people in poverty and helping people to exit poverty.
- 1.3 Poverty in all its forms affect people's well-being and through Doncaster Delivering Together, our new borough plan, we have set out a series of wellbeing essentials that we believe all people in Doncaster should be able to access and enjoy. Inspired by the emerging economic approach "Doughnut Economies", Doncaster's Wellbeing Wheel acknowledges that for our residents to thrive, we need to ensure that all people have the essentials of life, and that no one is left behind.
- 1.4 We want people and places in Doncaster to thrive but at the same time recognise less money may be available for public services. If we don't respond collectively the needs of a changing population may not be met and we risk more people, especially vulnerable people, being left further behind. Perceptions of unfairness are also important because they can fuel tensions, distrust and conflict, even if the perception is not an accurate reflection of real inequalities.
- 1.5 A Fairness and Well-being Commission will be formed to receive evidence and the real life experiences of people who live and work here to better understand the reality of people's lives. This will inform the things we can in the medium and long term to make the most difference and improve well-being across the borough. The Commission will help drive real action from across Team Doncaster and beyond, to shape a borough of reduced inequalities, increased capabilities and social mobility that supports residents to achieve their full potential.

What will the Commission do?

- 1.6 The Commission will be an independent body tasked by the Health and Well-Being Board in Doncaster. It will work to produce a report with some clear areas of focus that will improve well-being for residents.
- 1.7 Using the Well-being essentials in Doncaster Delivering Together as a framework, the Commission will:
 - Examine existing data, best practice, engage with subject matter experts and the lived experiences of people across the borough
 - Make an assessment as to the completeness and appropriateness of the list of well-being essentials proposed in the Borough Strategy (See Annex A), as well as developing a priority order and considering the current situation of each, including identifying any gaps

- Produce a public ‘Commission Report’ which makes specific, practical and interconnected recommendations based on the findings of the process. This will inform a new Health and Well-Being Strategy and wider equalities objectives for the Borough.
- Produce ways of checking and measuring the impact of addressing poverty and inequality, including a headline 2030 target and a suggested review period.
- Provide a lobbying voice to advocate for the borough at a Regional and National level.

Who would be part of the Commission?

- 1.8 The Commission will have up to 15 permanent members including a Chair and two Deputy Chairs.
- 1.9 The Chair will be an independent person who will provide strong leadership around the agenda and set the strategic direction of the Commission.
- 1.10 In addition, the Chair of the Health and Well Being Board and Chair of the relevant Overview and Scrutiny Management Committee will act as observers on the Commission.
- 1.11 Professional specialisms of members will include (but are not restricted to) the community, voluntary and faith sector, community safety and cohesion, early years’ provision, employment and skills, financial inclusion, health inequality, housing affordability, homelessness and transport.
- 1.12 Guest attendees will be invited to individual meetings as appropriate, for example if they are a subject matter expert on the topic being discussed at that specific meeting.

What will the role of members be?

- 1.13 All members of the Commission will be asked to fully participate in all of the Commission meetings and activities, which include:
- shaping and promoting the work programme of the Commission
 - listening to and representing the views of people who experience inequality and poverty
 - reviewing and constructively debating the evidence and views presented to the commission
 - identifying practical ways to make Doncaster a fairer place, working collaboratively across different sectors to reduce inequality
 - considering ways to foster greater cohesion in communities and greater trust and collaboration between citizens and public sector organisations
 - shaping, agreeing and publicising the findings and the recommendations of the commission
- 1.14 The Chair will preside over proceedings at Commission meetings and supervise progress in between meetings on a planned and ad hoc basis.
- 1.15 A Deputy Chair will oversee proceedings in the event that the Chair is unavailable. A Young Advisor (s) and the Director of Public Health will be approached initially to be Deputy Chairs of the Commission.
- 1.16 Annex B gives some suggested representation for inclusion in the Commission.

How will the Commission conduct its work?

- 1.17 The main principles of the Commission and how it will conduct its work will;
- a) Engage local people to better understand the reality of living and working in Doncaster
 - b) Be independent from any single or collective organisation
 - c) Focus on what works and draw upon best practice from across the UK and beyond.

What will the Commission look at?

- 1.18 To make this process manageable within the set timeframe, given the potential breadth of the subject, the Commission will need to theme its work and focus on particular areas for enquiry. This focus could be drawn from the Well-being Essentials or the Well-being Goals from Doncaster Delivering Together (Annex A) as well as aligning to the national levelling up missions contained within the white paper. The work programme for the Commission will be confirmed by its members in the inaugural meeting but a draft is provided for comment (Annex C)
- 1.19 Key lines of enquiry will be consistently applied for each of the sessions. These could include:-
- Context and Background
 - What do we know – What is the current lived experience as we understand it?
 - What are we already doing?
 - What do we want to do?
 - Where can we make the biggest impact?
 - What are the key things the Commission agree should be taken forward in Doncaster

How much will the Commission cost?

- 1.20 Members of the Commission will give their time within their professional remit or voluntarily. Where appropriate, they will be reimbursed for any basic costs associated with travel or subsistence associated with the Commission. Resources from Team Doncaster, to support the work of the Commission, will be met within existing capacity and resources.

How long will the Commission take?

- 1.21 Final agreement for the establishment of the Commission and its terms of reference will be given at the Health and Well-being Board meeting September 2022. The Commission will meet on several occasions and report its findings and final report by May 2023. The breadth of issues the Commission agrees to look at will determine how many times the Commission comes together and frequency of any other events or evidence gathering sessions they may require.

Annex A – Doncaster Delivering Together Well Being Goals and Essentials

GOAL	VISION
Greener and Cleaner	All residents, communities and organisations working together to protect and enhance the local and global environment to improve wellbeing.
Fair and Inclusive	A borough with reduced inequalities and improved access to social and economic opportunities for all.
Prosperous and Connected	A stronger, greener and fairer economy that provides good, well paid jobs and is supported by improved transport and active travel infrastructure and access to good broadband.
Safe and Resilient	Residents feel safe and communities are more resilient to challenges and emergencies.
Healthy and Compassionate	A compassionate borough where collectively everyone is supported to add life to years and years to life.
Skilled and Creative	Residents have improved skills and a creative culture supports wellbeing, business success and solutions to the borough's challenges.

The Well-being essentials are agreed as part of the Doncaster Delivering Together and were sourced from a series of external work and then tested with our citizen's panel engagement. They were mainly drawn from the Doughnut Economic work by Kate Raworth which included the following as social foundations;

Energy | Water | Food | Health | Education | Income & Work | Peace & Justice | Political Voice | Social Equity | Gender Equality | Housing | Networks

We applied them to Doncaster and they were found to be a good match, but some alterations have been made to make it work for Doncaster. For example, we have split out income and employment and re-named some elements for clarity e.g. feelings of safety.

In addition, we have included access to greenspace as this was some of the local feedback about what was considered important to their wellbeing.

Wellbeing Essentials	Why?
Homes	So everyone has an appropriate home that is decent (e.g. clean and warm with good facilities), secure and affordable - and are therefore free from fuel poverty.
Food	So everyone has access to the nutrition they need.
Income	So everyone can secure the income they need for at least a decent minimum living standard. Also ensuring residents can access debt advice and support if needed.
Digital Capabilities	So everyone has access to the digital connections and skills needed in the home, at work and when out and about.

Education	So everyone has access to the education and training that will allow them to achieve their goals in life.
Employment	So everyone has opportunities and support to access meaningful employment.
Social Contact	So everyone has access to social opportunities and support.
Greenspace	So everyone has access to quality greenspace (e.g. parks).
Influence	So everyone has the opportunity to influence positive change and has a voice in the decisions that affect them.
Safety	So everyone feels safe.
Health Services	So everyone has access to essential health services.
Social Equity	So everyone is free from discrimination and treated fairly.
Transport	So everyone has access to affordable, reliable transport.

Table 1 Well Being Essentials - Doncaster Delivering Together

With regard to coverage there will be some essentials that are already being discussed at length across Team Doncaster so we would expect the Commission to concentrate on those areas where the maturity of discussion and understanding is in need of greater focus and attention. We also would like to link to the 'Levelling Up Missions' in the governments white paper which are listed below.

Well-being Essential	Commission Scope	National Levelling Up Mission
Homes	Direct	By 2030, renters will have a secure path to ownership with the number of first-time buyers increasing in all areas; and the government's ambition is for the number of non-decent rented homes to have fallen by 50%, with the biggest improvements in the lowest performing areas. ¹
Food	Direct	*
Income	Direct	*
Digital Capabilities	Indirect	By 2030, the UK will have nationwide gigabit-capable broadband and 4G coverage, with 5G coverage for the majority of the population.
Education	Indirect	By 2030, the number of primary school children achieving the expected standard in reading, writing and maths will have significantly increased. In England, this will mean 90% of children will achieve the expected standard, and the percentage of children meeting the expected standard in the worst performing areas will have increased by over a third. By 2030, the number of people successfully completing high-quality skills training will have significantly increased in every area of the UK. In England, this will lead to 200,000 more people

		successfully completing high-quality skills training annually, driven by 80,000 more people completing courses in the lowest skilled areas
Employment	Direct	<p>By 2030, pay, employment and productivity will have risen in every area of the UK, with each containing a globally competitive city, and the gap between the top performing and other areas closing</p> <p>By 2030, domestic public investment in R&D outside the Greater South East will increase by at least 40%, and over the Spending Review period by at least one third. This additional government funding will seek to leverage at least twice as much private sector investment over the long term to stimulate innovation and productivity growth.</p>
Social Contact	Indirect	By 2030, pride in place, such as people's satisfaction with their town centre and engagement in local culture and community, will have risen in every area of the UK, with the gap between top performing and other areas closing.
Greenspace	Indirect	Picked up in Environment & Sustainability work
Influence	Indirect	*
Safety	Indirect	By 2030, homicide, serious violence and neighbourhood crime will have fallen, focused on the worst affected areas.
Health Services	Indirect	By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years
Social Equity	Direct	*
Transport	Direct	By 2030, local public transport connectivity across the country will be significantly closer to the standards of London, with improved services, simpler fares and integrated ticketing.

Annex B DRAFT Potential Representation of the Commission

Organisation	Role	Why?	Other
Local Team Doncaster			
Doncaster Council	Senior Leader	Key role in Team Doncaster	
Public Health	DPH / Deputy DPH	Key role in Team Doncaster	Take on role of Deputy Chair
SLHD or Housing Provider	Chief Exec or Leadership Role within the organisation	Housing a key theme / line of enquiry	
DWP	South Yorkshire Service Leader/District Manager	Key social security anchor and key line of enquiry re accessing employment	
NHS South Yorkshire	Chief Medical Officer NHS South Yorkshire	Health a key theme / line of enquiry	
VAD Doncaster	Chief Exec	General VCF sector representation	
Local VCF / Frontline Services Representation			
Faith Lead		Faith leaders as a convenor in the well-being / poverty space	All could be part of the commission or be part of specific sessions to give their views and input
Doncaster Inclusion & Fairness Forum	Co-chairs of IFF	Chairs of a key forum in the delivery/accountability of Fair & Inclusive Goal	
MP or Political Representation		Community Representation / leadership role	
Minorities Partnership		Perspectives from an Ethnic Minority Representation	
Local Food Bank		Food a key theme / line of enquiry	
Youth Council / Young Advisor		Youth voice	
Disability Representative		Perspective from people who have a disability	
Schools		School and Family Perspective	
Older Peoples Representative		Older Peoples Voice	
CAB		Local trends on advice	
Age UK Doncaster		Perspectives from Older People	
Local Credit Union		Key social security anchor	
External Independent Advisors			
The Equality Trust			
Centre for Regional Economic and Social Research (SHU)			
The Health Foundation		Leading health think tank with extensive experience in health inequalities and covid-19	
What Works Wellbeing		Leading wellbeing think tank	

JRF / Resolution Foundation		key anti-poverty organisation	
Observers			
Cllr Rachael Blake	Labour Cllr and Portfolio Holder for Children's Social Care, Communities and Equalities	Portfolio Holder for Equalities Chair of HWBB	
Cllr Jane Kidd	Labour Cllr Wheatley Hills and Intake	Chair of Overview and Scrutiny Management Committee	

Annex C – Draft Programme

Session	Questions to Answer	Inputs
<p>Session 1: Setting the Scene and understanding the baseline in Doncaster</p> <p>(September)</p>	<p>What is the Current level of Deprivation and Poverty in Doncaster?</p> <p>What is the outlook?</p> <p>What people in Doncaster will be most affected?</p> <p>Collectively happy with the programme outline?</p>	<p>Chair Team Doncaster</p>
<p>Session 2: Maximising Income and Relief</p> <p>(October)</p>	<p>How can we best maximise incomes?</p> <p>What is the lived experience of people in unsustainable debt? What does that experience tell us?</p>	<p>CAB Benefits (Council) SLH Community</p>
<p>Session 3: Employment and Barriers to work</p> <p>(November)</p>	<p>How well is our current employment support offer tailored to those people who need it most?</p> <p>What is the lived experience of people using these services?</p> <p>What is the biggest barrier to work?</p>	<p>DWP Advance? Youth Hub? Community Business Rep</p>
<p>Session 4: Homes</p> <p>(December)</p>	<p>What is the biggest housing pressure currently for residents in Doncaster?</p> <p>What more can be done on Fuel?</p> <p>What is It like to rent in the private sector in Doncaster?</p>	<p>SLH Landlords Forum Rep Community</p>
<p>Session 5: Food Security</p> <p>(January 23)</p>	<p>What is the current experience of people working in food banks now?</p> <p>How well can people access them?</p> <p>What is the next evolution of food banks in Doncaster?</p>	<p>Food Banks Community Family Hubs?</p>
<p>Session 6: Engaging with groups likely to suffer greater effects of poverty...</p> <p>(February 23)</p>	<p>What is the lived experience of these groups?</p> <p>How can services changes to make it fairer for all?</p>	<p>Age UK Carers Minorities Partnership DIAL Family Hubs IFF</p>
<p>Session 7: Draft Report Discussion</p> <p>(March/April 23)</p>	<p>Is the draft report acceptable to the commission?</p>	<p>Team Doncaster</p>

Annex D – Poverty Position Statement April 22

1. Introduction

In January 2021, evidence was emerging on the economic impacts of the pandemic across the UK:

- The number of adults that were financially vulnerable had increased by 15% (between March and October 2020), with the largest increases being in those aged 18-34 and the self-employed
- Containment and lockdown measures were disproportionately affecting low income families with young children, including the extra costs involved in having children at home for longer
- More people were behind on essential bills and 13% of all adults (6.7m) felt that it was likely they would need debt advice in the next six months

A group was established to assess whether enough was being done to support the people in Doncaster facing such difficulties, and whether Team Doncaster was doing enough to address the underlying causes of poverty. Many issues we face are systemic in nature, but have been exacerbated by the pandemic. The group has focused on issues such as skills and jobs, using our resources and changing our ways of operating in partnership. It has also implemented a series of actions to address current problems, the issues that are affecting our residents on a daily basis.

This document outlines the current context, the approach taken by the group (subsequently called the Poverty Renewal Group) and potential future areas of focus. Work by the Poverty Renewal Group aligns to the Wellbeing Essentials outlined in the new borough strategy, Doncaster Delivering Together.

2. Context

Doncaster has faced numerous challenges over the last few years. In addition to the ongoing effects of the COVID pandemic, we saw devastating floods in November 2019 and the Hatfield Moor Wildfire in 2020. These pressures have placed unprecedented stress on the borough and worsened inequalities in society, for example for vulnerable people with underlying health conditions and other risk factors. Now, more than ever, all of our efforts need to be underpinned by a vigorous, relentless approach to equalities and tackling deprivation to create a fair and inclusive borough. During these emergencies partners have come together to provide necessary support and recovery arrangements for both residents and businesses.

We are now firmly focused on recovery and renewal, with a new Borough Strategy 'Doncaster Delivering Together' (DDT), setting out our long terms ambitions as well as what needs to be done 'here and now'.

We have ensured Doncaster benefits from the Government's 'levelling up' agenda by securing investment of over £60million for priority projects through two successful bids for Town Deals (one for Town Centre and one for Stainforth), a successful Levelling Up Fund (LUF) bid, as well as receiving most of its Community Renewal Fund (CRF) ask. The borough has also benefited from the City Region Sustainable Transport Settlement (CRSTS). Wherever funding opportunities present themselves, we are using these to support community based initiatives, those that need it the most and a strong, effective voluntary sector.

Doncaster is bidding for 'City Status', with the Doncaster Chamber of Commerce and local businesses leading and supporting the bid. They see it as an opportunity for economic growth, development and creating a positive profile for the Borough that will help to attract inward investment and maintain more balanced local demographics by retaining young people in the area.

National studies¹ have highlighted the increasing financial difficulties facing people across the country, particularly those on low incomes. The UK as a whole is facing strain from rising inflation rates and a shrinking labour market, and inequalities will only exacerbate this strain. People have reported feeling worried about their mortgage payments and rent arrears during the pandemic and ongoing economic crisis. The latest report from the Joseph Rowntree Foundation: UK Poverty 2022² reinforces this message. Although for some people finances seem to be improving, for others poverty is proving deep and persistent. The prospect of increasing prices, which will not be uniform, will further impact on low income households that do not have a financial 'buffer'.

High rates of Universal Credit claims and furloughed employees initially caused concern for the borough. During the summer of 2020, the claimant count reached 7.6%³, almost double the baseline rate from 2019-20. A total of 51,100 employments went on to furlough throughout the time of the Job Retention Scheme. However, the success of the scheme has meant that across a range of indicators the labour market is performing more strongly than expected. Despite furlough ending, redundancy and unemployment rates are lower than expected, pay and job vacancies are at a record high. Investment and property enquiries are below target but increased recently and there has been an uptake in manufacturing/industrial-type requirements enquiries and new jobs being created. However, some businesses are reporting recruitment difficulties.

Various grants have been made available to help economies across the country:

- Economic Recovery Grant to businesses
 - 363 expressions of interest
 - 266 are currently being processed
 - £1.17 million had been allocated of the £1.27 million overall budget
 - Final call for expressions of interest in February
- ARG capex grant
 - Delivered on behalf of the SYMCA to Doncaster companies
 - Round 2 - 14 companies applied for project grants support totalling £1.2 million
 - Creative and culture ARG has just opened up to a second round of applications
- Productivity programme
 - Engaged with 34 Doncaster companies with projects totalling £728,000
 - £364,000 allocated in grant funding
- South Yorkshire low carbon grant for businesses
 - Soft launched December 2021 and is taking applications
 - CRF Decarbonising Doncaster grant will go live January 2022
- Omicron Hospitality and Leisure Grant
 - Open for applications with grants of up to £6000 available
- COVID Additional Relief Funding
 - Doncaster allocation of £5.3m scheme in development and can support broader range of businesses to those that have received business support grants during 2020-22

During the Pandemic, as part of the Mayor's 10 Point Response Plan:

- The DN Community Hub supported almost 7,000 residents in various ways, including providing almost 2,900 food parcels and collecting 3,200 prescriptions
- Contacted more than 14,000 shielding residents – those people who are clinically extremely vulnerable to Covid19 – to offer support and assistance

¹ [Joseph Rowntree Foundation study on debt crisis](#)

² [JRF UK Poverty 2022](#)

³ Claimant Count (% of WA Population) (LRF)

- Provided over 3,500 residents with council tax holidays and paid out £244,540 in grants to 40 projects by voluntary groups who are supporting our communities, 20% of which has gone to BAME groups
- Supported businesses, with £53.3m being paid out to over 4,700 businesses - so far an additional 89 awards have been made to a value of £588,000 to businesses eligible for the discretionary grants scheme

Doncaster Delivering Together

The revised Borough Strategy (2030) Doncaster Delivering Together⁴, was launched in Autumn 2021. It builds on the successes of the Doncaster Growing Together Plan to transform the well-being of Doncaster people and places over the next 10 years. The Strategy includes 6 interconnected Wellbeing Goals which contribute to one overall Mission: Thriving People, Places and Planet.

The Fair and Inclusive Goal recognises that we all need to have our basic needs met before we can have the chance to thrive and society cannot flourish when there are inequalities between people and between communities. Through the engagement undertaken to develop the new borough strategy, a number of potential Wellbeing Essentials have been identified to ensure no one is left behind, six of which relate directly to the poverty renewal agenda (1-5 and 7). All the Wellbeing Essentials will be a key part of a relentless partnership effort to reduce inequalities and ensure everyone has the opportunities and capabilities to thrive:

Wellbeing Essentials	Why?
1. Homes	So everyone has an appropriate home that is decent (e.g. clean and warm with good facilities), secure and affordable - and are therefore free from fuel poverty.
2. Food	So everyone has access to the nutrition they need.
3. Income	So everyone can secure the income they need for at least a decent minimum living standard. Also ensuring residents can access debt advice and support if needed.
4. Digital Capabilities	So everyone has access to the digital connections and skills needed in the home, at work and when out and about.
5. Education	So everyone has access to the education and training that will allow them to achieve their goals in life.
6. Employment	So everyone has opportunities and support to access meaningful employment.
7. Social Contact	So everyone has access to social opportunities and support.
8. Greenspace	So everyone has access to quality greenspace (e.g. parks).
9. Influence	So everyone has the opportunity to influence positive change and has a voice in the decisions that affect them.
10. Safety	So everyone feels safe.
11. Health Services	So everyone has access to essential health services.
12. Social Equity	So everyone is free from discrimination and treated fairly.
13. Transport	So everyone has access to affordable, reliable transport.

⁴ [Doncaster Delivering Together](#)

3. Latest Data

We know that some of our residents are more likely to suffer from the effects of poverty than others. We have used a range of data to help us identify these groups of residents and used national research to help us understand their circumstances.

The Joseph Rowntree Foundation's Essential Guide to Understanding Poverty in the UK⁵ identified several cohorts in the UK population who are more likely to be in poverty than others:

- **Part-time workers and those who are self-employed** (*in Doncaster: nearly 30k part-time employees and 11k self-employed in 2020-21*)
- **Families: particularly lone parents; larger families; those with younger children or with a disabled family member** (*in Doncaster: families – couples and lone parents – with children under 18 accounted for 20% of households across the borough in 2019, while 48% of households contained at least one person with an illness/disability*)
- **Single pensioners: particularly women** (*in Doncaster: there are over 32.5k men and nearly 28k women over 65 years old, 15.9% of older people in deprivation*)
- **Social rented accommodation tenants** (*in the 2018 Doncaster Household Survey, 16% of respondents rent from the council and 2% rent from a social housing provider*)
- **Ethnic minorities** (*in the 2018 Doncaster Household Survey, 6.6% of respondents described themselves as having ethnicities other than White British*)
- **Disabled people: with men more likely to be in poverty than women** (*in the 2018 Doncaster Household Survey, 27% of residents in the borough reported having an illness/disability*)
- **Informal carers: those of working age; men more likely to be in poverty than women** (*approximately 33k in Doncaster*)

Citizens Advice Doncaster supported over 9.5k clients in 2021-22 (45% more than the previous year). This support resulted in nearly £1m income gained, as well as over £2m in debts written off and repayments rescheduled. Most clients were 30-44 years old, while 58% were female, 60% were not disabled/no health problems and 91% were white.

Appendix A sets out a range of indicators and benchmarks that give an overview of information linked to poverty and associated key factors.

Of the 316 local authorities in England, Doncaster is ranked 48th most income deprived. In 2019, 17% of Doncaster's population was income-deprived. In the least deprived neighbourhood in Doncaster, 2% of people are estimated to be income deprived. In the most deprived neighbourhood, 43% of people are estimated to be income deprived. Of the 194 neighbourhoods in Doncaster, 68 were among the 20% most income-deprived in England, while 13 were in the 20% least income-deprived.

The University of Sheffield's COVID-19 Places Economic Recovery Index (CoPERI)⁶ identifies the pattern of various metrics across different areas of the borough and has allowed identification of levels of financial resilience risk by area.

Key indicators include:

- Percentage change in actual hours worked between 2019 and 2020:

⁵ [UK Poverty 2022: The essential guide to understanding poverty in the UK | JRF](#)

⁶ [CoPERI](#)

- Doncaster residents experienced a 13.5% decrease in hours worked in 2020 relative to 2019 (equivalent to approximately 18,000 FTE jobs lost)
 - Elementary admin and service: -23%
 - Leisure and travel: -59%
 - Skilled construction: -34%
 - Health professionals: -5%
 - Science, engineering and tech (IT)= +3%
- Approximately 30% of the UK work force is working from home - residents of more deprived neighbourhoods are less likely to be able to work from home

A recent report by Citizens Advice predicts that, between the rising energy prices and increasing inflation, 5 million people across the UK will be unable to afford their energy bill after the price rise in April, while 14.5 million will be unable to afford their bill from October.

People on low incomes are most likely to be unable to afford price rises from April. A single person on benefits will still be spending a quarter (25%) of their standard allowance - the basic rate of Universal Credit - on energy bills. From October, this could increase to 39-47% of the standard allowance. Polling commissioned by Citizens Advice shows that nearly half (47%) of people on low incomes predict that they will fall behind on their essential bills, or cut back on essential spending.

Households on prepayment meters are already at a greater risk of fuel poverty. According to the most recent government figures, more than a quarter of households (31%) who pay for their electricity via prepayment are fuel poor. This is compared to 1 in 9 households (11%) who pay for their gas via direct debit. From April, more than half (52%) of prepayment customers expect to be unable to afford their energy, or to have to cut back on essentials or fall behind on other essential bills. This is compared to under 1 in 3 (27%) of people who pay by direct debit.

4. Our Approach

Poverty Renewal Group

To assess the coverage and gaps in provision across Doncaster, the Group developed a matrix tool which was used by locality groups, community teams and Public Health.

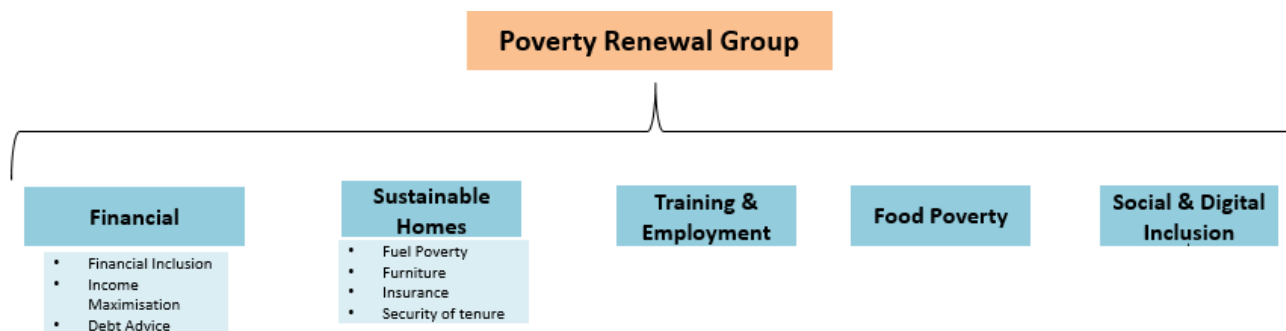
This considered:

- Purpose of initiative
 - **Prevention** of poverty & inequalities
 - **Mitigation** of the effects of poverty & inequalities
 - **Exit** from poverty
- Method of delivery, geographic coverage
- Theme or poverty issue, target group, general or specialised provision
- Effectiveness, reach & contribution to other objectives
- Current status & future plans

A large number of local VCFS groups provide support to mitigate or prevent poverty, often across multiple themes including financial exclusion, debt and food poverty. There is a mixture of universal services and those targeted at low income, older people or people with disabilities. Few services assisted with an 'Exit' from poverty – those in place were mainly providing financial advice and employment support.

Sub groups were established for a series of poverty themes, whilst acknowledging the crossover between many issues. With agreed leads, the sub-groups assessed current and future need, current provision,

potential interventions and measures. The sub-groups' have been intelligence led, with informed approaches and actions changing as required. Much has been achieved but there is a lack of progress in some areas – there is much more to do.



Targeted support

Although our approach to tackling poverty is generally borough-wide, we also target support to residents more likely to be experiencing difficulties. For example

- During the post-Christmas debt and money advice campaign, targeted information was sent to households subject to a 'benefit cap' and in rent arrears. This is more likely to be households with larger numbers of children.
- St Leger Homes of Doncaster provides tenancy support and 'Moneywise' services to their social housing tenants
- Additional funding, from the Local Solutions Community Hub Grant, has been provided to Citizens Advice and Age UK Doncaster to provide a collaborative information, advice and guidance service

Financial

- Assessed range and capacity of advice provision across the borough. Arrangements assessed as adequate with good coverage, collaborative arrangements between Voluntary organisations, and no backlogs (at the time)
- Initial messaging campaign to highlight advice and support available - social media, Covid newsletter to residents and VCFS newsletter. Feedback on style and content provided by CAB and their users. This was used to inform future communications and improve provision of information, advice and guidance.
- Joint Information and Advice campaigns via resident newsletters, social media & targeted communications
 - Involving DMBC, Citizens Advice, SLHD, DWP, Money & Pensions Service
 - Talk Money Week
 - Post-Christmas debt and money advice
 - Household support Fund
- Citizens Advice Doncaster provided with additional funding for advice 'pods' and outreach sessions within communities. Office accommodation provided in Civic Building
- Local organisations have established a Doncaster Advice Network. Information and training provided between organisations, including Personal Independence Payments and Debt advice

Training and Employment

Successful applications to the Community Renewal Fund (CRF) to:

- Address skills challenges via the 'Doncaster Progress' project. It uses an integrated 'skills accelerator' approach to address skills challenges across the borough exacerbated by Covid-19 and provide short flexible training and development interventions. The project further challenges businesses to innovate and invest in higher level skills.

- Stimulate large scale community innovation and enterprise activity via the ‘Doncaster Thrive’ project. It will support businesses to thrive, increasing their capacity to support higher-paid and higher-skilled employment.

The projects funded by the CRF will enhance work already underway to support training and employment opportunities such as targeted employment support from Advance, In-work Progression team, youth employment hubs and Launchpad.

Current training and employment provision includes:

- **Doncaster Employment Hub** – launched in 2020 as a single gateway to provide employment and careers support, self-employment and start-up business support and recruitment or redundancy support for employers.
- Key employment support programmes put in place or continued/reshaped:
 - **Youth Hubs** – local venues to address rising Youth Unemployment.
 - **National Careers Service** - careers information, advice and guidance, to help with decisions on learning, training and work at all career stages.
 - **Launchpad** – fully funded support to individuals and business related to self-employment, new business start-up and business growth.
 - **Advance** – employment advancement service to help people progress in their chosen career.
 - **Doncaster Employment Academies** at iPort and Gateway East – supporting residents to find out about and connect with available opportunities.
 - **Ambition** – support for unemployed and economically in active adults (18+) with multiple, significant and often complex barriers to enable them to move towards, or into suitable learning, training or employment.
 - **Community Wealth Building** - provides non-financial support to new and existing social enterprises offering business development packages, training programme, and networking opportunities that will increase the likelihood of survival and growth.
- New DWP provision:
 - **Kickstart** – DWP programme started in 2020 to support 18-24 year olds who had been impacted heavily during COVID in finding employment.
 - **Job Entry Targeted Support (JETS)** - Available to customers who have been unemployed and in receipt of UC or New Style Jobseekers Allowance for at least 13 weeks, and who must be motivated to find work and require light touch support.
 - **Positive Thinking** - provides a supported pathway, work through specific barriers and produce personalised Action Plan for customers that are furthest away from work due to Mental Health needs.
 - **Youth Work Preparation** - 2 week course for 18 – 24 year olds which focused on post lockdown confidence, motivation, communication skills and jobs searing for better interaction.
 - **Way to Work** - partnership between government and employers to get 500,000 jobseekers into work by the end of June 2022.
 - **Work and Health Programme** – provides targeted support for disabled people and other groups who need extra tailored support to find employment. For customers who want to work and with support they could move into work within 12 months.
 - **Intensive Personalise Employment Support (IPES)** – support in the form of work related skills, job search, access to volunteering and job taster sessions for people with a disability. For customers who want to work but are a bit more than 12 months away from being ready for work.
 - **Restart** – national programme introduced in 2021 to support customers who have been unemployed for a minimum of 9 months. Includes a dedicated employment advisor.

Food Poverty

- £5k grants to 21 food banks to support families and report data on provision – 6 foodbanks have reported seeing an increasing in people accessing provision (reasons given – rise of energy bills, cost of living and fuel costs; changes in benefits; or outstanding debts). Some foodbanks have seen a reduction in people accessing provision – the reasons for this are unknown.
- Winter Food Plan: Winter Plan and welfare support resources established for call centre staff and partners - can be used with Track & Trace.
- Community food providers to contribute to Delicious Doncaster food festival and showcase 'grow, cook, eat' approach.
- Food Network:
 - Food Educator recruited
 - Healthy Eating Sessions with Citizens Advice outreach
 - Six week food education courses, with links with food banks, Hubs & schools
- Household Support Fund for eligible people, providing:
 - Free School Meals in school holidays
 - £100 fuel payments
 - Support to food & hygiene banks
 - Any underspend to be redirected to Welfare Support Fund
 - Potential recipients identified from Revenues & Benefits records & targeted

Social and Digital Inclusion

- Superfast broadband is expected to be close to 99% coverage across South Yorkshire by June 2022. The current rollout is addressing rural areas and the government's Project Gigabit is just starting and includes parts of Doncaster.
- Issues around skills, broadband costs and equipment have not yet been looked at.

Sustainable Homes

Fuel poverty

- To reach the most vulnerable, we have created and updated new information, advice and guidance:
 - Created new posters and Healthy Homes videos:
 - How to keep your home warm in the short and medium term
 - How to keep children safe in the home
 - Shared information with our newly formed stakeholder group
 - Supported on winter communications, ensuring that appropriate information is shared in the winter booklet and on social media
 - Updated DMBC website content so residents can find appropriate information easier:
 - Tips to keep their home warm
 - Grants that apply to them
 - Urgent information, particularly in regards to the energy price crisis
 - Links and resources for other useful and trusted websites
 - Contact information for local support
- Embedded a variety of local and central government schemes such as the Boiler on Prescription (BOP) and Warm Home Discount and more.
- Energy Officers in the Sustainability Unit now offer advice to residents in regards to affordable warmth, working in a strengths based way to assess how people may be able to make their homes more comfortable.
- Hosted multiple training events to show staff how to spot the signs of a cold home and what they can do to help if they do spot a cold home. The largest event was attended by over 60 staff and partners.
- The Affordable Warmth Programme has provided boilers and/or radiators in 100+ households over a five-year period.
- The 2021/22 Boiler on Prescription scheme has 35 applications proceeding, costing just over £58k. Over £43k of ECO funding has been secured. Other support has included:

- 56 visits/interventions to help residents save money and keep their homes warm and safe.
- Over 100 Winter Warmth activities delivered to ensure residents and workers are aware of actions and support to keep homes warm and safe.
- Nearly 160 NHS, housing, communities and social care workers trained to raise awareness of the health impacts of cold homes and fuel poverty, as well as to outline effective action and support that can be provided to the people they work with.
- Review of Home Improvement Services to identify if there is a better way for residents to access services, improving their homes and lives in a strengths-based way.
- St Leger Homes of Doncaster:
 - Risk-based approach to new and existing tenants to support those most in need, with over 10,200 assessed so far
 - Targeted focus on disability benefits and pension credit claims
 - Length of time in support increased to almost double
 - Cross-service led Eviction Panel
 - Set up a partnership with Yorkshire Water to reduce historic debts and reduce monthly bills
 - Developing a partnership with Money and Pensions Service (MaPS)
 - Developing approaches for Mental Health and Substance misuse part of the Tenancy Sustainability offer
 - Continue to provide support to Foodbanks
 - Supporting Breathing Space tenants
- Well Doncaster work on budgeting, IAG, debt support, money management and energy support.
- Citizen's Advice Doncaster issuing Fuel Bank Vouchers (a top up voucher that provides approximately two weeks' worth of fuel to clients who use a prepayment meter to heat their home and to cook with) to support people who have been deemed as in 'crisis need' by an independent referrer – 17 vouchers issued by 11 April 22 since the scheme launched at the end of March 22.

Grants and support funds

- Household Support Fund:

A total of £2,986,255 was allocated to Doncaster Council. The period of the scheme is 06/10/21 to 31/03/22 so the scheme has nearly come to an end and the funding will be spent. As at 07/03/22, there was a total spend of £2,282,432 as follows:

 - £790,304 spent on schools issuing 44,085 shopping vouchers to parents of Free School Meals children for the school holidays (Oct/Dec/Feb half terms)
 - £197,430 spent by the Benefits Team issuing 2273 cash awards (direct into bank account) for food for children not on FSM but where the parent is receiving an eligible benefit
 - £1,025,400 spent by the Benefits Team issuing 10,254 cash awards (direct into bank account) of £100 each to those receiving an eligible benefit
 - £100,000 allocated to Doncaster Foodbanks
 - £15,000 allocated to the Hygiene bank
 - £154,298 Admin costs
- Discretionary Housing Payments:

This is an ongoing scheme where Doncaster Council are allocated Government funding every year, with top-up from SLH where necessary. The Government contribution in 2021/22 was £702,075. As at the end of February 22, £748,693 has been spent on 1483 awards.
- Local Assistance Scheme:

This is an ongoing Scheme and the budget in previous years was £300,000.

However, since the pandemic there has been increased demand and we had funding of £750,000 for this financial year. As at the end of January 22, £705,987 has been spent on 1866 awards.

- SLHD Tenancy Sustainability Scheme.
- Vulnerable Renters Fund (administered by SLHD) – available for private rented sector tenants in rent arrears at risk of losing their home.

Furniture

Tenants and social landlords consistently underline how the provision of furniture has a considerable positive impact on mental health, financial security and social wellbeing. It can also improve tenancy sustainability but there is a patchwork of provision in many areas.

- Providing new or nearly new furniture: SLHD will undertake a business case analysis of the feasibility to establish a furnished Homes scheme in Doncaster. This will be aimed at Doncaster Council social housing tenants in the borough but consideration will also be given to whether such a service could be offered to other social housing and proven landlords. This business case will be developed after April 2022.
- Recycling used furniture: SLHD intends to re-establish and expand Garage 32, a furniture recycling project. This was initially set up, as a pilot in the West area and was successful in supporting new or struggling tenants by storing and re-using furniture acquired from void properties. Following a joint pilot with Public Health to evaluate effectiveness, it was agreed to roll out the Garage 32 venture to all four housing management areas. Housing management areas in West, Central and East areas have set up with premises for storage of furniture and the North area are in the final stages of agreeing a lease with DMBC for the adjoining storage building. Stock levels from void properties have been slow to build up during the pandemic, due to practical and resource issues, however this position is expected to improve as resource levels begin to return to normal.

Insurance

We have not yet looked at this issue, but it is possible that opportunities for intervention may be limited.

5. Future planning

We will continue with an intelligence led approach, using a range of data sources to inform our work and targeted approaches across our communities.

One example is a study of the characteristics of people accessing the Citizen's Advice Bureau for advice about debt. Postcode data was used with Acorn geodemographic tools to increase our understanding and to help us target other, similar households that may also need advice. Most frequent categories of CAB debt advice users included:

- Lone parents
- Households with 3 or more children
- Social rented housing tenants
- Household with an income of less than £20k per annum
- Unemployed
- No access to a car

Results from the study also suggested a need for financial management support, advice and guidance for CAB debt advice users.

Similar analysis was done of the postcodes of those using the outreach community based IAG support from CAB. This will inform a business case for Better Care Fund support to expand and continue the community based model. The results of the analysis have been sent to CAB for use in other wider, general offers.

The proposed Doncaster Fairness and Wellbeing Commission will review the work of the Poverty Renewal Group, as well as the wider Renewal Board. It will develop potential solutions to help us build on this work and make a step change to address unfairness and poor wellbeing.

6. Actions for 2022

Wellbeing Essentials	Suggested Future Poverty Renewal Group Actions
1. Homes	<ul style="list-style-type: none"> • Options and business case development planned for Furnished Tenancy scheme • Re-establish and expand furniture recycling project, Garage 32 • Continue to deliver Affordable Warmth Programme, including delivery of Better Care Fund • Continue review of Home Improvement services to ensure they are supporting residents to live well in their homes, by ensuring appropriate adaptations according to need • Private Sector Stock Condition Survey - reflect on findings and explore ways to understand where to focus our efforts in order to reduce inequality across this sector • Explore ways to develop a preventative approach in the Private Rented Sector • Expand Healthy Homes videos - providing up to date and relevant information, advice and guidance to residents
2. Food	<ul style="list-style-type: none"> • Food Network developing local actions to meet National Food Strategy recommendations
3. Income	<ul style="list-style-type: none"> • Development of a Financial Inclusion Plan for 2022-23 by Well Doncaster • Future campaigns based on Talk Money Week Partnership with DMBC, MaPS, CAB, DWP – targeting those most in need
4. Digital Capabilities	<ul style="list-style-type: none"> • Not yet developed, although within the scope of the Social and Digital Inclusion sub-group
5. Education	Outside the scope of the Poverty Renewal Group
6. Employment	<ul style="list-style-type: none"> • Explore the reasons for high rates of UC when Doncaster has high levels of job vacancies • Using Shared Prosperity Fund and Levelling Up Fund to support job creation
7. Social Contact	<ul style="list-style-type: none"> • Not yet developed, although within the scope of the Social and Digital Inclusion sub-group
8. Greenspace	Outside the scope of the Poverty Renewal Group
9. Influence	Outside the scope of the Poverty Renewal Group
10. Safety	Outside the scope of the Poverty Renewal Group
11. Health Services	Outside the scope of the Poverty Renewal Group
12. Social Equity	<ul style="list-style-type: none"> • Further development of Acorn population profile data to identify likely need & inform targeted solutions • Delivery of Community Renewal Fund projects • Assessment of the range of communication methods available in communities • Your Life Doncaster website transition & revision of content
13. Transport	Outside the scope of the Poverty Renewal Group