



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, 1st September, 2022

Time: 9.00 a.m.

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Damian Allen
Chief Executive

Issued on: Tuesday 23 August 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.	2 mins (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. (A period not exceeding 15 minutes for questions from members of the public.)	15 mins (Chair)
6.	Declarations of Interest, if any.	1 min (Chair)
7.	Minutes of the Meeting of the Health and Wellbeing Board held on 9th June 2022. <i>(Attached – pages 1 – 8)</i>	2 mins (Chair)
8.	Health Protection Update. <i>(Presentation/Cover Sheet attached – pages 9 – 10)</i>	10 mins (Dr Victor Joseph)
9.	NHS South Yorkshire Integrated Care Board Update. <i>(Presentation/Cover Sheet attached – pages 11 – 14)</i>	20 mins (Anthony Fitzgerald)
10.	Update on Doncaster Joint Strategic Needs Assessment. <i>(Presentation/Papers attached – pages 15 – 24)</i>	45 mins (Allan Wiltshire/ Laurie Mott)
11.	Fairness and Wellbeing Commission Update. <i>(Presentation/Cover Sheet attached – pages 25 – 26)</i>	15 mins (Allan Wiltshire)
12.	Putting local people at the heart of the Doncaster Health and Wellbeing Board. <i>(Papers attached – pages 27 – 32)</i>	10 mins (Dr Rupert Suckling)
13.	Doncaster Economic Strategy. <i>(Presentation/Cover Sheet attached – pages 33 – 34)</i>	30 mins (Mitchell Salter/ Emily Adams)
14.	Compassionate Approach - Doncaster Talks Consultation. <i>(Presentation/Cover Sheet attached – pages 35 – 36)</i>	20 mins (Holly Campbell)

Date/time of next meeting: Thursday, 10 November 2022 at 9.00 a.m.

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
Anthony Fitzgerald	Executive Place Director (Doncaster), NHS South Yorkshire Integrated Care Board
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
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, 9TH JUNE, 2022

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

PRESENT:

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

Also in Attendance:

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

1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

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

2 APPOINTMENT OF VICE-CHAIR

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

3 CHAIR'S ANNOUNCEMENTS

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

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

4 PUBLIC QUESTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

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

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

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

7 HEALTH PROTECTION UPDATE

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

In particular, the presentation highlighted the following key points:

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

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

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

8 JOINT DELIVERY PLANS

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

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

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

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

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

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

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

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

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

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

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

9 BETTER CARE FUND END OF YEAR TEMPLATE

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

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

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

10 HEALTH AND WELLBEING BOARD FIRST ANNUAL REPORT 2021-22

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

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

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

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

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

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

11 PHARMACEUTICAL NEEDS ASSESSMENT 2022-25

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

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

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

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

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

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

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

12 SUBSTANCE MISUSE STRATEGIC UPDATE

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

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

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

It was then

RESOLVED to endorse the contents of the strategic update presentation.

13 EASY READ - ACCESSIBLE INFORMATION ABOUT PUBLIC SERVICES

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

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

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

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

14 DONCASTER FAIRNESS AND WELLBEING COMMISSION

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

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

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

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

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

RESOLVED to:-

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

15 FOR INFORMATION ONLY - CHANGING PLACES UPDATE

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

RESOLVED to note the update.

CHAIR: _____

DATE: _____



Doncaster Council

Doncaster Health and Wellbeing Board

Date: 1st September 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 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, focusing on COVID-19, and preparation for winter related to vaccination for COVID and Flu.</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.



Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 1 September 2022

Subject: NHS South Yorkshire Integrated Care Board Update

Presented by: Anthony Fitzgerald – NHS South Yorkshire Executive Place Director

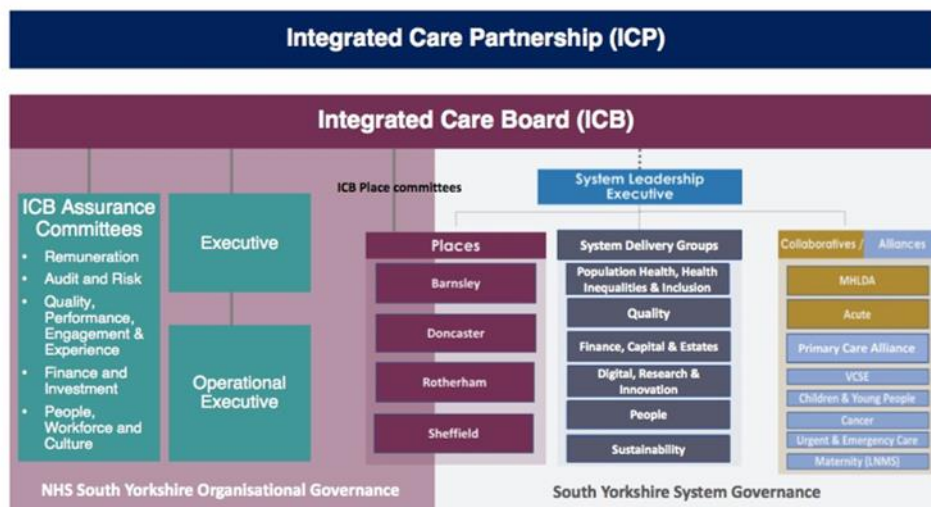
Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	x

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		
Equalities		yes
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
<p>NHS SYICB became an established statutory organisation on 1st July 2022.</p> <p>We work as a key partner within the <u>South Yorkshire Integrated Care System (ICS)</u> to collectively deliver health and care services that meet the needs of the local population. We work alongside our local councils and other partners to address health inequalities and wider determinants of health.</p> <p>Our Places include Barnsley, Doncaster, Rotherham and Sheffield.</p>

ICB Governance Structure

The first Board meeting of the NHS South Yorkshire ICB was held on 1st July



Partners in each of our places are working together as Place Based Health & Care Partnerships to improve health and care for local residents.

These partnerships are the foundation of Place development with relationships in each continuing to evolve and work taking place to deliver ambitious joint strategic plans for the health and care needs of their local population.

Each Place Base Partnership has a Local Plan with priorities. It sets out how partners will work together to help everyone in their locality.

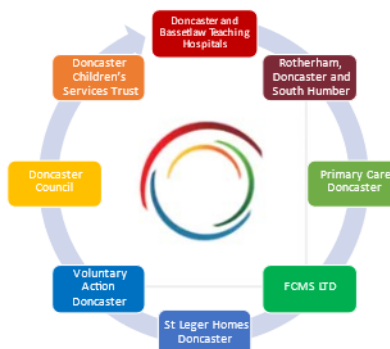
Doncaster Place Plan

Doncaster Partners have been working in a collaborative way for several years to transform Health and Social Care and partners are committed to a whole system partnership approach in order to:

- 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
- 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
- Continue to build on the compassionate and community centred approach and develop joint investment approaches to health and wellbeing

Doncaster Place Maturity:

- There is already a strong and embedded partnership model in Doncaster that includes all key partners
- Place governance has been developed collaboratively and agreed across all organisations
- Health and Social Care Joint Commissioning is well established
- Place Vision and Principles have been reviewed and milestones refreshed to provide a clear transformation plan for 2022/23
- Multi agency operational groups support the governance arrangements to drive forward collective improvement
- Transformation leaders report to Place Partnership Delivery Group through to the Place Partnership Board
- A range of joint roles are well established across Place
- A Provider Collaborative Agreement approved in 2018 which developed into the Place Agreement



Doncaster Place Priorities

The Doncaster Place Plan 2016-2022 was refreshed in 2019 and closely aligns to the Health and Wellbeing Strategy and Doncaster Borough Strategy for 2030: Doncaster Delivering Together

Our plans build upon successful CCG and Local Authority joint approach of previous years with a continued "Life Stage Approach"

- The five key areas of transformation for Place are supported by a number of enablers and underpinning principles.
- These are areas that will make the most impact if addressed collectively across health and social care.
- The priorities have been reviewed to ensure they remain relevant and are reviewed through the Partnership Board.
- Combination of national "must be done" – and locally agreed priorities for our Doncaster patients and residents with more of a "social focus".



Recommendations

The Board is asked to note the presentation and update from NHS South Yorkshire.

The update will inform the Health and Well Being Board approach to Doncaster and South Yorkshire strategic planning approach in 2022/23 and beyond.

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 1st September 2022

Subject: Update on Joint Strategic Needs Assessment (JSNA)

Presented by: Allan Wiltshire, Laurie Mott

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
Joint Strategic Needs Assessment	Y
Finance	
Legal	
Equalities	
Other Implications (please list)	

How will this contribute to improving health and wellbeing in Doncaster?
<p>The JSNA provides an intelligence overview of health and wellbeing in the borough. It should be used for strategic commissioning purposes to understand the needs and assets in communities as well as health and wellbeing outcomes. This presentation provides an update by showcasing:</p> <ul style="list-style-type: none"> the work done to date the insights gained from this the forward plan.
Recommendations
<p>The Board is asked to:-</p> <ul style="list-style-type: none"> Note the findings of the JSNA to date; and Note the forward plan.

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Doncaster Council

Report

**Agenda Item No. 10
1st September 2022**

To the Chair and Members of the Health and Wellbeing Board

Update on Doncaster Joint Strategic Needs Assessment (JSNA)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachael Blake Cllr Nigel Ball	All	No

EXECUTIVE SUMMARY

1. The JSNA provides an intelligence overview of health and wellbeing in the borough. It should be used for strategic commissioning purposes to understand the needs and assets in communities as well as health and wellbeing outcomes. The Health and Well Being Board (HWBB) agreed a revised JSNA policy in June 2021 as a continuous process of investigations and outcomes monitoring rather than a static annual document.
2. A presentation will be provided to the Health and Wellbeing Board. The presentation will give an update by showcasing the work done to date on the 2022 JSNA, The forward plan and the enabling infrastructure
3. Part of the forward plan includes writing a Doncaster State of Health Report. This has previously been published through a number of different formats – such as a standalone report to the HWBB or as a section within the Director or Public Health’s annual report. This year we have the opportunity to link this statement with the launch of the Fairness and Wellbeing Commission.

EXEMPT REPORT

This report is not exempt.

RECOMMENDATIONS

4. The Health and Wellbeing Board are asked to:
 - Note the findings of the JSNA to date; and
 - Note the forward plan.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. Improved health and social care intelligence to inform the Health and Wellbeing Strategy and strategic commissioning. Making data public will also help support transparent decision making and help external partner organisations understand population health challenges and opportunities for their own policy making.

BACKGROUND

6. The revised JSNA policy was agreed at the Health and Well Being Board (HWBB) in June 2021. An update was also provided to the HWBB in September 2021.

This update allows for an update now in September 2022.

As part of the discussion for this item, an update presentation will be given on

- The work done to date on the 2022 JSNA,
 - The latest information on the population level health outcomes
 - Latest information from the 2021 Census
 - Mortality and life expectancy
 - Pharmaceutical Needs Assessment (recap from previous meeting)
- The forward plan of future work and the programme of deep dives
 - (see attached plan document)
- The enabling infrastructure
 - New website

OPTIONS CONSIDERED

7. N/A

REASONS FOR RECOMMENDED OPTION

8. The Health and Wellbeing Board will have a chance to review progress to date, as well as the plan going forwards.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 9.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are supported to flourish• Inward Investment	<p>Looking at “wider determinates” data through a population lens will allow an understanding of the inequalities faced by Doncaster residents. This combined with more traditional health sets will allow for a greater understanding of the challenges across the communities as well as the assets to build upon.</p>

	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>The insights gathered from the intelligence will improve the commissioning and service development of the NHS, Public Health and social care services.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths 	

	<ul style="list-style-type: none"> • Working with our partners and residents to provide effective leadership and governance 	
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RISKS AND ASSUMPTIONS

10. There is a risk that publishing data is not enough to inform policy decisions. This is why there will be a focus on communication and dissemination as part of this work rather than merely publishing alone.

LEGAL IMPLICATIONS [Officer Initials HMP Date 11.8.22]

11. Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended by s192 Health & Social Care Act 2012) made Local Authorities and CCGs jointly responsible for the production of a Joint Health Needs Assessment through the Health & Wellbeing Board

FINANCIAL IMPLICATIONS [HR Date 16/08/22]

12. There are no financial implications arising as a result of this report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 23/08/22]

13. There are no direct HR implications in relation to this report.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...16/08/22]

14. The report and work plan refer to a new Team Doncaster and Data Observatory website – this will be an update to the design template currently used on Team Doncaster. The microsite is being developed on the Council's existing web platform, utilising new templates being delivered by Corporate Communications as part of the website and intranet improvement project. Officers have trained and have been adding content to the Team Doncaster website, the new design will go live in November 2022.

Work is progressing to schedule on the Digital Lab Vulnerable People Analysis, which is highlighted as an interdependent work package in the attached work plan.

Any additional emerging technology requirements to support the JSNA will require Digital and ICT engagement at the appropriate time.

HEALTH IMPLICATIONS [Officer Initials RL.....Date 12/08/2022]

15. The JSNA provides a strategic overview of health and wellbeing in the borough, with the JSNA work plan outlining the priority areas for analysis and assessment. The report should influence the commissioning of future services and the strategic goals of partners, ensuring that plans and specifications are based on data and intelligence about populations that is accurate and up to date.

EQUALITY IMPLICATIONS [Officer Initials JG Date 13.9.21]

16. Health inequalities are an important aspect of this report. Much of the work of the JSNA looks to understand the inequalities of health and wellbeing outcomes across the borough's communities.

CONSULTATION

17. The revised JSNA policy was agreed at HWBB in June 2021.

BACKGROUND PAPERS

- 18.
- The JSNA forward plan is attached
 - A presentation will also be delivered at the meeting, with the slides available following the meeting.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

- JSNA – Joint Strategic Needs Assessment
- HWBB – Health and Wellbeing Board

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 1 September 2022

Subject: Fairness and Well-being Commission

Presented by: Rupert Suckling & Allan Wiltshire

Purpose of bringing this report to the Board	
We have committed to bring back periodic progress updates to the Board regarding the Fairness and Well-being Commission.	
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	
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 Fairness and Well-being commission will help to better understand the lived experience of people across Doncaster and support the generation of new insight. This will help to ensure the support and services we collectively provide are best tailored to the people who need them.

Recommendations
The Board is asked to:- Note and comment upon the progress of the Fairness and Well-being Commission contained within the presentation.

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 1 Sept 2022

Subject: Putting local people at the heart of the Doncaster Health and Wellbeing Board

Presented by: Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	Yes
Recommendation to Full Council	
Endorsement	
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		
Legal		
Equalities		Yes
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
Improved engagement with local people can improve health and wellbeing. The report proposes a set of approaches, commitments and areas of focus to make this real.

Recommendations
The members of the Health and Wellbeing Board are asked to comment and agree on the approaches, commitments, and areas of focus. Members are asked for views on how to increase citizen voice in the Board itself.

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Putting local people at the heart of the Doncaster Health and Wellbeing Board

Introduction

The purpose of this report is to provide the Doncaster Health and Wellbeing Board with a set of options as to how the Board could put local people at the centre of its business and activity. The paper proposes a set of approaches, commitments and areas of focus to make this real.

Background

Engaging and empowering people is not only a goal for civic and democratic society but is a goal that supports improved health and wellbeing.

In 2012, when Health and Wellbeing Boards were first established the Doncaster Health and Wellbeing Board led the national early implementer network for patient and public engagement for health and wellbeing boards.¹ This provided a broad framework for the Board to act within. Since then, there have been a number of structural changes to health and care services as well as a move from technocratic approaches to health and wellbeing to more relational approaches. However, often the focus is on people already in receipt of, or soon to be in receipt of services and not on wider issues or on the views of future generations.

The members of the Health and Wellbeing Board have also developed new ways of working with local people ranging from Doncaster Talks, Doncaster Healthwatch commissions, coproduction approaches, adopting the Making it Real Statements, community led approaches including strengths based conversations, locality working, the Youth Council and young advisors.

Approaches

The Health and Wellbeing Board should use a range of approaches depending on the situation or issue. But wherever possible the Board should work with local people as opposed to doing things to or for them. Approaches include:

- Information Giving: Where local people are informed but have no influence i.e. a road closure due to an emergency
- Consultation: Where local people are consulted and their views influence the outcome, but they don't necessarily have the final say in decisions i.e. we want to know about the priorities in your community
- Co-Production: We do things together and it is jointly decided i.e. we want to develop a new strategy on social care and we agree this together with users and carers of services.
- Supporting Citizen Power: People lead and the Board stands back, supporting only when invited to do so e.g. a local community group wants to run the local park and the partners remove the barriers to making that happen

Commitments

Within each of those approaches the Board should commit to

- Listening and understanding
- Doncaster people will inform our policies and we will keep people informed
- Acting with purpose and inclusively

¹ <https://silo.tips/download/patient-and-public-engagement-for-health-and-wellbeing-boards>

- We will work with what already exists in communities, mobilising community assets and where possible increase community capacity

Areas of Focus

The following areas of focus are proposed

<p>Citizen Voice in the Board meeting</p>	<ul style="list-style-type: none"> • Review how to increase people’s voice in the Health and Wellbeing Board itself – local stories, public questions, check and challenge on any new strategy or approach presented at the board, public prioritisation of Board agendas, use of other venues, times or informal meetings • Planning groups and boards that report to the Health and Wellbeing Board to be co-chaired with people with lived experience • Continued focus on Making it real ‘I’ and ‘We’ statements • Regular Health and Wellbeing related Doncaster Talks, Healthwatch and partner activity • Regular feedback and discussion with the Inclusion and Fairness forum and other associated groups e.g. minority partnership board • Conduct Fairness and Wellbeing Commission
<p>Community led approaches to wellbeing</p>	<ul style="list-style-type: none"> • Continued focus on Asset Based Community development in the localities work • Maximise the use of local buildings and assets • Support the development of more peer led groups • Identifying and engaging with community connectors • Support Community Wealth Building
<p>Supporting the VCSE sector</p>	<ul style="list-style-type: none"> • Support the local infrastructure organisation – Voluntary Action Doncaster • Continue to develop investment approaches with the VCSE including the social isolation alliance • Support volunteering • Support the development of Community Anchor organisations- rooted in place
<p>Embedding social value</p>	<ul style="list-style-type: none"> • Support and grow the social economy and community businesses • Continue with alternative giving mechanisms, e.g. crowdsourcing
<p>Opportunities for Training and Development</p>	<ul style="list-style-type: none"> • Develop storytelling approaches and the use of broader arts and culture lens to highlight health and wellbeing challenges and hearing from people with different communication needs • Community engagement toolkit • Agreed reimbursement approach for coproduction • Training for local people on asset based community development • Training for staff in strengths based ways of working • Pooling and analysis of consultation and engagement activity • Mentoring and reverse mentoring • Encourage involvement in research • Agreeing a set of measures for good engagement • Understand the SYICB approach as it develops

Recommendation

The members of the Health and Wellbeing Board are asked to comment and agree on the approaches, commitments, and areas of focus.

Members are asked for views on how to increase citizen voice in the Board itself.

R Suckling

18 August 2022

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 1st September 2022

Subject: Doncaster Economic Strategy

Presented by: Mitchell Salter & Emily Adams

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

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>The development of a new Economic Strategy for Doncaster aims to build on the intention outlined in Doncaster Delivering Together to create a wellbeing economy – one that looks to improve the wellbeing of people, places and planet. The intention for our wellbeing economy is to be regenerative and inclusive, ensuring that our approach to the local economy reduced inequalities where possible, has compassion at its heart and starts to promote a greater recognition of the importance of health for the economy, and the economy for health (utilising the work of Sir Michael Marmot).</p>

Recommendations

As a strategic document, the input of the HWBB is vital in ensuring the developing work reflects inputs from health and wellbeing colleagues, make the correct connections with aspirations and pieces of work. At this stage we are developing the strategy through engagement and are:

- seeking input on what is important from HWBB colleagues that the strategy should reflect;
- identification of any key networks the strategy should link in with;
- outlining of key aspirations to embed health and wellbeing strongly with the economy.



Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 01/09/2022

Subject: Compassionate Approach – Doncaster Talks Consultation Findings

Presented by: Holly Campbell (Public Health Improvement Coordinator)

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

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>A person's weight is a complex issue governed by the interactions between multiple genetic and environmental factors. It is well evidenced that obesity disproportionately affects disadvantaged communities and is strongly associated with inequality and yet most interventions focus on individual responsibility to change behaviour without addressing underlying determinants that impact on health, wellbeing, and people's ability to take care of themselves.</p> <p>The compassionate approach to weight was presented to the Health & Wellbeing board in June 2021 and received endorsement from the board. A compassionate approach to weight incorporates more supportive measures that shift blame away from individuals; helps people navigate the unfair environments they live in; and fully acknowledges the mental and financial burden poverty and inequality places on people and the way it constricts their lives. The approach is a practical application of the Borough Strategy's goal: <i>'A compassionate Doncaster that improves the conditions and</i></p>

opportunities for better health and how we care for our most vulnerable’.

To inform the development of the compassionate approach to weight, a consultation was developed in partnership with academic support from the University of Leeds. The consultation encompassed three surveys; two were open to Doncaster residents - the first asking questions about food and eating habits, physical activity, and health behaviours, and the second focusing on experiences of weight management and weight stigma - and one was aimed solely at health & wellbeing professionals, to understand perceptions of weight, health, and stigma.

The results of this consultation will contribute to:

- An improved understanding of resident perceptions of health and wellbeing, and the factors locally that influence the quality of diets, the ability to be physically active, and how decisions are made regarding health and wellbeing.
- An improved understanding of local attitudes and opinions of weight, health, and wellbeing and the factors that influence weight stigma and stereotypes.
- An improved understanding of the current level of knowledge and attitudes towards weight-inclusive approaches to health, and the support required by the workforce

This will aid the development of the Compassionate Approach to weight, as well as informing multiple other work-streams including our Be Well service, HFSS advertising policy, Doncaster Food Network, Tier 2 service review, GDM network event, and others.

A snapshot of the results will be presented to the Health & Wellbeing Board, and the full results will be made available digitally.

Recommendations

The Board is asked to:-

Consider and note the information presented.