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#### Agenda

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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 March, 2023

**Time:** 9.00 a.m.

#### **BROADCASTING NOTICE**

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## Damian Allen Chief Executive

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Issued on: Wednesday 1 March 2023

Governance Services Officer for this Meeting

Sarah Maxfield Tel. 01302 736723 Sarah.maxfield@doncaster.gov.uk

City of Doncaster Council www.doncaster.gov.uk

Items for consideration		Time/ Lead
1.	Welcome, introductions and apologies for absence	2 mins (Chair)
2.	Chair's Announcements.	5 mins (Chair)
3.	To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)
4.	Public questions.	15 mins
	(A period not exceeding 15 minutes for questions from members of the public.)	(Chair)
5.	Declarations of Interest, if any.	1 min (Chair)
6.	Minutes of the Meeting of the Health and Wellbeing Board held on 12th January 2023. (Attached – pages 1 – 12)	2 mins (Chair)
7.	The Lived British Sign Language (BSL) User. (Oral presentation/Cover Sheet attached – page 13 – 14)	30 mins (Pauline Dunn)
8.	Update on Children & Young People's Mental Health Strategy and SEND Strategy. (Presentation/Cover Sheet attached – pages 15 – 32)	30 mins (Martyn Owen/ Emma Price)
9.	South Yorkshire Integrated Care Strategy. (Papers attached – pages 33 – 110)	15 mins (Dr Rupert Suckling)
10.	Director of Public Health Annual Report 2022. (Papers attached – pages 111 – 144)	15 mins (Dr Rupert Suckling)
11.	Putting Local People at the Heart of the Doncaster Health and Wellbeing Board. (Papers attached – pages 145 – 150)	15 mins (Dr Rupert Suckling)
12.	Joint Health and Wellbeing Strategy. (Papers attached – pages 151 – 154)	15 mins (Allan Wiltshire)
13.	For Information Only –	
	Health Protection Assurance Group Minutes. (Papers attached – pages 155 – 164)	

Date/time of next meeting: Thursday, 8 June 2023 9.00 a.m. Council Chamber, Civic Office, Waterdale, Doncaster DN1 3BU

### Members of the Health and Wellbeing Board

Name	Job Title
Cllr Rachael Blake	Portfolio Holder for Children's Social Care, Communities and
(Chair)	Equalities
Anthony Fitzgerald	Executive Place Director (Doncaster), NHS South Yorkshire ICB
(Vice-Chair)	
Cllr Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture and Planning
Dr Rupert Suckling	Director of Public Health, City of Doncaster Council
Sheila Lloyd	Interim Chief Executive RDaSH
Andrew Bosmans	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, City of Doncaster Council
Riana Nelson	Director of Children, Young People & Families, City of Doncaster
	Council
Cllr Andrea Robinson	Portfolio Holder for Adult Social Care
Cllr Cynthia Ransome	Conservative Group Representative
Chief Superintendent	District Commander for Doncaster, South Yorkshire Police
Ian Proffitt	
Ellie Hunneyball	Group Manager, South Yorkshire Fire and Rescue
Dan Swaine	Director of Economy & Environment, City of Doncaster Council
Dave Richmond	Chief Executive, St Leger Homes
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Director (Arts & Health), Darts (Health and Social Care Forum
	Representative)
Cath Witherington	Chief Executive, Voluntary Action Doncaster



## Agenda Item 6

#### CITY OF DONCASTER COUNCIL

#### HEALTH AND WELLBEING BOARD

#### THURSDAY, 12TH JANUARY, 2023

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, DONCASTER, on THURSDAY, 12TH JANUARY, 2023, at 9.00 a.m.

#### **PRESENT:**

Chair - Anthony Fitzgerald, Executive Place Director, NHS South Yorkshire Integrated Care Board (Vice-Chair in the Chair)

Councillor Nigel Ball, Cabinet Member for Public Health, Leisure, Culture and Planning 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 (DBTH) Phil Holmes, Director of Adults, Health and Wellbeing, City of Doncaster Council Dave Richmond, Chief Executive of St Leger Homes of Doncaster Riana Nelson, Director of Children, Young People & Families, City of Doncaster Council Steve Shore, Chair of Healthwatch Doncaster Lucy Robertshaw, Health and Social Care Forum Representative Laura Sherburn, Chief Executive, Primary Care Doncaster

#### Also in Attendance:

Mrs R Job
Councillor Glynis Smith
Dr Nabeel Alsindi, GP and Place Medical Director, SY ICB
Laura Quinn, Public Health Improvement Co-ordinator, City of Doncaster Council
Mitchell Salter, Senior Policy and Insight Manager, City of Doncaster Council
Emily Adams, Policy and Insight Manager, City of Doncaster Council
Ruth Bruce, Doncaster Place Partnership
Rachael Leslie, Deputy Director of Public Health, City of Doncaster Council
Louise Robson, Public Health Lead, City of Doncaster Council

#### 39 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

It was noted that apologies for the meeting had been received from the Chair, Cllr Rachael Blake, Cllr Andrea Robinson, Sheila Lloyd and Cath Witherington.

#### 40 CHAIR'S ANNOUNCEMENTS

Anthony Fitzgerald (in the Chair) made the following two announcements:-

"Members will recall that in June 2022 we received the first annual report of this Board, which highlighted the work of the Board over the previous 12 months. This is just to give everyone a heads up that Rupert's team will be in touch with Board members over the coming weeks asking you to provide updates on the activities and areas of focus that have featured prominently in your respective organisations over the past year." Dr Rupert Suckling added that the next Annual Report would be received by the Board at its meeting in June 2023.

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"At the moment, our health and care services are under significant pressure through various perfect storms, such as increased demand and industrial action. As Executive Place Director for South Yorkshire Integrated Care Board, I wish to place on record my thanks to all members of staff across our organisations who have worked professionally and compassionately across some very difficult weeks and continue to do so."

#### 41 PUBLIC QUESTIONS

Mr Tim Brown addressed the Board on his lived experiences of racism. He expressed concern that it was now 20 years since the Council commissioned a report by Professor Gus John and no action had been taken on the recommendations. More recently, an OFSTED report had highlighted that the ethnicity details of looked after children were not being recorded, which was an issue that had been articulated 20 years ago. Mr Brown explained that despite the fact that he and his family worked in the NHS, they were excluded and could not have their say on things such as the OFSTED report or the newly formed Fairness and Wellbeing Commission. Mr Brown continued by outlining the achievements of his children, despite the barriers they had faced through their lived experiences of racism.

In conclusion, Mr Brown asked how this Board was planning to commemorate the 75<sup>th</sup> Anniversary of the Windrush Generation and recognise the contributions made by people who looked like him working in the NHS, and he stated that he would be happy to help with any arrangements. Mr Brown also pointed out that at a meeting of the South Yorkshire Integrated Care Board (ICB) in October last year, Mr Gavin Boyle (CEO) and Mr Oliver Coppard (Mayor of South Yorkshire) had agreed to apply an antiracist lense to tackling health inequalities and create a psychological safe space to enable people like himself to have their say. Mr Brown hoped that this was being taken forward. He also stated that he was privileged to be reverse mentoring a senior leader within the NHS and he encouraged others to get involved in similar initiatives if they were given the opportunity.

In response, the Chair thanked Mr Brown for his statement and gave an assurance as an NHS employee that there was a commitment within the ICB and wider NHS to continue to adopt an anti-racism stance and he was sure that this was the case in all the partner organisations represented on the Board.

With regard to the Fairness and Wellbeing Commission, Dr Rupert Suckling explained that this was due to commence in January and membership nominations had been

sought from the Minorities Partnership Board. He added that there would also be opportunities for all people to have an input into the Commission's work.

Richard Parker reported that the Doncaster and Bassetlaw Teaching Hospitals Trust had operated a reverse mentoring programme for a couple of years and that the vast majority of its Executive Directors had undertaken the programme. He also advised that the Trust had become the first NHS organisation to qualify to use the RACE (Reporting Action Composition Education) Equality Code Quality Mark, following work undertaken with Dr Karl George. This Code had been developed to help organisations take action to improve race equality within the workplace. Furthermore, the Trust was supporting the national Breaking Through Programme, which was being used by the NHS and NHSI as a vehicle to fast track candidates from BAME backgrounds into senior management posts within the NHS. Richard concluded by outlining the efforts being taken by the Trust and all NHS organisations to tackle health inequalities, and he cited as an example the work developed in Calderdale and Huddersfield to narrow inequalities in waiting lists, which was being built on and used in Doncaster.

The Chair confirmed that following the discussion on health inequalities at the Board's last meeting and the Board's commitment to extend training on health inequalities to non-Executive members across all of the partner organisations, Mandy Espey was putting the necessary arrangements in place for this to be delivered.

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Mrs Rhonda Job addressed the Board on the difficulties faced over the past 18 months by her elderly and severely disabled husband in obtaining face-to-face contact with a doctor and access, in general, to Primary Care services. Having outlined her husband's medical history and given details of the numerous health conditions he had been treated for, Mrs Job gave a number of examples where he had not been seen directly by a doctor. She stated that since the pandemic, it had become very difficult for people to access a doctor and in her experience from talking to other people, direct contact with doctors often appeared to be the last option open to patients these days, after self-help and visiting their local pharmacy or even the Accident and Emergency department, which she did not feel was acceptable or appropriate.

Mrs Job referred to the Primary Care network and stated that she had read the contract that all individual practices had signed up, including the conditions that they were supposed to adhere to. One such condition was the provision of out of hours appointments. She explained that in her local practice, out of hours appointments were not being advertised or promoted and she knew from speaking to other people that this was the same in other practices. In light of this, she asked who was monitoring and checking that practices across the primary care network were meeting the conditions in their contract, and whether any system was in place such as 'mystery shoppers' visiting these practices as patients. Mrs Job added that it often seemed as though the service provided by general practices these days was geared more towards their own support staff than meeting the needs of patients.

During subsequent discussion, Dr Nabeel Alsindi thanked Mrs Job for presenting the Board with a very helpful set of observations. He stated that no one was going to pretend from the General Practice and pharmacies side, nor colleagues from acute and community health trusts, that the level of service provided to patients during the pandemic had been adequate. He also felt that those patients who had been most

adversely affected during this time due to services being under strain were those who were most vulnerable, with a range of complex needs, as in the case of Mrs Job's husband. He commented that it appeared to be in the cases of low-level health complaints where the system was breaking down, with patients being referred to A&E when they should be directed to their local pharmacy instead, for example.

On the question of monitoring, Anthony Fitzgerald explained that a range of qualitative and quantitative indicators were looked at in relation to primary care, including utilisation of the additional capacity provided by weekend and evening appointments. Alongside this, patient feedback was also collected and studied, both from primary care surveys and from the patient participation groups. Anthony stated that he wished to give an assurance that the messages coming from the patient feedback with regard to the present difficulties being experienced by people were being taken on board and closely monitored. He confirmed that access to primary care services was a key priority for Doncaster Place and stated that he would be happy to have further dialogue with Mrs Job outside of the meeting, to provide her with further details of the actions being taken to improve the situation. He added that the Board would also be happy to have further reports and discussion on the subject of primary care at future meetings, given that this was such a high priority issue at the current time.

Steve Shore then gave further details of the Patient Participation Group (PPG) Network that was administered by Healthwatch Doncaster, which brought together all of the Doncaster PPGs, and encouraged Mrs Job to join her local group. He also drew attention to the Care Opinion website, which was a platform enabling members of the public to make positive or negative comments on health and care services they had received, and which was a primary source of information used by Healthwatch Doncaster.

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The Chair informed the Board that the following question had been submitted by Mr Wayne Goddard on behalf of the Doncaster Dementia Collaborative who was unable to attend today's meeting in person:-

"Based on current data and captured lived experience of people effected by dementia living in Doncaster, it is clear the position has in fact deteriorated not improved since our question was discussed at the HWB in June 2021. Can the HWB explain what is being done to address this declining position?"

The Chair then read out the following joint response from the ICB/LA in relation to Mr Goddard's question:-

"The Strategy which is currently in development is much broader than the current procurement process which includes the pre/post diagnostic service, and the Community therapy services. The Strategy will be developed jointly with partners and is not just about commissioned services but how dementia impacts Doncaster across several pathways and how we can set actions to improve this.

The decision to undertake a full procurement exercise for these services was made in 2020 to ensure procurement law was adhered to and all providers were made aware of this decision. The development of a Strategy was agreed by partners and encompassed into the Ageing Well Delivery Plan in 2021 and a Strategy development group established thereafter.

With regards to the engagement work, this was a commissioned piece of work and Healthwatch undertook the engagement across Doncaster. The Dementia Deep Dive which was undertaken in late November 2019 was also a significant piece of engagement work. In addition to ongoing feedback from people with dementia and their carers and other stakeholders, engagement with the Dementia Collaborative and these two significant pieces of work demonstrates intense engagement throughout which has informed and shaped the specifications.

People with lived experience have evaluated both elements of the service and the specifications allowed for the development of co-producing the offer. I can confirm that now the procurement has closed, no award has been made for either element of the services. It is the intention that a further procurement will be undertaken early 2023.

In relation to the data, the dashboard has only recently been updated. The reduction in rates in several areas has been significantly impacted by the pandemic. Every effort has been made with providers during the Accountable Care Partnership meetings to engage them with wider work that is happening across Doncaster, some are now engaging with the localities work and a lot of effort has gone into coproducing Dementia Pages on Your Life Doncaster with them and people with lived experience.

We are also working with providers to implement actions linked to winter/cost of living crisis alongside immediate actions to improve services based on the findings from the insight report."

The Chair confirmed that a copy of this response would be sent to Mr Goddard after today's meeting.

Lucy Robertshaw stated that she was slightly concerned from a community and voluntary service perspective that the procurement exercise for the community therapies tender and one other service had closed with no award being made. There was little information as to future plans regarding the delivery of these services, other than some market place events taking place in February, but there had clearly been some delays and problems in the procurement process.

Arising from discussion on the three public questions received at today's meeting, Dr Rupert Suckling undertook to liaise with the Chair of the Board to identify ways of scheduling the above 3 topics into future HWB meetings as main agenda items for discussion, to be led by people with lived experience. Lucy Robertshaw also highlighted the importance of not losing sight of the difficulties faced by people with learning disabilities in terms of health inequalities.

Richard Parker felt that more work was needed to communicate and explain to people how health care services had changed as a result of the COVID-19 pandemic and that they were unlikely to ever return to the pre-pandemic model. He stated that there was a need to match expectations with the reality of delivery, in the light of increased demand for services and competing pressures. This being the case, he stressed that going forward, there would need to be a focus on working with communities to ensure that people accessed the right service at the right time to get the right result.

Councillor Nigel Ball added that there appeared to be a certain level of confusion felt by the public in terms of how to access health services and what was available these days, and he felt that this could be helped by having effective information, advice and guidance provided to people at their first point of contact. To this end, it was important that the person taking the call or enquiry was suitably qualified and knowledgeable in order to be able to signpost people to the correct service. This change was needed alongside a culture shift so that people began to ask themselves the question "Do I need to see a doctor about this?"

#### 42 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

## 43 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 10TH NOVEMBER 2022

<u>RESOLVED</u> that the minutes of the meeting of the Health and Wellbeing Board held on 10<sup>th</sup> November, 2022, be approved as a correct record and signed by the Chair.

#### 44 SOUTH YORKSHIRE INTEGRATED CARE STRATEGY

The Board received the latest draft of the South Yorkshire Integrated Care Partnership's (ICP) Integrated Care Strategy. The Strategy was a legal requirement for the Department of Health and Social Care and had been developed by the SY ICP between September and December 2022. It covered the years up to 2030 and was seen as the beginning of a journey with the people and communities of South Yorkshire.

Dr Rupert Suckling outlined the background to the establishment of the ICP and summarised the key areas that had been looked at in developing the Strategy. It was noted that the challenge would be how to translate the 4 shared outcomes through the joint commitments across South Yorkshire. With regard to next steps, it was reported this Board, together with the Council's Cabinet, would be asked to endorse the Strategy, once finalised, and then the focus would need to be on delivery and implementation of the Strategy's goals, outcomes and ambitions.

During subsequent discussion, Board members discussed/commented on various points in the Strategy, including:-

- The very short timescale provided for the development of the Strategy;
- Positives within the Strategy included the prioritisation of children and young people having a good start in life, and the recognition that economic regeneration and skills development were key to improving people's health and wellbeing, in addition to health factors.
- The Strategy was very well written and well informed, and extremely ambitious, but measurability and demonstrating the impact of the Strategy's outcomes/ambitions would need future focus.
- The reasons for the timescale of 2028/30 for achieving the aims on page 15 of the Strategy were discussed (which was linked to 3 year data cycles)
- Dave Richmond gave his observations on the references within the Strategy to housing, particularly the need for good quality housing. While he welcomed the focus in the Strategy on the health impacts of housing, he felt that the Strategy

was lacking in ideas as to possible actions/solutions to the issues raised. He explained that the vast majority of people would be living in ageing housing stock in the future, not new housing stock, so a change in emphasis was needed, as the Strategy tended to focus on the need for good, new housing, which would only represent approximately 1% of the future total housing stock. Dave also pointed out that with regard to the much publicised issue of damp, mould and condensation in some properties and the impact this was having on people's health, this was often linked to deprivation, caused by people not feeling able to heat their homes due to energy costs, and was not always due to the poor condition of buildings. He felt, therefore, that the links between poverty/fuel poverty and health and housing could be clarified and strengthened within the Strategy.

#### **RESOLVED:**

- 1) To note the latest draft of the Integrated Care Strategy; and
- 2) That the above comments/observations on the draft Strategy be fed back to the ICP by Dr Rupert Suckling.

#### 45 SOUTH YORKSHIRE CHILD DEATH OVERVIEW PANEL ANNUAL REPORT

The Board received the South Yorkshire Child Death Overview Panel (CDOP) Annual Report for 2021-22. In outlining the background to the Annual Report, Dr Rupert Suckling confirmed that there was a South Yorkshire CDOP group, together with individual Panels for the Barnsley, Doncaster, Rotherham and Sheffield areas. It was explained that, because child deaths were relatively rare, having a South Yorkshire group allowed the data to be pooled, which enabled improved identification of themes, trends and shared learning than could be achieved at the individual CDOP level.

Dr Suckling reported that during the past year, at a South Yorkshire level, a thematic review had been undertaken into maternal obesity and its impact on child mortality. On a local level, the Doncaster Panel had focused on two areas, one being suicides, with the suicide contagion protocol being instigated and learning areas identified and shared with relevant agencies, and the other being deaths in children related to unsafe sleeping. Dr Suckling concluded by summarising the salient points in the data around causes of death at the back of the report, which had seen a rise in deaths caused by chromosomal, genetic or congenital anomalies, and he explained that steps were being taken to quicken the completion times for reviews in Doncaster in the future.

In response to a question regarding the higher number of child deaths in Doncaster compared to Barnsley, Dr Suckling explained that Doncaster was much bigger than Barnsley and he explained that the focus of this report was on the recording of deaths rather than the numbers of deaths. He also pointed out that infant mortality rates in Doncaster were improving. Dr Suckling also explained the reasons behind the reported increase in numbers of child deaths in the 0-28 days age group across South Yorkshire.

Richard Parker stated that he had shared the Annual Report with the Local Midwifery Neonatal Services to ensure that there was joined up working. He explained the importance of recording maternal BMI, as referenced in the Report, as this drove a higher acuity in relation to the needs of the mothers at birth, and in the perinatal, antenatal and postnatal periods and this, in turn, was driving an increased demand for

midwifery staff, as the numbers of mothers presenting for delivery at the higher acuity levels 4 and 5 were significantly increasing. It was therefore noted that the recording of the maternal BMI data was vital not only for improving outcomes for mothers and their babies, but also from a resourcing perspective to assist in anticipating future demand within maternity services.

Riana Nelson stated that she was keen to see the relationship between the CDOP and the Council's wider children's services strengthened and would be happy to engage with the Panel in looking at ways of improving reporting processes and timescales.

Arising from discussion, Dr Rupert Suckling undertook to feed back comments to the Doncaster CDOP regarding including in future reports a section on the 'Voice of the Child, Young Person and Family', as referenced in Sheffield CDOP's report, and also a suggestion of applying an equalities lens to child deaths in order to identify any correlations with deprivation and other factors.

RESOLVED to note the Annual Report.

#### 46 <u>BREASTFEEDING - A PUBLIC HEALTH PRIORITY</u>

The Board received a presentation by Laura Quinn, Public Health Improvement Coordinator, on the importance of breastfeeding as a public health priority, particularly in relation to its positive impact on climate change, the cost of living crisis and food insecurity.

The presentation outlined the reasons why breastfeeding should be promoted and protected, and pointed out that breastfeeding as a positive contributor to climate change and food insecurity was much less publicised. It was therefore important to not only promote the positive effects of breastfeeding which extended wider than health, but also create an environment where those who chose to breastfeed had the support in place to do this for as long as they wished. This involved Doncaster businesses/venues signing up to "We support our Mums" (breastfeeding welcome scheme) and City of Doncaster Council and other partner organisations having a breastfeeding policy in place. The presentation also included an animated video which had been funded by South Yorkshire ICB that highlighted the positive impact of breastfeeding on the environment and climate change.

During subsequent discussion, the Board acknowledged that the positive benefits of breastfeeding in terms of the environment and climate change were often overlooked and welcomed the video as a useful means of getting this message across. It was recognised, however, that the audience was wider than just Mums – it was also extended families, employers and the wider support networks. On this point, Laura outlined the extensive range of support that was available to Mums, such as the infant feeding teams at DBTH and within Health Visitors, together with the support provided by the family hubs, and other services such as a breast pump scheme. However, she acknowledged that more could be done to promote and raise awareness of the support services that were available to help enable Mums to breastfeed their babies.

In response to a question as to the availability of the video and where this would be shown, Laura explained that the video had only just been obtained, but it was intended that it would be available for viewing on a number of different platforms and disseminated widely, including a new infant feeding page on the Council's website.

She added that it could be made available to any other organisations wishing to use it upon request.

After various Board Members had given a commitment within their respective organisations as employers to consider the introduction of a breastfeeding policy for their employees, where this was not already in place, it was

#### RESOLVED to:-

- 1. Consider and note the information presented.
- 2. Continue to support breastfeeding as a public health priority, acknowledging all associated benefits.
- 3. Assist in encouraging venues to sign up to We Support Our Mums, noting that any business open to members of the public is able to join the scheme for free.
- 4. Request that Doncaster Council, as an employer, implements a breastfeeding policy, demonstrating to employees returning to work that we support them.

#### 47 <u>DONCASTER ECONOMIC STRATEGY 2030</u>

The Board received a presentation by Mitchell Salter, Senior Policy and Insight Manager and Emily Adams, Policy and Insight Manager on Doncaster's Economic Strategy 2030, which had been approved by the Council's Cabinet on 14 December 2022.

The presentation outlined the key themes, economic missions and mission priorities in the Strategy and, in particular, explained how a new approach had been taken with the aim of placing health and wellbeing at the core of the Strategy.

The Board discussed at length the links between health and economy and how these were mutually supporting. Members recognised the important contribution that the health and social care sector made to the local economy in terms of its income, being the largest employer in the city, as well as the significant contribution made by its employees as citizens of Doncaster. This contribution was therefore on two levels, the first being the value of health in respect of maintaining a healthy and resilient workforce, and the second being the contribution the sector made towards the economy as regards employment and income.

Members also recognised that Doncaster played a significant role in training a third of all health and social care students in South Yorkshire, but because the students were based in Sheffield, this meant that Doncaster was losing an economic advantage to its neighbour. With this in mind, the Board agreed that it was vital that thought was given to Doncaster's strategy for developing health and social care over the next decade, including ways of bringing health and social care education into the City. Riana Nelson pointed out that the possibility of Doncaster becoming a University City was currently being investigated, which would bring with it the potential for developing new educational pathways and local provision in Doncaster and she explained that partner engagement on the proposals would be carried out at the appropriate time.

The Board also discussed the importance of making Doncaster City centre an attractive place for people to live, study and work, if it was to bring businesses and people in. On this point, it was noted that a significant amount of work was being undertaken by the Council's Business Doncaster team in relation to attracting inward investment into the City. Members were also informed that a refresh of the urban centre masterplan for Doncaster was planned, which would consider what was needed to develop the city centre of the future.

Dr Rupert Suckling commented that this was just one of a whole suite of Team Doncaster strategies which were all inter-related and therefore each strategy also needed to be viewed in the context of other strategies. As regards the Economic Strategy, Rupert added that he would like to see more focus on the locality way of working included in the Strategy.

Phil Holmes informed the Board that Doncaster's local account for adult social care was due to be considered by the Cabinet next week. Included in the local account was the priority to "create and sustain more employment opportunities for autistic people, people with a learning disability and people in contact with secondary mental health services". He felt this interface between adult social care activity and the work of the Strategy was a good example of the types of collaboration between the objectives of the Economic Strategy and Health and Wellbeing improvements that needed to be identified.

In response to a question regarding the future of the Working Win initiative, Mitchell Salter explained that this project was now being delivered on a regional basis, and that new referrals had been suspended while the financing of the scheme from April 2023 was being looked at. However, he stressed that it was important to draw out the positive learning lessons from this project regardless of how the scheme may progress in the future, and he explained that some of this work would be progressed via alternative routes, such as through the employment hub at the Council.

Richard Parker also spoke on the importance of ensuring that there was joined up working between the health service and the chamber of commerce and local entrepreneurs so that they could take advantage of any possible commercial enterprise opportunities arising from new developments, such as the 2 new major capital schemes in relation to the Mexborough Community Diagnostic Centre and the Mexborough Elective Orthopaedic Centre, both of which had the potential to introduce opportunities for wealth generation.

In response to a comment by Steve Shore, Mitchell Salter confirmed that the Council was working with colleagues in the city of Pittsburgh, USA to learn from their success in transforming the city's economy in the health care, education and technology industries. This included work in relation to education and skills, business support, and learning from economic gardening principles.

In terms of next steps, Board members also discussed how the delivery of key actions could be taken forward by Team Doncaster partners across the multiple strands within the Strategy, from a health and wellbeing perspective.

#### **RESOLVED to:-**

1. Recognise and endorse the Doncaster Economic Strategy 2030.

- 2. Recognise and endorse opportunities to align the actions of the strategy with improving health and wellbeing in Doncaster.
- 3. Outline further opportunities for collaboration between the objectives of the Doncaster Economic Strategy 2030 and Health and Wellbeing improvements including recommended prioritisation based on the upcoming work of the Health and Wellbeing Board.

| CHAIR: | DATE: |  |
|--------|-------|--|



## Agenda Item 7



Doncaster Health and Wellbeing Board

Date: 9 March 2023

Subject: The Lived British Sign Language User – Doncaster & District Deaf

Society Borough-wide

Presented by: Pauline Dunn – Trustee, Secretary and Treasurer

| Purpose of bringing this report to the Board:- To highlight gaps, inequalities and access to services for the British Sign Language User living in Doncaster. |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Decision                                                                                                                                                      |     |
| Recommendation to Full Council                                                                                                                                |     |
| Endorsement                                                                                                                                                   |     |
| Information                                                                                                                                                   | YES |

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

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

This oral presentation will provide the Board with a valuable insight into the lived experiences of British Sign Language (BSL) Users in Doncaster.

#### Recommendations

The Board is asked to:- Discuss and note the contents of the presentation.



## Agenda Item 8



Doncaster Health and Wellbeing Board

Date: 9 March 2023

**Subject:** Update on CYP Mental Health Strategy and SEND Strategy

**Presented by:** Martyn Owen and Emma Price

| Purpose of bringing this report to the Board |                               |
|----------------------------------------------|-------------------------------|
| Decision                                     | x                             |
| Recommendation to Full Council               | х                             |
| Endorsement                                  | х                             |
| Information                                  | Update on recent developments |

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

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

Update on impact of local Young People's Mental Health Strategy, which is based around young people's ambitions for improvements to mental health services.

Update on new Strategy to improve lives and outcomes of those who are 0-25 with SEND. This will improve experiences and outcomes from the health, social care and education systems in Doncaster.

#### Recommendations

The Board is asked to:-

- Accept updates on the mental health and SEND Strategies
- Agree to receiving future updates





Updates for Health and Wellbeing Board

Children and Young
People's Mental Health and
Wellbeing Strategy: 20222025

Impact and Next Steps

## Delivery: Completed Actions in 2022







| ACTION                                                                                                                                                                                                                                                     | STATUS                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Develop and launch and 24/7 platform for children and young people to access peer support and mental health and wellbeing resources.                                                                                                                       | Complete (October 2022)   |
| Develop, launch, and embed a consistent communications approach and standard across the partnership, including for external providers, with a specific focus on the Early Help support available to families.                                              | Complete (November 2022)  |
| Establish the role of the Educational Psychology (EP) service in training staff as mental health first aiders.                                                                                                                                             | Complete (September 2022) |
| Launch an enquiry- including focus groups in each phase of education- to gain a clear understanding of the specific disadvantages related to the provision of mental health services being faced by schools, communities, and localities across Doncaster. | Complete (October 2022)   |
| Ensure that mental health is a standard agenda item at SENCo networks and that all mental health leads are invited.                                                                                                                                        | Complete (November 2022)  |
| Conduct audits of the first 20 schools. Compile a report on the identified strengths and weaknesses and commission bespoke support and professional development for each school.                                                                           | Complete (November 2022)  |
| Consult with schools to identify their shared top-5 priorities for a staff mental health and wellbeing support offer.                                                                                                                                      | Complete (May 2022)       |
| Research and commission a digital solution for assessing neurodevelopmental disorders.                                                                                                                                                                     | Complete (June 2022)      |
| Work with digital providers to ensure seamless transfer between clinical pathways and digital providers.                                                                                                                                                   | Complete (December 2022)  |
| Work alongside the SEND team to ensure that schools and SENCos are clear on the graduated approach and the threshold for a referral into diagnostic pathways.                                                                                              | Complete (November 2022)  |
| Review the current GDA process, ensuring that changes are made as per Community Paediatric discussions.                                                                                                                                                    | Complete (December 2022)  |
| Expand established MHST (Mental Health Support Teams) into more primary and secondary provisions across Doncaster.                                                                                                                                         | Complete (October 2022)   |
|                                                                                                                                                                                                                                                            | A LIER HATCHER TO         |

## Delivery: Implementation Summary for 2022







- 12 actions completed between May and December 2022.
- 8 actions in progress or near to completion as of December 2022.
- Successful completion of actions across health, early help and education.
- Use of a small implementation group to drive the strategy forward has been key to our successes.
- Review has highlighted that there is a requirement for stronger ownership and lines of reporting between individuals responsible for delivery and priority leads. When setting up the new implementation group we will better consider the most appropriate priority leads.
- Future action planning will better consider the remit of the strategy to avoid duplication with other strategies or out of remit actions.
- Learning from this round of implementation will also help us to better consider appropriate timeframes for actions and better plan for disruptions.
- We also intend to have a much stronger link between our priorities, actions and performance metrics to better monitor and demonstrate impact.

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## Impact: 2022 Performance Data

- 91.5% of Kooth users would recommend the service as of October 2022
- Referrals for urgent and emergency appointments for CAMHS remain stable.
- Since May 2022 referrals for non-urgent CAMHS appointments have started to reduce from a high of 78 to 36 in November.
- The percentage of children seen within the 8-week targeted time frame has risen to 89%.
- The percentage of children seen within the targeted timeframes for urgent and emergency referrals remain at 100%.
- The longest waits for General Developmental Assessments has reduced from an August 2022 high of 86 weeks to 75 weeks in November 2022.

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## Delivery Aims and Principles: 2023-2025











Prevention and early intervention at every opportunity.







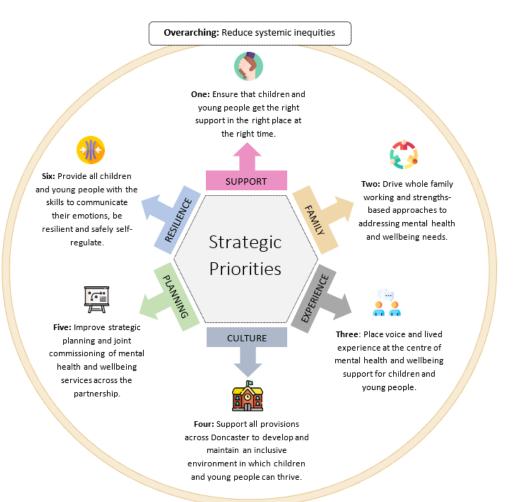
- These principles sit across the mental health, early help and SEND workstreams and are focused on ensuring a consistent message across these three interlinked strategies.
- They act as the underpinning priorities for our delivery aim which is to ensure children, young people and families get the right support at the right time to prevent them from needing statutory services (Tier 4).
- Our messaging is also focused on reinforcing the concept that early help is not a specific service but a way of thinking and working.

## Proposed Strategic Priorities: 2023-2025









- Our refreshed strategic priorities have been formed from the results of extensive consultation via Doncaster Talks, feedback from Young Advisors and professionals and analysis of current and emergent data trends from key groups such as SEMH proactive monitoring and support.
- We are also focused on addressing systemic inequities and our plan is to consider this aim within the context of each of the six priorities.
- We are currently reviewing these and intend to sign them off at the next mental health strategic group.

## Strategic Priorities: Links to the 9 WELLBEING Ambitions







| WELLBEING AMBITION                                                                                                                                                              | PRIORITIES LINK |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Wellbeing Hubs: Creating local hubs for young people, giving them somewhere to go, something to do and somebody to talk to.                                                     | Priority One    |
| Emotions: Young people are aware of their emotions and how to express them in a healthy way.                                                                                    | Priority Six    |
| Learning: Educating young people, parents and carers, school staff, and professionals around supporting young people with their wellbeing.                                      | Priority One    |
| Listened To: Ensuring that young people have a say in decisions that are made around their mental health and wellbeing.                                                         | Priority Three  |
| Be Kind to Yourself: Promote the importance of self-care in wellbeing.                                                                                                          | Priority Six    |
| Empower: Allow young people to have their voices heard and to be involved in the strategic decision-making process.                                                             | Priority Five   |
| Information: Raise awareness of the services that are available and invest in a young person dedicated digital platform led by young people where all information is connected. | Priority One    |
| Needs: Meet the basic human needs of all children and young people in Doncaster to ensure that they feel happy, healthy, safe, and supported.                                   | Priority Four   |
| Growth: Ensure that all children and young people have the support they need to grow and achieve their full potential.                                                          | Priority Two    |

# SEND Strategy:2022-2025

Context, Development and **Implementation** 



#### Context: Current Context in Doncaster







- Steep rises in SEND identification:
  - Overall: +18% since 2017.
  - Statutory assessment requests: +84% since 2017.
  - EHCPs: 2019- 1898, 2022- 2414 and increasing rapidly.
  - Out of authority placements: 2019- 70, 2022- 177 now at a cost of £15m.
- EHCP 'timeliness' has dropped significantly.
- High needs overspend to be £18m by 2023 and is projected to reach £60m by 2026.
- Spending on ASD and SEMH needs in mainstream and out of authority schools is increasing more than in other areas.
- Recent shift in proportion of young people moving out of mainstream via EHCP process, particularly at transition points.
- Out of authority placements are significantly higher than most statistical comparators, especially for SEMH.

## Feedback: Children, Young People and Families







## What could be done to improve how quickly a child or young person is diagnosed or has their needs identified and met?

Regular meetings, more support and easily available advice.

More training within schools so that signs are noticed earlier.

Additional funding for more staff to help shorten waiting lists and timescales for diagnosis.

#### If you aren't happy with the support your child receives, how can support be improved?

More clear information on what support families are entitled to and what is available.

Better support from CAMHS.

Better communication from school around what they are doing to support my child's needs.

## What can be done to make sure SEND children and young people access good quality training and employment when they leave school?

Teach more independence skills.

More support and employability schemes.

Gain support from local employers by holding an open event or providing incentives for providing SEND children with work experience or training.

## Development: Key Issues to Address







- Timeliness of response
  - There is currently no established tradition of early intervention approaches for SEND. Too often expertise and funding comes too late and dependence on the EHCP route is not sustainable.
- Local Authority Role
  - The LA role as a system leader is underdeveloped and leading to inconsistencies in practice, expertise, modelling, and commissioning.
- High Turnover of SENCos
  - The lack of central support for the role and ensuring it has the correct status, time, guidance.
- Inconsistencies in Mainstream Provision
  - This is particularly apparent around the management of mental health, behaviour, and SEND support strategies.
- Lack of Sufficiency Planning
- Wider Workforce Knowledge and Expertise
- Experience for Parents, Carers and CYP is not always positive.

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## Delivery Aims and Principles: 2023-2025











Prevention and early intervention at every opportunity.



expertise in the right place at the right time.





- These principles sit across the mental health, early help and SEND workstreams and are focused on ensuring a consistent message across these three interlinked strategies.
- They act as the underpinning priorities for our delivery aim which is to ensure children, young people and families get the right support at the right time to prevent them from needing statutory services (Tier 4).
- Our messaging is also focused on reinforcing the concept that early help is not a specific service but a way of thinking and working.

## **Priorities: SEND Strategic Priorities**









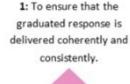


TRANSITION

6: To improve the use of information across the partnership to better inform strategic planning and joint commissioning.



5: To deliver positive, well planned transitions for young people with SEND to ensure that they are prepared for adulthood.



Strategic

**Priorities** 

**PROVISION** 

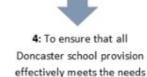


quality, partnershipwide response to children and young people's mental health needs.



3: To ensure that neurodevelopmental pathway support meets the needs of all in a consistently timely manner.

- The SEND strategy outlines six strategic priorities.
- These are designed to address the most pressing areas of need in Doncaster and to complement our shared delivery principles.
- They also link with action priorities identified in other partnership strategies.





of students who have SEND.



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# Strategic Priorities: Links to the 9 WELLBEING Ambitions









| WELLBEING AMBITION                                                                                                                                                              | PRIORITIES LINK |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Wellbeing Hubs: Creating local hubs for young people, giving them somewhere to go, something to do and somebody to talk to.                                                     | Priority Two    |
| Emotions: Young people are aware of their emotions and how to express them in a healthy way.                                                                                    | Priority Two    |
| Learning: Educating young people, parents and carers, school staff, and professionals around supporting young people with their wellbeing.                                      | Priority Four   |
| Listened To: Ensuring that young people have a say in decisions that are made around their mental health and wellbeing.                                                         | Priority Five   |
| Be Kind to Yourself: Promote the importance of self-care in wellbeing.                                                                                                          | Priority Two    |
| Empower: Allow young people to have their voices heard and to be involved in the strategic decision-making process.                                                             | Priority Six    |
| Information: Raise awareness of the services that are available and invest in a young person dedicated digital platform led by young people where all information is connected. | Priority Three  |
| Needs: Meet the basic human needs of all children and young people in Doncaster to ensure that they feel happy, healthy, safe, and supported.                                   | Priority One    |
| Growth: Ensure that all children and young people have the support they need to grow and achieve their full potential.                                                          | Priority One    |

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## **Priorities: Key Action Areas**







- Develop a long-term sufficiency plan to address the lack of in-borough provision for young people with SEMH needs and outline the future of our specialist provision. This includes developing the range of mainstream Post-16 provision.
- Improve the EHCP process by addressing timeliness, the quality of contributions and developing stronger case work.
- Develop a strong culture of early intervention and adherence to the graduated approach so that needs can be met by specialist support teams at an earlier stage without an EHCP.
- Do more to involve children, young people, parents and carers in co-production so that their voices form a key part of our future work.
- Improve preparation for adulthood and transition planning.
- Improve the effectiveness of the GDA pathway.
- Revise the school funding model so that funds can be distributed at the earliest point based on need, in a locality setting and with strong moderation from the Local Authority and peers.
- Develop a revised CPD offer, handbook, and charter for SENCOs.

Develop a revised wider workforce SEND CPD offer.

### Agenda Item 9



Doncaster Health and Wellbeing Board

Date: 9 March 2023

**Subject:** South Yorkshire Integrated Care Strategy

Presented by: Dr Rupert Suckling

| Purpose of bringing this report to the Board |   |
|----------------------------------------------|---|
| Decision                                     |   |
| Recommendation to Full Council               |   |
| Endorsement                                  |   |
| Information                                  | х |

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

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

This strategy is a legal requirement for the Department of Health and Social Care and has been developed by the South Yorkshire Integrated Care Partnership between September and December 2022. It covers the years up to 2030 and should be seen as the beginning of a journey with the people and communities of South Yorkshire.

#### Recommendations

The Board is asked to:-

NOTE and COMMENT on the strategy and consider any IMPLEMENTATION issues.



# SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY



# A message for the people and communities of South Yorkshire:

In South Yorkshire we want everyone to live happy and healthier lives for longer. We know times are tough with the ongoing effects of Covid-19 and the rising cost of living, our engagement shows that having access to high quality care and support is important for our community. That's why we're working together as a partnership to make sure you have the support you need.

We're committed to listening to you, involving you, and responding to your needs. This strategy was created by our newly formed Integrated Care Partnership between September and December 2022 and will guide us up until 2030. It's a legal requirement, but we see it as just the start of a journey with all of you.

We're excited to work alongside our communities and the amazing people in our voluntary, community, and social enterprise sector. And we want this strategy to continue to improve and evolve through your involvement, because your health and well-being is important to us all. Let's work together for a happy and healthy South Yorkshire.

#### **Foreword**

## The Mayor of South Yorkshire - Oliver Coppard

This strategy is a test; a test we are setting ourselves. Included in that test are questions we have asked ourselves before. And if we do not rise to the challenge this time, we will be back here again in a few years' time to ask ourselves those questions again. And within those intervening years yet more people – our friends, colleagues and neighbours – will have had their lives blighted, their careers cut short, and their happiness undermined by ill health.

So I am determined we will make a positive difference to the health of our communities across South Yorkshire, and this strategy is where we start. We have to challenge ourselves to think radically about what we do and how we do it.

That's why this strategy is so important as we look ahead over the next decade to 2030. If we achieve the goals in this strategy we will improve the health of our communities across Barnsley, Rotherham, Doncaster and Sheffield, tackle deep seated inequalities in health outcomes and access, make the most of the resources we have, and make sure our health and care services support our wider objectives as a region; making South Yorkshire a healthier, wealthier and happier place.

If we're going to achieve those goals, we will need to use not just the £3.8bn spent on health and care but also the wider £16bn



of public services spent in South Yorkshire each year to help those who need it most. We will need our 72,000 strong health and care staff to have the skills and resources they need to support our communities.

We need all our public services, such as employment support, transport and housing, to promote good health. We will need to listen to and strengthen our voluntary and community sector and recognise them as the equal partner they are. And we will need to put the lived experiences of our diverse communities at the heart of the way in which we work.

There are no shortage of great assets and examples of good practice across South Yorkshire upon which we can build however, there is no denying the scale of the challenge we face; those challenges are longstanding and complex. Some people in our communities will live shorter lives than others, by as much as nearly a decade in some cases. Life expectancy in South Yorkshire is no longer going up, something that has not happened in the last 40 years. There is healthy life expectancy gap of 20 years between some of our communities. And around a third of people across our region are living in some of the most deprived parts of our country.

So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

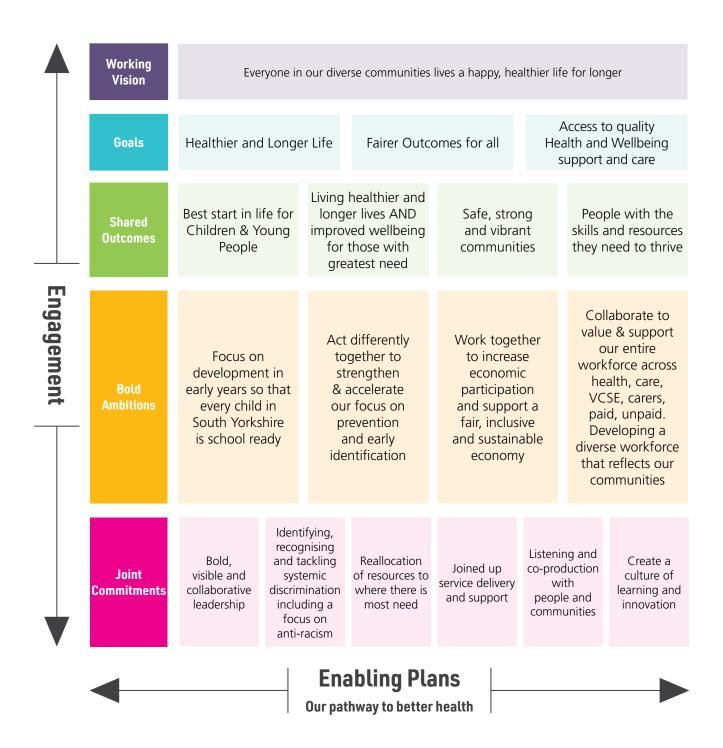
Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of this we will continue to put our community's voices and needs first. This is our plan for a healthier, happier South Yorkshire.

#### **Oliver Coppard**

Mayor of South Yorkshire

#### Summary Plan on a Page

## Our Shared Outcomes, Bold Ambitions and Joint Commitments



#### **Bold Ambitions**

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

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What matters most to me about my health and wellbeing is to live in an equal society. Only through equality can health equity be achieved. I want to live in high-quality housing, in pedestrianised, green, and clean neighbourhoods, with local community facilities and assets prioritised. I want to live in a city that takes care of the most vulnerable, and where everyone is valued. I want to receive compassionate and destigmatising care from health and wellbeing professionals, that empowers me to take control of my life and health. I want to be able to access the resources to take care of myself and my community.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

In South Yorkshire the membership of our Integrated Care Partnership (ICP) was proposed by the Health and Wellbeing Boards in the four local authority areas – Barnsley, Doncaster, Rotherham and Sheffield and NHS South Yorkshire. We have worked hard to ensure there is a rich diversity of voices and perspectives represented and will continue to do this across the life of this strategy. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority became Chair of the South Yorkshire Integrated Care Partnership

in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is vice chair. By developing our ICP in this way we have built upon our existing partnerships and aligned with Health and Wellbeing Boards. Work continues to increase diversity and inclusion in our Partnership and to further strengthen representation from our Voluntary, Community and Social Enterprise Sector as an equal partner, linking with the developing Voluntary, Community and Social Enterprise (VCSE) Sector Alliance.

### Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive Voluntary, Community and Social Enterprise Sector and a broad range of health and care services providing a strong foundation for improvement. South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care, advanced manufacturing, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

There are, however, some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this to improve outcomes for everyone in South Yorkshire. We are committed to working together to take action to address health inequalities and improve healthy life expectancy. We will work together as partners, with people and communities and our voluntary, community and social enterprise sector. Our ultimate ambition is in line with the Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK and this strategy is our initial staging post.



The 'Marmot Review 10 Years on' report<sup>1</sup>, published prior to the Covid-19 Pandemic, found unprecedented declines in health nationally over the decade before Covid-19. Improvement in health in the UK had slowed dramatically, inequalities had increased and health for the poorest people in society had got worse. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. Health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.

This is our initial Integrated Care Strategy developed within the challenging timeline set nationally at a time when there is immense pressure across the health and care system. We have endeavored to engage broadly, to listen to what matters to people living in South Yorkshire and actively engage with our wider partners in the development of this Strategy. We will build on this and continue to engage and involve as the Strategy evolves and we translate its ambition into delivery.

## What is the South Yorkshire Integrated Care System – an overview

Partner organisations across
South Yorkshire have a long history
of collaboration. The first
Sustainability and Transformation
Partnership was established in
2016. This then became one of
the first non-statutory Integrated
Care Systems in England in 2018.
Following the Health and Care Act
2022 a statutory Integrated Care
System (ICS) has come together
from July 1st.

Partners have already started to break down organisational barriers so that we can wrap support, care and services around people and improve lives. In Barnsley, Doncaster, Rotherham and Sheffield, our Local Authorities, NHS partners, the Voluntary, Community and Social Enterprise Sector and many others have strengthened the way they work with each other and have joined forces where it makes sense to do so and where it makes a real difference to the public, patients, and staff.

Our pledges in 2016 were to give people more options for care while joining it up in communities and neighbourhoods, to help people to stay healthy, tackle health inequalities, improve quality, access and outcomes of care, meliorate workforce pressures and introduce new technologies. We paid particular attention to cancer, mental health and primary care, and the two key enablers of workforce and digital technology. Since then, much has changed - the impacts of the Covid-19 pandemic and the more recent cost of living crisis provide a very challenging backdrop as we set out our new strategy.

But we remain focussed and committed in our goal and undeterred for the people of South Yorkshire. We will build on our commitment to the quadruple aim, set out in our **Health and Care Compact** and use the new system architecture and partnerships and our renewed vision, ambition and commitments to go further faster on health inequalities. We will also build new partnerships with agencies outside the ICS to support improved and more equitable health and wellbeing for all and focus on those with greatest need.



New statutory Integrated Care Systems have been set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

### Integrated Care Systems have four key purposes:

- 1 Improving outcomes in population health and health care
- 2 Enhancing productivity and value for money
- Tackling inequalities in outcomes, experience and access
- Helping the NHS to support broader social and economic development

#### They are made up of:

 An Integrated Care Partnership - a statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners.

The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. They are rooted in the needs of people, communities and places, oversee population health strategies, drive integration and take an inclusive approach to involvement.

 An Integrated Care Board, which is an NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members, including Healthwatch, Mental Health and the Voluntary Care Sector representation. The South Yorkshire Integrated Care Partnership covers the 1.4 million people and families living in Barnsley, Doncaster, Sheffield and Rotherham.



## Places, Collaboratives, Alliances and Networks

Places: In each of our communities of Barnsley, Doncaster, Rotherham and Sheffield we have well established place-based health and care partnerships already working well together to provide joined up integrated health and social care, support and services by creating integrated multidisciplinary neighbourhood teams to meet the needs of local people. These are the cornerstone of our health and care system and already have delegated authority from the new NHS South Yorkshire to plan, determine and deliver for local communities.

**Collaboratives:** Our hospitals, mental health trusts and primary care organisations have also established strong collaborative arrangements. These Provider Collaboratives have been developed to further strengthen partnership working between our hospital and care providers to support joined up sustainable health and care services building resilience across organisations and pathways of care. They include:

- Mental Health Learning Disability and Autism Provider Collaborative (including acute, community and specialist services)
- Acute Hospital Provider Collaborative (including acute, elective and diagnostics children's and specialist services)



Alliances & Networks: Important Alliance arrangements have also been developed where partners across whole pathways or sectors come together to integrate and improve services and care support. These include:

- Primary Care Alliance (including general practice, pharmacists, dentists, and optometrists)
- Urgent & Emergency Care Alliance
- Children and Young People's Alliance (CYPA)
- Voluntary, Community and Social Enterprise Sector Alliance (VCSE)
- Cancer Alliance
- Local Maternity and Neonatal Network (LMNS)
- Social Care Networks and Clinical Networks



The South Yorkshire Mayoral Combined **Authority** (SYMCA) is a formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council, It covers the same population and is led by, rather than an elected Mayor. Its Strategic Economic Plan for the region recognises the critical interdependency of health, the economy and having good work. It aims to deliver a stronger, greener and fairer economy, one which reduces social and health inequalities. Oliver Coppard was elected as Mayor of South Yorkshire in May 2022 and is the Chair of the Integrated Care Partnership. One of his Mayoral priorities is the health and wellbeing of local communities, and he has a personal ambition to make South Yorkshire the healthiest region in the country.

We tend to think as our health as being mostly the product of our own energies, whereas in fact health outcomes and the inequalities in those outcomes are largely shaped by social, environmental, commercial and economic conditions in which we live. Our chances of experiencing good health and wellbeing, and maximising the length and quality of our lives, depend on the circumstances and environment within which we are born, live, work and age. Good health outcomes and health inequalities are rooted in socioeconomic circumstances. Many of the levers for improving population health, such as quality education, good employment, comfortable, quality housing, connectivity, healthy local neighbourhoods and commercial environment reside with our local authorities and SYMCA, making our partnership a unique opportunity to make a real difference.

## Listening to our communities in creating this Strategy

To develop our strategy, we started by understanding what matters to people living in South Yorkshire by:

- Gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see page 69).
- Building on this with a campaign to gain new insights: 'What Matters to You'.

Our early insight-gathering identified the following key themes:

- Awareness the need for more information about health prevention and availability of different health and social care services.
- Access making it easy for people to access health and social care services and removing barriers
- Agency enabling people to have the information, tools and capacity to make informed decisions and be in control of their lives.

Our 'What Matters to You Campaign' took place over November. Working with our local Healthwatches and VCSE we asked people a single question. We reached out to as many people as possible in South Yorkshire, including our health and care workforce,

children and young people, under-represented and socially excluded groups and asked 'What matters to you about your health and wellbeing?' The 'live feedback' from our campaign has been actively used to shape and inform our Strategy. The following key themes have emerged in addition to those from the early insight and they have been used to shape our strategy:

- Access to care
- Quality of care
- Improving mental health and wellbeing
- Support to live well
- Wider determinants of health
- Affordability

All the quotes throughout this Strategy are taken directly from our engagement work and the insight gathered informs our goals, shared outcomes, bold ambitions and joint commitments outlined in the next section. We have endeavoured to engage broadly and acknowledge the national timeline for development of this initial Strategy has made it challenging. There is a strong commitment from ICP members to continue to engage and involve as the Strategy evolves and we translate it into delivery. This will include continuing to work with our local healthwatches and VCSE to engage with local people in neighbourhoods.

## Our vision, strategic goals and shared outcomes for South Yorkshire

Our strategy to better health starts with people and families living in our communities.

Our Vision is that **Everyone in our diverse communities lives a happy, healthier life for longer.** Our vision is in line with Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK.

We have developed our initial strategy at a significantly challenging time for all partners. We are recovering from the covid pandemic, managing increasing operational and workforce pressures and responding to periods of industrial action. All these substantial factors are together creating an incredibly challenging environment for our health and care services and contributing to the access issues and increasing waiting times being experienced by people living in South Yorkshire.

Access to high quality services is identified as what matters most to people in South Yorkshire from our recent engagement work. Addressing access issues, including access to primary care, urgent and emergency care, mental health services and the increasing waiting times for hospital services are a key area of focus for our immediate delivery plans, with work already well underway upon which we will continue to build.

To improve access to services we know that we need to better understand the barriers people face and how we can work together with them and our VCSE partners to overcome these barriers to address inequalities in access. Alongside ensuring we have sufficient capacity in services to meet demand.

Addressing inequalities in access, improving access to services for those with the greatest needs will actively contribute to addressing health inequalities in South Yorkshire. So we commit to work together to address our immediate challenges through our delivery plans, in a way that builds towards our longer term vision to address health inequalities in South Yorkshire.



This strategy is our initial staging post, through which we are making a commitment to work together to take action to address health inequalities and improve healthy life expectancy in South Yorkshire.

Creating the environments and economy that create and support health and allow people to thrive, now and in the future.

#### **Our Strategic Goals**

Our vision is underpinned by three overarching goals. We want to see the people in all our communities:

- 1 Live healthier and longer lives
- 2 Experience fairer outcomes
- Have access to quality health and wellbeing support and care

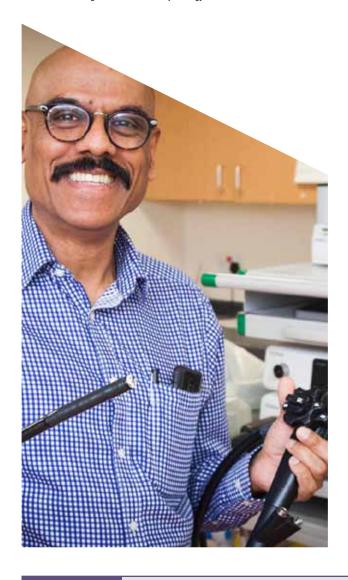
Our success in these goals will ultimately be determined by improvements in Healthy Life Expectancy (HLE), the gap in HLE between the most and least deprived groups, eliminating inequalities in access and experience and unwarranted variation between our communities.

#### Our aim is to:

Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30

Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30

Close the gap in healthy years lived between the most and least deprived groups in South Yorkshire



Our vision and goals are supported by **four shared outcomes** which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of **Starting Well, Living Well** and **Aging wel**l and act as an enabler in this strategy for current plans. These are:

- 1 Children and young people have the best start in life
- People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- People are supported to live in safe, strong and vibrant communities
- People are equipped with the skills and resources they need to thrive

Working Vision

Everyone in our diverse communities lives a happy, healthier life for longer

Goals

Healthier and Longer Life

Fairer Outcomes for all

Access to quality Health and Wellbeing support and care

Shared Outcomes

Best start in life for Children & Young People Living healthier and longer lives AND improved wellbeing for those with greatest need

Safe, strong and vibrant communities

People with the skills and resources they need to thrive

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together.

## Where are we now?

The impacts of the pandemic have been unequal and unfair and have highlighted inequalities which have been there for some time in South Yorkshire. Learning from the pandemic has provided us with an expanded view of inequality and to consider the importance and interplay of housing, employment, environment, skills and transport (as key wider determinants of health) and their fundamental impact on health and wellbeing. We are fortunate to have many excellent care and support services across South Yorkshire, however, as a result of the pandemic and the impact on our workforce these have become stretched and under significant pressure over a prolonged period. We know from our engagement work, our communities value simple and timely access to high quality care and for this to support both physical and mental health needs. Our strategy and delivery plans which follow will address this and our focus will be on enabling equitable access to care and support.

### Understanding the Population Health Needs and outcomes in South Yorkshire

Inequalities cost lives. People of South Yorkshire are living shorter lives than they should. The average number of years a baby born today in South Yorkshire can expect to live is 1.5 years less that those living elsewhere in England.



Not only are we dying younger, but we are living less years in good health, around 3.6 more years of life in poorer health than other areas in England. 37% (527,000) of people living in South Yorkshire live in the most 20% deprived areas nationally. Men and women living in the most deprived parts of South Yorkshire die around nine years earlier than those living in the most affluent parts of South Yorkshire. People who live in the most deprived areas are also more likely to spend longer in poorer health.

National data tells us that women in the most deprived areas will spend up to 19 years in poorer health compared to those in the most affluent areas. People living in the most deprived areas will experience the onset of multiple ill health conditions 10-15 years earlier than those in the most affluent areas.

Poor health damages our economy, prosperity and opportunity. Around a third of the productivity gap between the North and the rest of the country is estimated to be attributable to poor health. We are also seeing a rise in older workers leaving the labour market due to poor health.



My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.

## The conditions that create our health (wider social, environmental and commercial determinants)

To have a healthy society we need a range of building blocks in place: stable jobs, good pay, quality housing and education.

We need local streets and places that create and support health, environments that are free from pressure towards unhealthy products and behaviours and make it easier to be active and connect with people and with nature.

Over the last century or more we have seen a rise in non communicable diseases linked to smoking, obesity, alcohol and lack of physical activity. In that time people's genetics or will power have not changed, what has changed is the cultural and commercial environment in which we live.

Making changes to ensure everyone has equality of opportunity, has an environment that gives agency of choice and gives access to the building blocks of health is not easy and will require us to be determined in our focus for the people of South Yorkshire.

#### **Theme**

## Hot Mar

#### Housing

Many of the most pressing health challenges such as obesity, poor mental health, physical inactivity are directly influenced by the built and natural environment, including access to quality housing.

#### **Key indicator**

Nearly 19% of South Yorkshire homes were reported to be experiencing fuel poverty, this is significantly worse than the England average (13%). This is likely to significantly increase given the rising cost of fuel prices and is estimated to impact on at least 42% of households.



### Access to green spaces and active travel

Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.

- 14% of adults in South Yorkshire walk for travel.
- 16% of South Yorkshire residents make use of outdoor space for exercise or health reasons.
- All four Places in South Yorkshire are ranked in the top 10 of all local authorities with the highest rates of children being killed or seriously injured on roads.



#### **Education**

Access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.

- An estimated 1,840 (6.2%) young people are not in education, employment or training in South Yorkshire.
- 30% of children were deemed to not have achieved the expected level of development at the end of reception.



#### Jobs

Being in good work is good for both physical and mental health/wellbeing.

- 73% of South Yorkshire residents aged 16-64 are in employment, this is significantly lower than the England average.
- The average weekly earnings are only 91% of the England average.
- The main reason for sickness absence is MSK- 19% of over 16s report having a long term MSK problem.



#### **Inclusive work**

To ensure everyone can benefit from the protective factors of being in good work, labour markets should be inclusive and diverse so everyone can access good work with fair pay.

- There is a 12% gap in the employment rate between those with a physical or mental long term condition and the overall employment. This is even worse for those with a learning disability, where the gap is 66%.
- Those from non-white ethnic minority groups are less likely to be in employment, similarly employment levels are lowest in those in the most deprived areas and those aged 50-64.



#### Crime and violence

Crime is both a risk factor for health and an outcome from a number of other social determinants of health: crime can lead to both the short term effects which can be severe but it can also lead to long term problems such as depression or anxiety-related illnesses and; crime itself has its own risk factors.

- There were approximately 46,000 violence offences reported, a rate of 33 offences per 1,000 population, this is higher than the value for England (29 per 1,000).
- The rate of deaths to drug misuse was 7.6 per 100,000, that's nearly 300 deaths due to drug misuse (in a three-year period).



#### Air pollution

Poor air quality is the largest environmental risk to public health in the UK as long-term exposure to air pollution can directly result in long term conditions as well as exacerbate conditions leading to hospitalisation.

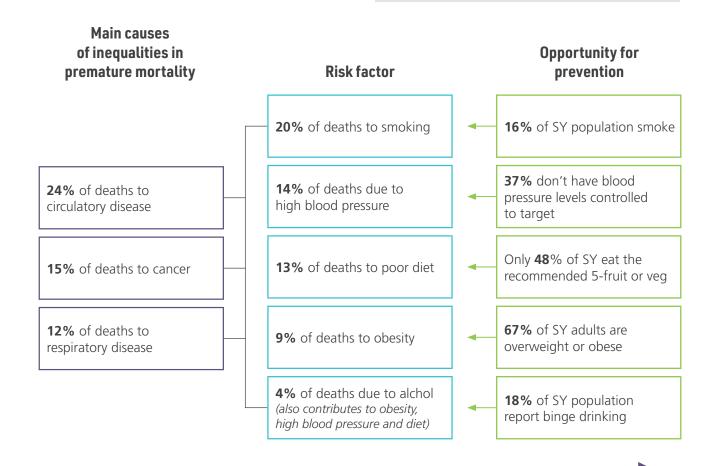
- Approximately 5% of all deaths are attributable to air pollution.
- It is estimated that 200,000 residents of South Yorkshire live in areas that are vulnerable to air pollution.

#### Health conditions amenable to prevention

We have a good understanding of the main contributors to mortality in South Yorkshire. They are cardiovascular disease, which includes all heart and circulatory diseases such as coronary heart disease, hypertension, stroke and vascular dementia. Inequalities in the wider determinants, risks and behaviours are strongly associated with poorer outcomes. The principal risk factors associated with the main causes of death and ill health are smoking, high blood pressure, diet, obesity and alcohol. South Yorkshire has higher than national rates of these common, but modifiable, risk factors.

#### **Key numbers:**

- 14% of population are recorded to have high blood pressure and 7% diabetes
- Rates of deaths from stroke are twice that in the most deprived group than least deprived group.
- Admissions for pneumonia in all 4 places are some of the highest in the country
- Early detection of cancer is most important factor for outcomes, only 51% of cancers are diagnosed early, which is much less than the national target of 75%

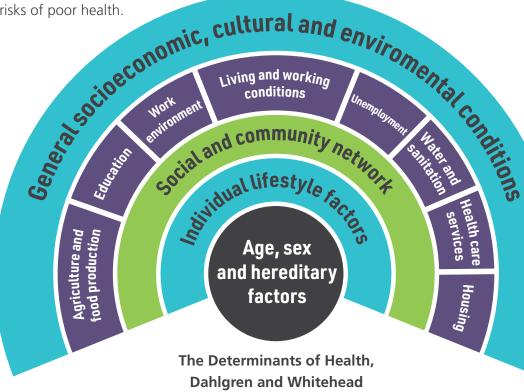


### The health of groups vulnerable to inequalities

Smoking, poor diet, physical inactivity and harmful alcohol are drivers for early onset of illness and death in South Yorkshire. But people's ability to adopt healthy behaviours is strongly shaped by the environment in which they live. People in deprived areas tend to have less agency to make healthier choices as they disproportionately experience the pressures of unhealthy products due to increased advertising, exposure, normalisation, and a reduced financial means to access better alternatives, thus driving inequality.

Inequalities in the wider determinants of health; housing, environment, education, jobs and the modifiable risk factors (smoking, healthy weight, alcohol) often cluster in individuals and communities, compounding their overall risks of poor health.

The cost-of-living crisis means many more children, young people and adults in South Yorkshire will be living in poverty. Cuts in income combined with increased costs of living also means for many not being able to eat, heat their homes or keep clean. This impacts on immediate health and ability to access health and care services and support and increases the risk of illness in the short and longer-term. Poverty impacts on health through the wider determinants, affecting educational outcomes, life chances, choices and opportunities. By having to focus on their immediate needs and threats, people living in poverty may make decisions that are damaging for their health in the longer term.<sup>2</sup>



<sup>&</sup>lt;sup>2</sup> How poverty affects people's decision-making processes Jennifer Sheehy-Skeffington and Jessica Rea 2017 JRF

Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as poverty, violence and complex trauma. This may be experienced, for example, by people who experience homelessness and drug and alcohol dependence. It may also be experienced by vulnerable migrants, Gypsy, Roma and Traveller communities. Poor access to health and care services and negative experiences can also be commonplace for these groups due to multiple barriers, often related to the way healthcare services are delivered, further compounding their inequalities in health.

The Covid pandemic has brought to the fore the health inequalities experienced by people from Black and minority ethnic groups in the UK. The recently formed NHS Race and Health Observatory concludes that the health of ethnic minority patients has been negatively impacted by inequalities in access to, experiences of, and outcomes of healthcare and that these longstanding problems in the NHS are rooted in experiences of structural, institutional and interpersonal racism.<sup>3</sup>

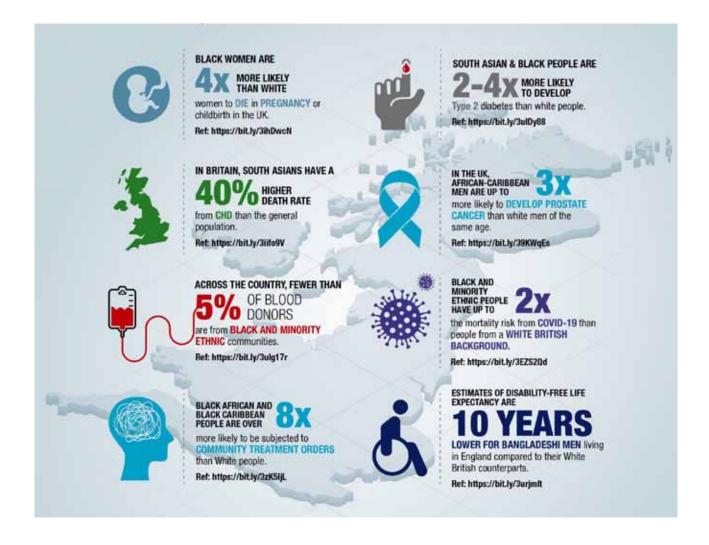


#### **Key Facts:**

- People from Black and minority ethnic groups are disproportionately affected by socio economic deprivation
- People with severe mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population. On average men with severe mental health conditions die 20 years earlier, and women die 15 years earlier than the general population.
- People with a learning disability have worse physical and mental health and women with a learning disability die on average 18 years younger and men 14 years younger.

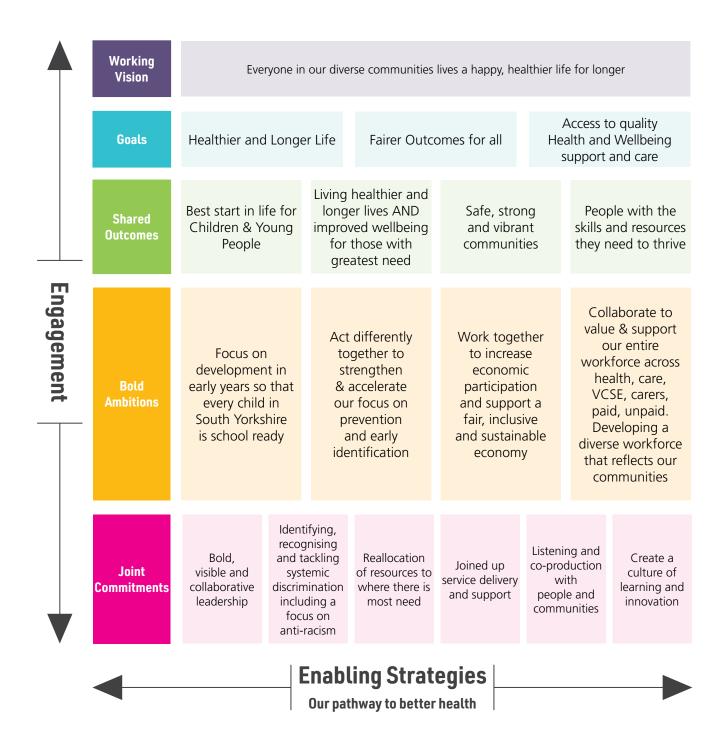
<sup>&</sup>lt;sup>3</sup> NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. 2022

Figure Ethnic Health Inequalities in the UK Source: Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS - Race and Health Observatory (nhsrho.org)



#### Summary Plan on a Page

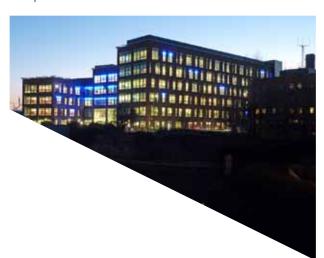
## Our Shared Outcomes, Bold Ambitions and Joint Commitments



Across South Yorkshire and in each of our places we have existing, strong strategies and plans, these include our Health and Wellbeing Strategies, our Place plans, our 5 Year Health and Care Plan and our South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. It is not our intention in this initial Integrated Care Strategy to duplicate these but to build on them, setting out where, as a whole partnership working together, we can add value and support to go further faster on some of the more challenging and intractable issues to contribute to reducing health inequalities and improving healthy life expectancy.

#### Our intention is to:

- Ensure that we focus on what matters to people, including good access to high quality care and support, and to demonstrate we have listened we have identified this as one of our strategic goals.
- Amplify or give visibility to exemplars of best practice to support learning, sharing and adoption.
- Identify a targeted number of action focused bold ambitions which can only be achieved by the Integrated Care Partnership joining forces to practically align our collective power and influence to enable delivery at pace and at scale.



#### **Our shared Outcomes are:**

- Children and young people have the best start in life
- People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- People are supported to live in safe, strong and vibrant communities
- People are equipped with the skills and resources they need to thrive

#### Our Bold Ambitions are to:

- Focus on development in early years so that every child in South Yorkshire is school ready
- Act differently together to strengthen & accelerate our focus on prevention and early identification
- Work together to increase economic participation and support a fair, inclusive and sustainable economy
- Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

#### **Our Shared Outcomes**

1

Children and young people have the best start in life



I believe in empowering individuals to be self-sufficient and not wholly reliant on healthcare professionals, but to take personal responsibility for their health. I believe in getting this right from school age.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

#### Why is it important?

- The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status.
- Behaviour is heavily influenced by our living conditions. Living in a street or place which encourages play and physical activity within daily life makes it much easier for children to develop healthy habits. We know that physical activity improves mental and physical health and is important for childhood development.
- Childhood is the most important time for enabling the development of behaviours that will have a lifelong influence on health and wellbeing, including physical activity and healthy eating.
- As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education.
- Parental ill health, including mental health can also have implications, these vary according to the nature of each parent's condition, their child's health and stage of development, and relationships with other family members.
- Poverty is a major social determinant and adversely affects children's life chances.
   In South Yorkshire a quarter of children live in poverty, which is higher than the national average and the increasing cost of living is placing additional strain on many families in our communities.

- We have lower rates of school readiness, more children who are obese and the number of children who have dental caries is higher than the national average.
- In addition, evidence suggests that the pandemic has had a significant negative impact on children and young people and their mental and physical health.

#### **Key Facts:**

### Compared to the national average, children in South Yorkshire are:

- Less likely to be breastfed at 6-8 weeks after birth
- Have slightly lower rates of school readiness (71% of children achieved a good level of development at the end of reception)
- More likely to be obese (37% of Year 6 and 25% of reception children are overweight or obese)
- More likely to have dental caries (830 admissions per 100,000 population, ages 0-5)
- More likely to die / be seriously injured on roads (37 deaths per 100,000 population of those aged 16 and under)
- There were 212 hospital admissions per 100,000 as a result of self-harm in those aged 10-14 (180 of our children)



#### What are we doing about it?

- We are working in each of our places, with our Local Maternity and Neonatal Network and Children and Young People's Alliance and Primary Care Networks to enable all our children and young people to thrive, have good physical and mental health, high aspirations and to ensure that they are able to maximise their capabilities to participate and contribute to society.
- We are enabling children and young people and their families to have a voice together with the information, tools and resources to manage their own health and wellbeing and to actively participate in how we improve and integrate services.
- We know that there is more we can do together to support families, including the development of family hubs in South Yorkshire to ensure that all our children are well supported in their early years and are all school ready and enabled to maximise their potential. To both support children to have the best start possible now, and to build on this for future generations.
- We are committed to supporting a reduction in healthcare inequalities, using the new Core20Plus 5 framework adapted for children and young people. The 'Core20' is the most deprived 20% of the national population as identified by the national index of multiple deprivation. The plus groups include ethnic minority communities; people with a learning disability, autistic people; people with multi morbidities; and those with protected characteristics.

Specific consideration is given to young carers, looked after children, care leavers and those in contact with the justice system. As part of the framework five clinical areas have been identified to be focused on by Integrated Care Boards and Integrated Care Partnerships and these are the key areas we are already working on:

- Asthma
- Diabetes
- Epilepsy
- Oral health
- Mental health
- We are working together with the Mental Health Provider Collaborative to improve the support of our children and young people's emotional wellbeing and mental health responding to the ongoing impact of the covid pandemic.
- We know the association between exposure to adverse childhood experiences and poor adult outcomes is heightened in looked after children therefore we are working to support all our looked after children to enable them to achieve academically and develop the capabilities to maximise their potential.
- Children's social care services are supporting families to stay safely together, with a focus on early help, access to services and preventing them from reaching crisis point.
- We are working together to identify where unhealthy commodity industries influence our environment and choices for profit, and use our powers to control those pressures. For example Local Authorities limiting saturation of hot food takeaways in areas around schools and working to remove industry interference in alcohol and gambling educational materials.



### As a South Yorkshire Integrated Partnership, we will:

- Act swiftly together to galvanise all partners, including Primary Care Networks and partners in education and childcare settings, to deliver our bold ambition to focus on development in early years so that every child in South Yorkshire is school ready.
- Ensure, through our Place Partnerships,
  Local Maternity Network and Children's
  and Young People's Alliance that the voice
  and insights of families, children and young
  people are central to strengthening our
  understanding of their needs and enable
  changes to services to be co-produced.

- Through our Place Partnerships and Local Maternity Network, working closely with our communities, the Maternity Voices Partnership and VCSE, enhance maternity care, to decrease inequalities in maternal and neonatal outcomes.
- Building on existing relationships and multiagency collaboration, take a strengths-based and coordinated approach to establishing family hubs across South Yorkshire, which have a focus on supporting families with the greatest needs. Maximise the opportunity through this approach to improve uptake of childhood immunisations.
- Children's and Young People's Alliance, enable all our children to have the information, knowledge, skills and confidence to have good physical and mental health so that they are able to increasingly manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives.
- Through our Place Partnerships and Mental Health Provider Collaboratives, take action to improve support and access to mental health and wellbeing services for children and young people.
- Maximise the benefit of the Harvard
  Bloomberg City Leadership Programme
  for South Yorkshire focused on addressing
  health inequalities, including targeting the
  use of national frameworks such as the
  Core 20 Plus.

#### **Our Shared Outcomes**

2

People in South
Yorkshire live
longer and
healthier lives
AND the physical
and mental health
and wellbeing
of those with the
greatest need
improves the fastest



To live a healthy, long life I want support maintaining my general health and mobility; access to fitness classes that suit me; confidence in my GP; suitable housing, preferably near a family member in case support is needed; enough money to eat reasonably healthily and to heat at least one room of my home.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

### Why is it important?

- People in South Yorkshire are living shorter lives than they should. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.
- People in South Yorkshire deserve better health and wellbeing.
- We want all citizens of South Yorkshire to benefit from an improvement in their health and wellbeing. We need to ensure that those with the greatest needs and /or most at risk from health inequalities see the biggest and fastest improvements.
- Taking a proactive approach, creating the conditions for good health and wellbeing to prevent problems and issues from arising in the first place, including creating streets and places that support every day physical activity and social connection.
- But where problems do arise, we need to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.
- Creating good health and preventing ill health is better for people, better for services and better for the planet.
- Consumption and choices are influenced by the commercial environment in which we live. An environment where these pressures, normalisation and exposure are reduced give people greater agency to make healthier options.

### What are we doing about it?

To help improve physical and mental health and wellbeing and to reduce health inequalities action is being taken on a range of fronts:

- Partners are working together in every place with communities to take actions to improve the wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, climate mitigation and adaptation.
- Our partners are working to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and use their powers to reduce those pressures. For example introducing measures to limit hot food takeaways around schools and reduce industry interference in alcohol and gambling educational materials.
- Place based Partnerships, including
   Primary Care Networks and the Voluntary
   Community and Social Enterprise (VCSE)
   sector, are working with communities to
   support a strengths-based approach to
   the development of vibrant communities
   (see later sections)
- Targeted actions are being taken on the main risk factors for the conditions that are leading to premature death – smoking, alcohol, obesity and hypertension. For example, each Place is working to reduce access to tobacco and support people to stop smoking and all trusts in South Yorkshire are implementing the QUIT Programme<sup>4</sup>. Place Partnerships and the Children and Young People's Alliance are working with schools to promote healthy weight for children and young people.

<sup>&</sup>lt;sup>4</sup> www.sybics-quit.co.uk



- Networks, are taking steps to identify earlier, and improve the clinical management in line with evidence, of the main diseases that contribute to our mortality and premature mortality cardiovascular disease (heart disease and stroke), respiratory disease, cancer and dementia and of their risk factors (such as high cholesterol, high blood pressure and diabetes).
- We have a well established Cancer Alliance that is leading the way with its focus on health inequalities and early diagnosis using behavioural science techniques, working in partnership with communities, primary care and the Voluntary Sector with Voluntary, Community and Social Enterprise Sector.
- We also have regional Clinical Networks for Cardiovascular, Diabetes, Stroke and Respiratory Disease. Our places are all actively involved in delivering prevention and management initiatives linked into these Clinical Networks.

- Physical activity partnership arrangements are well established, supported by Health and Wellbeing Boards and Place Partnerships, including for example Sheffield's Move More and Get Doncaster Moving. The South Yorkshire Mayoral Combined Authority has made a commitment to enabling active travel.
- Place Based Partnerships and the Mental
  Health Provider Collaborative are working
  with communities and people with lived
  experience to improve mental wellbeing, by
  promoting the importance of mental health
  throughout every stage of life, identifying
  those at risk of poor mental health and
  reducing the factors that contribute to this,
  including social and economic factors.
- Proactively enabling early intervention to prevent more serious difficulties and preventing suicide.
- Supporting people with mental ill health to have better physical health and working with primary care to enhance the annual physical health check for people with serious mental ill health.
- Mental Health Trusts now have specialist
   Tobacco Treatment Advisors who are
   supporting people in contact with secondary
   care mental services to stop smoking.
- Adult social care services are helping people to live the life they want while keeping safe and well in their local communities, guided by the 'Making it Real' Framework<sup>5</sup> focusing on what matters most to people.

- We are being guided by what is important to people, we know that this includes access to services, seeing the right professional, at the right time and getting the right support when they need it. To enable this, we are working together to improve access to services, understand and remove barriers and enable the integration of care. For example, Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector.
- We have an effective health protection programme in South Yorkshire and will continue to work with the UK Health Security Agency (UKHSA) and NHSE to deliver health protection, including maximising delivery of routine adult and childhood vaccination programmes and ensuring effective delivery of covid and seasonal flu vaccination programmes. We will also continue to support delivery of health protection through Local Authorities, e.g. environmental health protection, outbreak management and addressing air pollution.
- Places are increasing their focus on addressing ethnic health inequalities.
   For example, improving access to social prescribing for ethnic minority communities.
- Partners are also developing their approach to the use of data and information from patients and communities to more effectively identify individuals and communities who

- are at risk or are experiencing poor health outcomes and adapting the way care or broader interventions are delivered to improve patient experience, access and outcomes. For health care services, this is known as taking a population health management approach.
- Whilst progress is being made, if we are
  to prevent people living in South Yorkshire
  from having many years in poor health or
  from dying too early, we need a step change
  in the focus on wellbeing, prevention and
  the early identification and management of
  physical and mental ill health.

# As a South Yorkshire Integrated Care Partnership we will:

- Through our Place Partnerships, working
  with the Mayoral Combined Authority
  Collaboratives and Alliances, ensure that
  community voice and insights are central
  to strengthening our understanding of our
  population needs and enable changes to
  services and local programmes to be
  co-produced with local communities and
  people with lived experience.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and ensure that prevention interventions are co-produced with local communities, delivered, and funded at sufficient scale to have real impact.

- Work through the Place Partnerships,
   Collaboratives and Alliances to accelerate
  the move from reactive care to proactive
  care, taking a whole-person approach and
  focusing on what matters most to people.
- Work together to ensure that people of all ages have the information, knowledge, skills and confidence they need to manage their physical and mental health and wellbeing, have choice and control in their own lives, and are able to use their skills, knowledge and experience to benefit the wider community.
- We will act differently together to deliver our ambition to strengthen and accelerate our focus on prevention and early identification.
   This will include a focus on improving access and the quality of care and support to reduce inequalities in access, experience and outcomes.
  - This will mean focusing on the four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension
  - Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – Cardiovascular, Respiratory Disease and early diagnosis of Cancer.
- We will enhance rehabilitation for patients prior to cancer therapy and rehabilitation for people with cancer, cardiac and respiratory diseases and stroke. By doing this we can help to delay the onset of multimorbidity and frailty as well as premature death.

- We will take a personalised approach to support those living with multiple conditions and those with life limiting conditions, enabling choice and control and supporting end of life planning.
- We will work with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services to have a strong focus on prevention, early intervention, resilience and recovery and continue our focus on reducing suicides.
- We will work together to challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness.
- We will work with:
  - People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.
  - People with serious physical long-term conditions to enable them to have good mental health.
  - Ethnic minority communities to support improvements in physical and mental health.
- We will build on the work of our partners to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and identify opportunities to work together to use our collective powers to reduce those pressures.

- NHS partners will commit to increase the focus on reducing inequalities in healthcare using the 'Core 20 Plus 5', an NHS England health inequalities framework, to support local health services to focus action on:
  - People living the most deprived neighbourhoods (Core 20).
  - Locally identified priority groups (Plus).
     Our Places each identified their priorities groups. Examples include people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBQTrans communities.
  - Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids.
  - Decreasing smoking.
- We will increase our joint use of data and information to identify those at risk to target improvements in care, treatment and support. This is taking a population health management approach and will help us to support those who need it most.



### **Our Shared Outcomes**

3

People are supported to live in safe, strong and vibrant communities



My health and wellbeing are severely affected by the environment in which we live. Clean air, green space access, safer roads, installation of renewable energy sources in public areas, improved public transport locally, more of it at affordable prices to encourage use.

### Why is it important?

- We have many strong, proud and vibrant communities in South Yorkshire, but many communities have seen the decline of their local economy and of their community assets and through this they experience a lack of connectivity to education, employment and opportunities.
- The physical environment where people live and work and how safe they feel in their communities are important in creating good health and health outcomes. Good health is supported by a sense of wellbeing. Many things contribute to our sense of wellbeing; having good relationships with friends and family, being connected to nature, hobbies and having access to activities and amenities, culture and art. Other factors can be detrimental to wellbeing such as feeling lonely and isolated, living in places that we find ugly, run-down or unsafe. So creating and investing in places and local environments that support good health and wellbeing is really important for population health. Transport, planning and how the local environment is shaped, influence our wellbeing by making it easier, or harder, to get around and connect with people, activities and amenities. They are also important in creating local places that people enjoy living in.
- People living in places with poor quality housing, high air pollution and traffic volumes, poor access to green space and poor active travel and public transport links to jobs, services, family and friends and leisure are far more likely to experience poorer health outcomes. Environments like these discourage every day physical activity and can increase social isolation. These differences in the quality and liveability of our communities and local places are key contributory factors to the health inequalities we see across South Yorkshire.

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Living in poor quality housing, or homes
that you are unable to heat is known to
contribute to both physical and mental
health problems. We know that this is an
issue in South Yorkshire, with the latest
published data (2020) estimating around
18% of South Yorkshire homes were
experiencing fuel poverty. This is significantly
worse than the England average, and
likely to have increased considerably with
increasing cost of living challenges. Damp,
mould and condensation are all becoming
increasing issues linked to fuel poverty.

### What are we doing about it?

- Health and Care Partnerships in every place are working together to address these wider determinants and support community development. Health and Wellbeing Boards in each place play a critical role in driving forward this work. Places are actively enabling the growth of community infrastructure, working to increase access to physical activity in communities, working closely with the VCSE sector and with communities to enable use of our estate.
- Place Partnerships are also working together to ensure sufficient warm, sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas. Places are also aligning their plans to address housing issues related to fuel poverty and services for those with cold homes to address the key drivers of fuel poverty, income, energy efficiency and fuel prices.
- In each place organisations are working to leverage their local economic power to help create more accessible jobs for people in our communities and retain more of our public sector spend within our local areas to deliver additional social value for local people, including building wealth within our local communities through progressive procurement strategies. Progressive procurement is about making it easier for potential suppliers to bid for opportunities and to offer their goods and services to public sector organisaitons in a way that it benefits the local communities.
- Places are taking a strengths-based approach to build on the skills and strengths in different communities to enable positive and sustainable improvements.

- Places are working with local people and the VCSE sector to find solutions to local issues. Taking an asset-based community development approach is important in creating vibrant communities in which people feel happy, safe and proud. Putting more power and control in the hands of local people and local organisations helps to build stronger communities.
- This on the ground approach is enabling us to create more connected local communities. Being part of and feeling like you belong to a connected and resilient community, with opportunities to be physically active and participate in arts and culture, all contributes to people's mental as well as physical wellbeing.
- Work is underway to enable access to green space, leisure and sport facilities in our local communities, and to also enable access to cultural and creative opportunities, all of which positively contribute to health and wellbeing.
- Strengthen our action on climate mitigation and adaption to unlock co-benefits for health and reduce health inequalities.

# As a South Yorkshire Integrated Care Partnership, we will:

- Through our Place Partnerships,
   Collaboratives and Alliances we will
   actively support strength based community
   development, work to enable access
   to green space, cultural and creative
   opportunities and ensure decisions are
   made as close to communities as possible.
- In doing so we will promote physical activity and enable participation in meaningful activities to increase connectivity and reduce loneliness.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and co-produce solutions that address issues and enable community development in a way that contributes to safer, stronger more vibrant communities.
- Supporting place partnerships working together with housing providers to address key issues associated with fuel poverty, including condensation, damp and mould.

- Through our Place Partnerships,
   Collaboratives and Alliances, and together with our communities, to harness our collective role as anchor institutes to aid community development.
- Use our ability as a partnership to share learning and influence wider partners so that all are able to act as an advocate for safer and stronger communities.

### **Our Shared Outcomes**

4

People with the skills and resources they need to thrive



My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.

### Why is it important?

- We know that being able to keep well, have choice and control and feel able to manage your own health and wellbeing is important to people in South Yorkshire. Equipping people with the skills and resources they need is vital so people have the information, knowledge, skills and confidence to keep well, manage and improve their own health and wellbeing and know when to seek support.
- To have a healthy society we need a range of building blocks in place as already described, these include stable jobs with good pay, quality housing, education and freedom from pressure towards unhealthy choices.
   As outlined socioeconomic factors such as education, employment and income all impact on our health and wellbeing.
- Together with a focus on the first 1,001 days, access to high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives. It is also important that learning opportunities are available for adults of all ages to develop the skills and qualifications needed for employment and progression.

- resources they need to thrive, through formal education, informal life-long learning, adult and community education, enables people to maximise their potential, participate in their communities and secure stable employment or contribute in other ways. It also equips people with the ability to research, ask questions, think critically, be curious and access/find the information and knowledge they need about how to manage their own health and wellbeing behaviours, supporting the wider prevention agenda.
- Being in work is good for both physical and mental health and wellbeing. Currently 72% of South Yorkshire residents aged 16-64 are in employment and this is significantly lower than the England average. Sheffield has one of the lowest rates in the country at 69%. As well as having less people employed in South Yorkshire the average weekly earnings are only 91% of the England average.
- Sickness absence in South Yorkshire is also higher than England. Doncaster has one of the highest rates in England, at 3.1%.
   There is a relationship between health and productivity, healthy people are more productive in the workplace.
- Affordability has been identified by people in South Yorkshire as an area of challenge and a barrier to enabling them to manage their health and wellbeing. It is anticipated that this will increase further as the cost of living increases, resulting in more children, young people and adults in South Yorkshire living in poverty.

### What are we doing about it?

- The South Yorkshire Mayoral Combined Authority is working with partners to enable delivery of the South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. The Strategic Economic Plan (SEP) sets out local leaders' blueprint to drive our post covid recovery and to transform South Yorkshire's economy and society for people, businesses and places. We are already working to develop an inclusive and sustainable economy. "An inclusive and sustainable economy is one that works for everyone, with no one being left behind. It also protects the needs of future generations by ensuring that these can be met within the means of our planet".
- To enable this, labour markets need to be inclusive and diverse so everyone can access good work with fair pay. The South Yorkshire Skills Strategy, which is in development, will help support lifelong learning and develop people with the appropriate skills to support the economy. Life-long learning and skills development is important at all ages and in ensuring that people working in unsustainable industries are able to transition into quality, good, green jobs.
- Partners in South Yorkshire are already working together to take forward a transport strategy, with a focus on affordable public transport and enabling a shift towards active travel.



- Health and care services are working together to enable people to have the information, knowledge, skills and confidence to improve their health and wellbeing and feel confident about taking control and looking after themselves.
   Healthy engaged people are more able to work and are more productive in the workplace and thus able to contribute to wider economic prosperity.
- Places are working with communities and the VCSE to understand what matters most to people in our communities and what we can do to help to mitigate the negative health and wellbeing impacts of the increasing cost of living, e.g. ensuring they have a single point of contact and streamlined access to welfare advice and support. Affordable public transport is identified as important to enhance access to services and jobs, reduce poverty and address inequalities.

# As a South Yorkshire Integrated Care Partnership, we will:

- Strengthen our work together to ensure everyone in South Yorkshire can benefit from being in good work by harnessing the collective power of our anchor institutions and supporting the development of our health and care workforce.
- Take action with our partners to support those that may traditionally find it difficult to get into or stay in work or find other fulfilling ways to make a meaningful contribution, such as those with a physical or learning disability, or a long-term health condition. In South Yorkshire we have schemes in place such as Working Win, but we know we can do more to make a difference.
- Actively promote the development of inclusive labour markets by focusing on work and health, including local recruitment, supporting people to enter and stay in work, especially those with physical and mental health conditions, inclusion groups & in greatest need to address health inequalities.
- Partner with education and skills providers
   who offer skills development at all stages of
   the life-course, in both formal and informal
   learning settings, to enable people to
   develop the skills and acquire the knowledge
   and understanding to look after their own
   health and wellbeing where possible.

 Amplify, sharing learning and actively support the work underway in each of our places with local communities and the VCSE sector to reduce the impact of the increasing cost of living on people living in South Yorkshire, especially for those in the greatest need. Work together to understand those most at risk and to mitigate the impact of cost of living on access to health and care services and support.

GG

Being able to flex my employment around my health needs is the most incredible gift and I cannot thank my employer enough for that, I've had jobs in the past where disability and health have always been a barrier in the workplace but where I currently work the culture and support available is genuinely the best I could ask for.



### **Bold Ambitions**

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

### **Joint Commitments**

To enable successful delivery of our strategy requires us to do things fundamentally differently for our communities. Our commitments underpin delivery of our Integrated Care Strategy.

### They are:

- To be bold, generous, visible and collaborative in our leadership for the people of South Yorkshire, doing things differently being courageous and taking risks where it improves outcomes or reduces health inequalities.
- To identify, recognise, and tackle systemic discrimination together with a focus on anti-racism.
- To reallocate our resources to where there is most need and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To join up service delivery and support between health and social care and VCSE where it makes sense to do so in our places and across South Yorkshire.
- To listen and facilitate co-production with people and communities.
- To create a culture of learning and innovation, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- Develop and deliver inclusive enabling strategies which support delivery of our strategy to better health.

# What do we mean by these commitments?

### **Bold Collaborative Leadership**

- As a Partnership we are making a
  joint commitment to bold, visible and
  collaborative leadership which embraces and
  empowers leaders at all levels and across
  all partners working within a distributed
  leadership model.
- We will harness the power of our collective leadership across the Partnership, including VCSE. We will take an inclusive approach to develop leaders at all levels to reflect the communities we serve and develop a leadership culture which is inspiring and courageous.

# Identify, recognise and tackle systemic discrimination with a focus on anti-racism

- As a Partnership we are making a joint commitment to identify, recognise and tackle systemic discrimination with a focus on anti-racism. We will identify and make systematic discrimination visible and work together to create the conditions to address it and to ensure fair and inclusive treatment and engagement.
- We are committed to supporting health and care systems, change levers and management leadership behaviours to tackle ethnic health inequalities and promote quality of care, safety, compassion and a fairer experience for patients, NHS staff and diverse communities alike.

### Reallocate our resources

- As a partnership we are making a joint commitment to reallocate our resources to where there is most need and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To deliver this Strategy we know that we will need to be more flexible with the use of our financial resources, rebalancing our spend towards prevention and those with the greatest needs to address health inequalities. This will mean collectively challenging ourselves as partners to operationalise a different approach to allocating our resources. We are committed to working through this together, understanding each other's differing financial regimes, the national constraints we need to operate within and considering what we can do differently, including the scope of our pooled budget arrangements.
- We will continue to strive to make best use of our financial resources, to ensure value for money and work towards a financially sustainable health and care system.

### Joined up service delivery & support

- As a Partnership we are making a joint commitment to joined up service delivery and support. Through our engagement work we know that people really value access to high quality health and care services that are easy to navigate, personalised and joined up in their delivery. In every place in South Yorkshire, we are already working to join up service delivery and support by integrating health and care services. General practices are working together as Primary Care Networks, with community health services, mental health, social care, community pharmacy and the VCSE sector. They are working together to integrate health and care services through the creation of integrated multidisciplinary neighbourhood teams to deliver more preventative and personalised care, treatment and support for people in their local communities.
- Across South Yorkshire Better Care Fund
  Plans supported integration by enabling joint
  planning and pooled budgets between NHS
  commissioners and Local Authorities. Section
  75 is a key tool to enable integration and
  is well utilised in South Yorkshire. Through
  the Better Care Fund, we have enabled
  people to stay independent for longer and
  improved our hospital discharge pathways
  and reablement services.

 There is still much more we can do to better integrate health and care services, physical and mental health services in each place working with our communities, the VCSE and our developing Provider Collaboratives and Alliances. By joining up service delivery and support we will be able to better meet the needs of individuals and communities in South Yorkshire.

# Listening and co-production with people and communities

- As a partnership we are making an ongoing commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- We will work creatively and accessibly to reach those whose voices / views / opinions/ experiences that are underrepresented, seldom heard, too often ignored or not sought, working closely with the Voluntary Community and Social Enterprise sector (VCSE) and using flexible methods.
- Understanding the insights and diverse experiences of people and communities from across South Yorkshire is essential to help us build on all the strengths within those communities, enabling us to co design services to address health inequalities and the other challenges faced by our health and care system and our places.

# Creating a Culture of Learning and Innovation

- In South Yorkshire we want to create the conditions for a high learning and sharing health and care system, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- We want to work together to strengthen our approach to research and innovation and bridging the gap between new knowledge, research and implementing evidence of what works to improve for all our local communities. There are a number of healthcare research and innovation organisations that operate in South Yorkshire that we are already connecting with, including University of Sheffield and Sheffield Hallam University and we have also partnered with the Academic Health Science Network to establish an Innovation Hub.
- We are committed to further forging partnerships between the NHS, Universities and Industry to contribute to improving the health and wellbeing of people living in South Yorkshire. Our aim is to:
  - Increase the pace of adoption and spread of impactful innovation
  - Make data, research evidence and insights more accessible
  - To support researchers and innovators and remove obstacles for those with potentially impactful solutions for health and care

- The South Yorkshire Integrated Care
   Partnership provides a refreshed opportunity
   to advocate for increased focus for
   innovation and research in the primary
   and social care sectors and explore new
   opportunities for socially focused research on
   challenges experienced by our communities,
   including the wider determinants of health.
- We will develop and use plans for an Academy for Population Health and Health Inequalities as a platform to connect people working across all sectors of our health, care and VCSE system to raise awareness and share knowledge. The academy will develop the confidence and capability of our workforce to enable cultural change to facilitate better collaboration and integration with the intent of reducing health inequalities and improving the health of people across South Yorkshire.



7

# How we will achieve our ambitions: Enabling plans and our partnerships

### **Inclusive Enabling Plans**

### **Developing Our Workforce**

- Our South Yorkshire health and care workforce is our greatest asset as an integrated care system. Over 72,000 people are employed across our NHS and care sectors, spanning over 300 diverse roles. In addition, our communities benefit from a strong Voluntary, Community and Social Enterprise (VCSE) sector. Our workforce has grown, but demand is now often outstripping supply and there are ongoing challenges which require us to work together differently as partners.
- In addition to our health and care workforce
  we also recognise the significant role of
  unpaid carers, which includes thousands of
  people providing unpaid care and support.
  Carers often experience poorer health
  outcomes themselves and report that the
  experience of care for their family member,
  and themselves could be improved.
- Volunteers play a substantial role in supporting the work of all sectors and communities across South Yorkshire, and we are working together to ensure that volunteers feel valued and supported, that opportunities to volunteer are inclusive, meaningful and varied, and that organisations working with volunteers collaborate to offer best practice in volunteer management and support.

- Across South Yorkshire we operate a well-established Workforce Hub. The Hub has been developed in partnership with Health Education England and is aligned to the NHS South Yorkshire. It delivers a range of workforce transformation programmes across health and care to support education and training, recruitment, retention, health and wellbeing, equality, diversity and inclusion, and new ways of working.
- It has been agreed with our partners to develop a workforce strategy for South Yorkshire. This will enable us to:
  - Ensure that our workforce feels valued and supported by health and care organisations in South Yorkshire and the system as a whole
  - Drive parity of esteem across sectors and develop a sense of belonging
  - Continue to support the health and wellbeing of our existing workforce
  - Develop our future health and care workforce, supporting local people to enter health and care roles, and those that may traditionally find it challenging to enter and stay in work, such as care leavers or people living with a physical or mental health conditions.

- Recruit and develop a workforce that reflects the diversity of the communities we serve
- Deliver the NHS People Plan ambition for more people, working differently, in a compassionate and inclusive culture and to ensure our workforce and staff find fulfilment and enjoyment in their work
- Progress shared development of innovative new workforce roles to meet emerging needs
- Deliver on our commitment to the Sheffield Race Equality Commission recommendation to become anti-racist employers by 2024
- Work with partners to address health inequalities, especially where protected characteristics have increased those inequalities
- Put in place programmes to support unpaid carers which are coproduced to meet their needs.

### **Quality and Quality Improvement**

Access to high quality health and care is consistently identified as a key theme that is important to people in South Yorkshire.
 We know that seeing this through a Health Inequalities lens is critical to delivery of our goal of Fairer Outcomes for All. Our approaches to Quality and Quality Improvement need to build on the principles of fairness and equity. We have embedded an approach to continuous improvement and delivery of high-quality services as a fundamental principle of our collective delivery. We are keen to build on this and to continue to

- embed a culture of continuous learning and improvement across our Partners.
- Our Partners are committed to delivering
  high quality services that meet the needs of
  local communities and are evidence based,
  and to do this through embedding the voice
  of our citizens throughout our work; an
  area we are already progressing through
  our System Quality Group and our broader
  delivery programmes. Engaging with the
  power in the voices of local people, listening
  to their needs and being driven by high
  quality, timely, information is core to our
  continuous development.
- As well as being driven by continuous improvement, we will be responsive in our approach to quality management and understanding the key risks across the systems, working together to respond to pressures across the system, embedding a supportive culture and using our collective experience and expertise to ensure we mitigate any risks to service delivery.
- We have set out a series of key principles for Quality which we deliver through the work of the partnership:
  - We will work together to develop detailed clear standards defining what high quality care and outcomes look like, based on what matters to people and communities
  - Create a shared understanding of accountabilities for the delivery of quality and safety across the system.
  - Focus our resource and embed effective quality governance arrangements appropriately



- Core to our approach will be to reduce health inequalities and minimise variations in the quality of care and outcomes across South Yorkshire to inform our ongoing improvement
- Embed a single, consistent approach to measuring quality and safety using KPIs triangulated with intelligence and professional insight
- Celebrate where we have got things right and share this learning widely to continue our development journey
- Focus on adopting innovation, embedding research and monitoring care and outcomes to provide progressive, high-quality heath and care policy
- As part of setting out our governance arrangements, we have embedded an approach to quality and monitoring, which will further develop to complement our work programmes and delivery of services. We recognise, within this, the important role of regulators including the Care Quality Commission (CQC) and Office of Standards for Education, Children's Services and Skills (OFSTED) in ensuring we meet requirements around safety and quality. We will continue to ensure that individually, and collectively, we work with agencies to learn and develop. This will include learning from good practices elsewhere both within and beyond the UK, embedding national policy and recommendations as well as learning from our local service delivery.

# Improving access to services, care and support

- Access to health and care services is identified by people in South Yorkshire as important to them. Across health and care we know that there is variation in access and that there is more that we can do working with our local communities and VCSE to understand the barriers people face and how to enable these be overcome to facilitate more equitable access.
- Access to primary care is an area specifically identified. In recent years primary care has been challenged by increasing workload, both complexity and intensity and workforce challenges. The expectations of people and professionals are changing and with them the manner and scale in which services are delivered are being adapted, drawing on technology and digital solutions, balancing the need for face to face and remote consultations, whilst building capacity to enable us to meet increasing patient demand.
- The South Yorkshire Primary Care Provider Alliance brings together General Practice, Community Pharmacy, Dental and Optometry. It will develop a strategic plan for primary care which includes recommendations from the Fuller report published by NHS England. This will address the need to enable good access to services delivered at the right scale, whilst retaining the benefits of local neighbourhood services that offer continuity of care. NHS South Yorkshire will commission Community

Pharmacy, Dental and Optometry services from April 2024, creating an opportunity to play to the respective strengths of the providers of primary care services, including addressing issues with access to dentistry, widening the range of services available through Ophthalmic Opticians and increasing the role of community pharmacies in providing services and support to local populations.



What matters to me about my health and wellbeing is getting care for me & my family in a timely way when we need it - be it an ambulance, a care home, a GP appointment.

- Similar to the position nationally, waiting lists for hospital treatment in South Yorkshire have increased through the pandemic. Working through our Acute Provider Collaborative we have a strong focus on reducing waiting times. We are also working through Place Partnerships and our Urgent and Emergency Care Alliance to develop and implement plans for winter to increase capacity and support to deliver more personalised and preventative care and support for people in their own homes.
- The pandemic has also increased demand for mental health services, including children's and young people's mental health and neuro diversity services resulting in increased waiting times. We are working through our Place Partnerships and our Mental Health Provider Collaborative to take action to address this. Our aspiration is in line with 'No Wrong Door', a NHS Confederation publication that sets out a vision for mental health, learning disability and autism services in 2032 is that there will be no wrong door to access quality and compassionate care and support.

### **Estates**

• Health and care services in South Yorkshire are delivered in a wide range of buildings and hubs across our communities. An Estate Strategy for South Yorkshire was developed by NHS South Yorkshire during 2021/22. The Estate Strategy is working towards ensuring that we have modern, fit for purpose, sustainable and high-quality estate for the people in South Yorkshire. It's purpose is to demonstrate how our estate

- can be improved over time, for the benefit of patients, staff and the local community. This includes supporting a wide range of projects such as plans to upgrade hospital facilities, for example the redevelopment of Doncaster Hospital and working together as partners to invest in estate in town centre locations to improve access, increase footfall and maximise social value.
- We have been increasingly moving from a functional approach to managing our estate, to one which looks at the whole estate across South Yorkshire, building on the 'One Public Estate' approach and principles. The Estate Strategy embeds this approach and provides a strategic focus and added value via a collaborative and innovative approach to estates management, maintenance and efficiency; and strategic development and investment across the ICB footprint. It supports delivery of our clinical strategies and joint plans to maximise use of our assets through greater utilisation of existing estate, co-locating with other agencies and services where possible, creating a better patient environment and reducing the carbon emissions linked to our estate.
- Through this we are committed to taking a strategic approach to managing our estate to get the most out of our collective assets.
   That includes working with our communities to ensure that we plan and deliver integrated services that are in the right places and furthering our role as anchor institutions by supporting the use of our estate by VCSE and local communities contributing to social value.

### Digital, data and technology

- In South Yorkshire we have an ambitious plan for digital transformation. Our vision is to promote and coordinate optimal use of digital tools, integration and interoperability of technologies (how technologies speak to each other and work together) to create a seamless digital experience for people and clinical staff with the aim of increasing safety, improving experience and reducing inequity.
- Our priorities are:
  - Working with communities VCSE and other anchor organisations / institutes to enable digital inclusion
  - Actively supporting improvements in partner digital maturity and digital transformation including delivery of electronic health records and shared care records. This will support joined up service delivery, improve access to data for health and care staff and improve reliability and cyber security
  - Implementing transformative technologies for our public to remotely interact with their care record, use new remote monitoring technologies to access health and care services and manage their own health and wellbeing
  - Develop a digital workforce strategy to improve digital and technical expertise and enable new ways of working

- We are committed to working with partners to co create a high-quality intelligence service for South Yorkshire to enable better use of data to understand our population health needs and health inequalities.
   Practically this means:
  - Supporting development of a dataliterate community across South Yorkshire to develop an insight-led health and care system
  - Provision of a South Yorkshire data platform, collating not only health and care data, but information integral to understanding wider determinants of health
  - Supporting, where legally appropriate, sharing of data and information with research partners
  - Expanding our analytical capability to use innovative tools, techniques and advanced analytics to deepen our understanding of outcomes and develop new integrated pathways of care
  - Building a strong analytical community to promote sharing of data management and analysis skills and expertise across the system



# What matters to me is staying healthy to enable me to stay independent and remain in my own home as long as possible.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

### Sustainability

 A Sustainability and Green Plan was launched by the South Yorkshire Integrated Care System in 2022. It sets out a programme of work that focuses action on a number of areas including estates and facilities, travel and transport, supply chain, medicines and adaptations, alongside workforce and digital. Local priorities were also identified, including primary care. The agreed programme of work set out in the South Yorkshire ICS Sustainability and Green Plan enables us to exploit synergies between partners.

- Climate change and population health are closely linked, the actions needed to promote sustainability and tackle climate change are also those that contribute to preventing ill health and improving population health. Taking a more preventative approach to health also can reduce health sector carbon emissions. Recognising this interdependence, as an Integrated Care Partnership we will collaborate with existing programmes of work and strengthen our commitment as partners to work together and with others to have a wider impact. By joining up our work to raise awareness, educate our workforce and progress initiatives to deliver sustainable travel, active travel, reduce air pollution and other sustainability initiatives.
- Action on climate and the environment also can improve health and reduce health inequalities through other mechanisms.

  For example, improving the energy efficiency of homes results in warmer homes and helps reduce the cost of living, both which are related to better health outcomes and contribute to reducing health inequalities.

  The creation of good, accessible, green jobs could be targeted to those further away from the labour market and to those needing to transition from carbon intensive jobs.
- There are also many opportunities to boost the local economy collectively as anchor institutions by meeting South Yorkshire's net zero ambition, including the needs of the NHS, by supporting local innovation, local businesses and local jobs.



- Working with partners to support nature recovery will also benefit health by providing more options for nature connectivity for our communities and can also support climate adaptation by reducing flood risk and protecting against high urban temperatures.
- The NHS has committed to reaching carbon net zero. The Health and Care Act 2022 placed new duties on NHS to contribute towards statutory emissions and environmental targets. The South Yorkshire Mayoral Combined Authority and Local Authorities are moving at pace to develop tangible plans for how they tackle climate change, including the Mayoral manifesto commitment to establish a South Yorkshire Citizens Assembly for Climate Change and together this has fuelled our collective ambition.

# Broadening & strengthening our partnerships

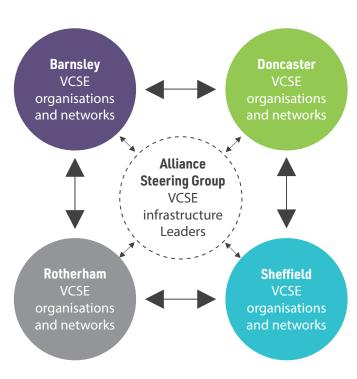
 As a Partnership we will only be able to achieve our bold ambitions and make progress in relation to our shared outcomes to improve the health and wellbeing of people living in South Yorkshire and reduce health inequalities if we work together as partners and broaden and strengthen our partnerships.



# Working with our Voluntary, Community and Social Enterprise Sector (VCSE)

### **VCSE Sector in South Yorkshire**

South Yorkshire is home to over 6000
diverse VCSE organisations undertaking wide
ranging activities and services that impact
positively on the health and wellbeing of our
communities. This includes small grassroots
community associations, community groups,
voluntary organisations, faith groups,
charities, not for private profit companies
and social enterprises.



# How will we work in real partnership with VCSE?

- We hugely value the contribution of VCSE organisations to our health and care landscape, and the Integrated Care System is committed to embedding and strengthening the role of the VCSE sector as an equal partner in our work, fulfilling its potential to collaborate on strategy, delivery, engagement and insight.
- with our VCSE partners to develop a VCSE Alliance. The Alliance will enable VCSE organisations across South Yorkshire (and Bassetlaw where appropriate) to participate in system work in meaningful ways including networking, information exchange, co-designing new opportunities and participating in South Yorkshire level ICS meetings. The Alliance will connect with VCSE organisations and networks in our Places, and will be guided by a Steering Group of VCSE infrastructure leaders (please see diagram).
- A new VCSE and ICS Memorandum of Understanding describes our relationship underpinned by shared values, principles, responsibilities and priorities. This has been co-designed by VCSE partners and conversations with NHS and Local Authority partners and will be adopted in 2022/23.
- Our 'enabling' priorities for partnership working include strengthening our VCSE commissioning and investment approach, enhancing communications, and building a culture of parity of esteem.

### What will we do together?

- We will build on successful work already underway such as social prescribing and identify new opportunities and potential for collaboration across our system partners and transformation priorities.
- We have started a conversation about how we value and support the workforce both paid and unpaid across all sectors in South Yorkshire and will co-design a new workforce strategy with Voluntary, Community and Social Enterprise Sector partners.
- We will continue to utilise VCSE expertise
  in our work with VCSE, NHS and Local
  Authority partners to strengthen and support
  volunteering across South Yorkshire.
- We are scoping opportunities to understand how our Voluntary, Community and Social Enterprise Sector partners can work with us to improve outcomes on a range of pathways, including mental health, maternity and stroke.
- With our renewed commitment to enhancing population health and tackling health inequalities, we will harness VCSE expertise and knowledge of our local communities of geography and diversity.
   Building on our experience of and learning from collaboration during the Covid-19 pandemic, and as we look ahead to a cost of living crisis, this has never been more important.

# Working with other agencies including Housing and Education

- Place Partnerships in South Yorkshire
  are already facilitating multi-agency
  collaboration that enables consideration
  of the physical, social, structural and
  commercial environments people live in
  that directly impact on their ability to lead a
  healthy life.
- have the best start in life we will build on the existing relationships to strengthen our work with education providers. Education is a key factor that influences the health and wellbeing of children, young people. Not being in education increases the risk of a range of negative outcomes for young people. Increasing access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.



- In enable people in South Yorkshire to live longer healthier lives we will build on our existing relationships with adult focused education providers, including through the development of the South Yorkshire Skills Strategy. Life long learning is important to enable people to develop the skills to work and for career progression so we will work with Life-Long learning delivery partners and the VCSE to ensure people continue to learn the skills they need to thrive in the fast-changing world of the 21st Century.
- We will also build on existing relationships with housing providers to support people to access the right housing support they need, as the quality of housing, house tenure and affordability are all linked to health and wellbeing.
- Partnership we will strengthen multiagency collaboration through our Place Partnerships and facilitate work with other agencies across South Yorkshire where it adds value to do so. This could be on planning for cross boundary housing developments, engaging with communities and public transport providers across South Yorkshire to improve links, walking and cycling routes and further developing sustainable and active travel.

### Harnessing our collective role as 'Anchor Institutions' - Working through our Partnerships to develop an Anchor System

- Health, Local Authorities, Universities and other large employing organisation in our communities are 'anchor institutions' which have an important presence in an area. This is usually through a combination of being largescale employers; the largest purchasers of goods and services; controlling large areas of land; and having relatively fixed assets. The term anchor is used because they are unlikely to relocate given their connection to their local community. They can make a real difference to social determinants and have a significant influence on the health and wellbeing of communities.
- In South Yorkshire we are committed to collectively harness our role as 'Anchor Institutions' across the NHS, Local Authorities, Universities, particularly maximising our collective contribution as large scale employers to support the health and wellbeing of our staff, develop the health and care workforce for the future, creating a more inclusive and sustainable economy.

**Enabling delivery of our Integrated Care Strategy and** 

measuring success

- To enable delivery of our Integrated
   Care Strategy we will develop a delivery
   plan overseen by our Integrated Care
   Partnership.
- The NHS South Yorkshire Five Year Joint Forward Plan to be developed by March 2023 will be a key delivery vehicle for our Integrated Care Strategy.
- We will also develop an outcomes framework to inform and monitor our progress towards our goals and vision.
- The framework will include the multiple levels at which we need to track our progress as reflected in this strategy. We will develop a dashboard to present the selected measures which will comprise:
  - an assessment of the health needs of the South Yorkshire population. This has been largely completed and was used as the basis of this strategy
  - metrics that reflect the high level goals that underpin our vision
  - the ambitions we have set ourselves where we will work differently as an ICP

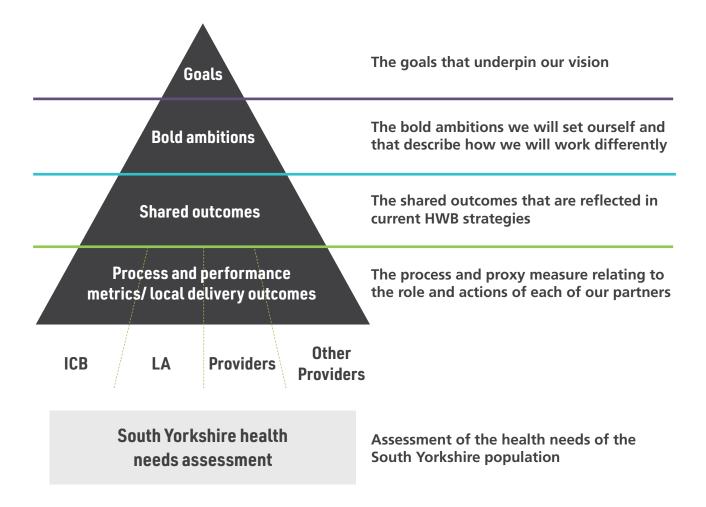


- the metrics that reflect our shared outcomes. These are largely based on existing place plans and outcomes frameworks
- the measures and metrics (or proxy measures) that are used by each partner in the ICP to inform and monitor their input to our shared outcomes, ambitions and vision
- An initial set of proposed metrics are set out in the appendix but will be developed further alongside the progressing of the ICP and partner delivery plans to make sure our actions can be linked to the outcomes we want to achieve



Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.

Figure 1 Proposed outcomes framework for South Yorkshire Integrated Care Strategy





# My health is central to my hopes, ambitions and opportunities.

# **Appendices**

### **Full Engagement Report:**

https://syics.co.uk/application/files/7516/7094/4690/Final\_phase\_2\_report.pdf

### South Yorkshire Population Health Needs Assessment:

https://syics.co.uk/application/files/2916/7084/0700/1.\_South\_Yorkshire\_Population\_ Health\_Needs\_December\_2022.pdf

### **Developing our Outcome Framework:**

https://syics.co.uk/download\_file/2580/0

# **Appendices**

| Strategy/Plan                                        | Place                                          | Link                                                                                  |
|------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------|
| Health & Wellbeing Strategies in South Yorkshire     | Barnsley                                       | Barnsley Health and Wellbeing Strategy<br>2021 – 2030:                                |
|                                                      | Rotherham                                      | rotherham-joint-health-and-wellbeing-strategy<br>(rotherhamhealthandwellbeing.org.uk) |
|                                                      | Doncaster                                      | 051115 i9 HWB_Strategy update 2015 Ap4.pdf (moderngov.co.uk)                          |
|                                                      | Sheffield                                      | Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)                        |
| Place Health<br>and Care<br>Plans                    | Barnsley                                       | Barnsley Health and Care Plan Refresh 22/23                                           |
|                                                      | Rotherham                                      | Rotherham Integrated Care P Place Plan appendix.<br>pdf                               |
|                                                      | Doncaster                                      | DCCG-Place-Plan-Refresh-2019-22-web-FINAL. pdf (doncasterccg.nhs.uk)                  |
|                                                      | Sheffield                                      | Shaping-Sheffield-Main-Doc-Final.pdf (sheffieldhcp.org.uk)                            |
| South<br>Yorkshire<br>Strategic<br>Five Year<br>Plan | South Yorkshire<br>Strategic Five Year Plan    | Five Year Plan (2019 - 2024):<br>SYB ICS (syics.co.uk)                                |
|                                                      | South Yorkshire Green<br>& Sustainability Plan | South Yorkshire Green & Sustainability Plan                                           |
| South Yorkshire Strategic Economic Plan              | South Yorkshire<br>Strategic Economic<br>Plan  | SCR_SEP_Full_Draft_Ja<br>(southyorkshire-ca.gov.uk)                                   |
| South<br>Yorkshire<br>Housing<br>Prospectus          | South Yorkshire<br>Housing Prospectus          | Home I Yorkshire Housing                                                              |

# South Yorkshire Integrated Care Partnership Membership Nominations

|                                                                      | Barnsley                                                    | Doncaster                                               | Rotherham                               | Sheffield                                                         | South Yorkshire<br>Wide                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health and<br>Wellbeing Board<br>Chairs and other<br>elected members | Councillor<br>Caroline<br>Makinson                          | Councillor<br>Rachael Blake<br>Councillor<br>Nigel Ball | Councillor<br>David Roche               | Councillor<br>Angela Argenzio                                     |                                                                                                                                                                                                                                                                                                                 |
| Local Authority<br>Chief Executive                                   |                                                             | Damian Allen,<br>Chief Executive<br>DMBC                | Sharon Kemp,<br>Chief Executive<br>RMBC |                                                                   |                                                                                                                                                                                                                                                                                                                 |
| ICB Executive and<br>Non-Executive<br>Members                        |                                                             |                                                         |                                         |                                                                   | Pearse Butler, ICB Chair Gavin Boyle, ICB Chief Executive (Vice chair) Will Cleary-Gray, ICB Executive Director of Strategy and Partnerships Christine Joy, ICB Chief People Officer David Crichton, ICB Chief Medical Officer Cathy Winfield, Chief Nursing Officer Wendy Lowder, ICB Executive Place Director |
| Public Health                                                        |                                                             | Rupert Suckling,<br>Director of Public<br>Health        |                                         | <b>Greg Fell,</b> Director of Public Health                       |                                                                                                                                                                                                                                                                                                                 |
| Adult Social Care                                                    |                                                             |                                                         |                                         | Alexis Chappell,<br>Director of Adult<br>Heath and Social<br>Care |                                                                                                                                                                                                                                                                                                                 |
| Children and<br>Young People                                         | Carly Speechley,<br>Director of<br>Children and<br>Families |                                                         |                                         |                                                                   | Suzie Joyner.<br>Strategic Director<br>Children services,<br>Rotherham (TBC)                                                                                                                                                                                                                                    |

| Voluntary, Community and Social Enterprise   Dolly Agoro Co-chair Doncaster inclusion and fairness forum   Richard Jenkins, Chief Executive Rotherham and Barnsely Hospital                                                                                                                                                                                                                                                              |                                 | Barnsley                                                                      | Doncaster                              | Rotherham                        | Sheffield    | South Yorkshire<br>Wide |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------|----------------------------------------|----------------------------------|--------------|-------------------------|
| McDonnell, Chair - Barnsley Hospital  Primary Care  Dr Jason Page  Housing  Kathy McArdle, Service Director - Regeneration and Culture  Education  South Yorkshire Mayoral Combined Authority  Mental Health  Adrian England, Independent Chair - Mental Health, Learning Disability and Autism Partnership  Chief Executive Rotherham and Rotherham and Parlason Page  Juliann Hall  Juliann Hall  Oliver Coppard (Chair) Martin Swales | Community and Social Enterprise |                                                                               | Co-chair<br>Doncaster<br>inclusion and | CEX Crossroads,                  | Helen Steers |                         |
| Housing Kathy McArdle, Service Director - Regeneration and Culture  Education  South Yorkshire Mayoral Combined Authority  Workforce  Mental Health Adrian England, Independent Chair - Mental Health, Learning Disability and Autism Partnership  Autism Partnership                                                                                                                                                                    | Hospitals                       | <b>McDonnell,</b><br>Chair - Barnsley                                         |                                        | Chief Executive<br>Rotherham and |              |                         |
| Service Director - Regeneration and Culture  Education  South Yorkshire Mayoral Combined Authority  Workforce  Mental Health  Adrian England, Independent Chair - Mental Health, Learning Disability and Autism Partnership                                                                                                                                                                                                              | Primary Care                    |                                                                               |                                        | Dr Jason Page                    |              |                         |
| South Yorkshire Mayoral Combined Authority  Workforce  Mental Health Adrian England, Independent Chair – Mental Health, Learning Disability and Autism Partnership                                                                                                                                                                                                                                                                       | Housing                         | Service Director -<br>Regeneration and                                        |                                        |                                  | Juliann Hall |                         |
| Mayoral Combined Authority  Workforce  Mental Health Adrian England, Independent Chair – Mental Health, Learning Disability and Autism Partnership  (Chair) Martin Swales  (Chair) Martin Swales                                                                                                                                                                                                                                         | Education                       |                                                                               |                                        |                                  |              |                         |
| Mental Health  Adrian England, Independent Chair – Mental Health, Learning Disability and Autism Partnership                                                                                                                                                                                                                                                                                                                             | Mayoral<br>Combined             |                                                                               |                                        |                                  |              | (Chair)                 |
| Independent Chair – Mental Health, Learning Disability and Autism Partnership                                                                                                                                                                                                                                                                                                                                                            | Workforce                       |                                                                               |                                        |                                  |              |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mental Health                   | Independent<br>Chair – Mental<br>Health, Learning<br>Disability<br>and Autism |                                        |                                  |              |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                               |                                        |                                  |              |                         |

# Glossary

| ICS   | Integrated Care<br>System                               | Statutory Integrated Care Systems (ICSs) are being set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.                                                            |  |
|-------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ICP   | Integrated Care<br>Partnership                          | A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners. The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. |  |
| ICB   | Integrated Care<br>Board                                | An NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation.                                                                                                               |  |
| SYMCA | South Yorkshire<br>Mayoral<br>Combined<br>Authority     | A formal partnership of our four local authorities in South<br>Yorkshire: Barnsley Metropolitan Borough Council, Doncaster<br>Council (City of Doncaster Council from January 2023), Rotherham<br>Metropolitan Borough Council and Sheffield City Council. It covers<br>the same population and is led by an elected Mayor.                                                                           |  |
| VCSE  | Voluntary,<br>Community,<br>Social Enterprise<br>Sector | VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.                                                                                                                                                                                                                                                                     |  |
| LE    | Life expectancy                                         | <b>Life expectancy (LE)</b> is an estimate of how many years a person might be expected to live, whereas <b>healthy life expectancy (HLE)</b> is an estimate of how many years they might live in a 'healthy' state. Both of them are key summary measure of a population's health.                                                                                                                   |  |
| HLE   | Healthy life expectancy                                 |                                                                                                                                                                                                                                                                                                                                                                                                       |  |

| Core20<br>Plus 5 | Core20<br>Plus 5<br>Framework                                                    | The 'Core 20 Plus 5' an NHS England health inequalities framework to support local health services to focus action the most deprived neighbourhoods (core20), locally identified groups (plus) and Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids. Alongside decreasing smoking. |
|------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHM              | Population<br>Health<br>Management                                               | Population health management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing, by identifying those individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way we support and care or broader interventions are delivered to improve patient experience, access and outcomes.                                                           |
| BCF              | Better Care Fund                                                                 | The Better Care Fund is a programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.                                                                                                                                                                                                                          |
| CQC              | Care Quality<br>Commission                                                       | The Care Quality Commission, CQC is the independent regulator of health and adult social care in England.                                                                                                                                                                                                                                                                                                                                                        |
| OFSTED           | Office of<br>Standards for<br>Education,<br>Children's<br>Services and<br>Skills | Ofsted is the Office for <b>Standards in Education, Children's Services and Skills.</b> They inspect services providing education and skills for learners of all ages.                                                                                                                                                                                                                                                                                           |
| MSK              | Musculoskeletal                                                                  | <b>Musculoskeletal (MSK)</b> is a medical condition that can affect your joints, bones and muscles. They can range from minor injuries to long term conditions. It is estimated that over 30 million working days are lost to MSK conditions every year in the UK.                                                                                                                                                                                               |
| CVD              | Cardiovascular<br>disease                                                        | Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. CVD includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, hypertension, stroke and vascular dementia.                                                                                                                                                                               |
| SMI              | Serious Mental<br>Illness                                                        | <b>Serious Mental Illness (SMI)</b> is a term used to describe people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.                                                                                                                                                                |

# **Our thanks**

Our thank to the following organisations, who held focus groups or provided feedback through surveys that helped to in influence this strategy:

- Barnsley College, Dark Nights
- Barnsley Parent Carer Forum
- Barnsley Youth Council
- Beacon Coffee Morning (Carers)
- Breathing Space Rotherham
- Chilypep
- Citizens Advice Event, Barnsley Library
- Doncaster District Deaf Society, Happy Hands
- Doncaster Health Ambassadors
- Healthwatch South Yorkshire
- KickBack Recovery
- Newlife
- Roshni Asian Sheffield Women's Group
- Rotherham Ethnic Minority Alliance
- Safeguarding Event, Barnsley Market
- Salvation Army Goldthorpe Foodbank
- Sheffield Mansel Primary School
- South Yorkshire Stroke Survivor and Carer Panel
- Speakup for Autism
- SY Military Veterans support
- TransBarnsley
- Umbrella Winter Wellbeing

### SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire our Initial Integrated Care Strategy

December 2022

# Email helloworkingtogether@nhs.net



Telephone **0114 305 4487** 

# Agenda Item 10



Doncaster Health and Wellbeing Board

Date: 9 March 2023

**Subject:** Director of Public Health Annual Report 2022

Presented by: Dr Rupert Suckling

| Purpose of bringing this report to the Board |   |  |  |
|----------------------------------------------|---|--|--|
| Decision                                     |   |  |  |
| Recommendation to Full Council               |   |  |  |
| Endorsement                                  |   |  |  |
| Information                                  | х |  |  |

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

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

The report begins with a high level assessment of how the overall health status is changing in Doncaster. This year it is clear there are significant reductions in life expectancy, healthy life expectancy and increases in health inequality. These are caused by the direct and indirect impact of the COVID-19 pandemic on top of a worsening picture for the last decade. COVID-19 has not been the only infectious disease we have had to address this year. A national incident was declared in response to Monkeypox in the summer of 2022 and at the end of the year there was an increase in invasive Group A Streptococcal disease. It is not just infectious diseases though, the disruption to people's lives, livelihoods, the services and institutions we rely on from the pandemic have been profound and many are yet to fully recover. 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. This burden continues and is likely to be a contributor to the reduction in women's healthy life expectancy in 2022.

Doncaster has also experienced several other crises. Doncaster continues to be on the frontline of the climate emergency with record river levels in the spring and record temperatures in the summer, both leading to health and social impacts. Doncaster has continued to play its part supporting refugees and asylum seekers displaced by conflict, including the war in Ukraine. Yet the biggest crisis may only be enfolding now – and that is the 'cost of living crisis', caused by rising inflation because of the Ukraine war and the impact on global energy and food process, ongoing impacts from leaving the EU on top of people's sheer exhaustion at dealing with one crisis after another.

Finally the report provides a set of recommendations for Team Doncaster partners

- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing, learning from both the 'cost of living crisis' and the Doncaster Fairness & Wellbeing Commission.
- Review and refresh the Health and Wellbeing Strategy to set out action to address health inequalities, improve healthy life expectancy especially for women, reduce preventable mortality and related risk factors across the life course including children and young people's mental health and increase the confidence in local people to self-manage their health conditions.
- Review the implementation Doncaster Delivering Together, clarifying accountability and deliverables for the next two years.
- Secure long term community centred working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations by developing a Team Doncaster community prevention model.
- Maximise the impact of the new Health Determinant Research Collaboration.
- Continue to prepare for emergencies, build resilience and maintain response capabilities and capacity, working with local and national partners.

#### Recommendations

The Board is asked to:-

NOTE the report and consider how the recommendations can be taken forward in future strategy and delivery plans.

# Public Health Annual Report

2022



### **Contents**

- Foreword from Cllr Nigel Ball,
  Cabinet Member for Public Health,
  Leisure and Culture
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- 5 The State of Health in Doncaster in 2022
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- 19 Use of the Public Health Grant
- 21 The Performance of Public Health Commissioned Services and Programmes
- 27 Call to action Cost of Living
- 31 Conclusion and Recommendations



Councilllor Nigel Ball

Cabinet Member for Public Health, Leisure and Culture

# 2022 has continued to be a challenging year for all of us in Doncaster, Britain and indeed worldwide.

As we enter a new year and to a large extent, leave Covid 19 and our response behind us, life in many cases has remained a constant struggle and has continued to test our resilience and perseverance not only among the work we do as a council, but also with the people of Doncaster and our communities. The issues and challenges facing the people of Doncaster in respect of the 'cost of living crisis' in terms of fuel, food and finances are great, sustained and urgent.

The main focus of this report focusses on the effects that the post pandemic world has thrown at us and how this impacts on Doncaster and its people in terms of life expectancy and indeed healthy life expectancy which have seen a decline.

By addressing poverty, inequality and lack of opportunity in these places we understand that real community action needs to take place and the key to this will be in the empowerment, enabling of the people and the communities in which they live. This will drive positive lives and indeed provide the impetus for hope, happiness, and ownership and in turn improve health inequalities.

This annual report again, highlights the important work on a range of health issues and the wider determinants of health that the Public Health Team perform on a daily basis. This work continues to take place and I am proud to see that happening.

Again on a personal note we all face challenges in our day to day lives and it's been again a very rough year for all of us. We all need to be mindful of this in our day to day interactions with people. So please be good to each other, take care of yourselves, your families and communities.

Whilst we accept that the Coronavirus response has been at the forefront of our work here in Doncaster we must also recognise that a good deal of work has taken place to identify and concentrate on our great areas of need and indeed how we recognise that 'back to normality' will not be enough to make lasting social change in these areas or localities. By addressing poverty, inequality and lack of opportunity in these places we understand that real community action needs to take place and the key to this will be in the empowerment, enabling of the people and the communities in which they live. This will drive positive lives and indeed provide the impetus for hope, happiness, and ownership and in turn improve health inequalities.

This annual report again, highlights that despite the enormous energy and activity that has and is still being devoted to battling Coronavirus, so much other important work on a range of health issues continues to take place and I am proud to see that happening.

Again on a personal note, we all face challenges in our day to day lives and it's been again a very rough year for all of us. We all need to be mindful of this in our day to day interactions with people. So please be good to each other, take care of yourselves, your families and communities.

# Welcome to my eighth Annual Report as Director of Public Health for Doncaster Council.

The report begins with a high level assessment of how the overall health status is changing in Doncaster. This year it is clear there are significant reductions in life expectancy, healthy life expectancy and increases in health inequality. These are caused by the direct and indirect impact of the COVID-19 pandemic on top of a worsening picture for the last decade.

COVID-19 has not been the only crisis that Doncaster people have faced in 2022. In fact the Collins Dictionary's word of the year for 2022 was permacrisis – an extended period of instability and insecurity, especially one resulting from a series of catastrophic events. It is easy to see why this applies to 2022. 2022 began with the Omicron wave of COVID-19 and as we start 2023 we will have seen four subsequent waves. COVID-19 still has direct impacts on people's health. Despite effective vaccination programmes there have still been too many avoidable infections, hospitalisations and deaths. In fact, the numbers of people being hospitalised with COVID-19 were higher in 2022 than in 2021! My thoughts again are with all those who lost loved ones or have been impacted by the pandemic directly and in other ways.

However, COVID-19 has not been the only infectious disease we have had to address this year. A national incident was declared in response to Monkeypox in the summer of 2022 and at the end of the year there was an increase in invasive Group A Streptococcal disease. It is not just infectious diseases though, the disruption to people's lives, livelihoods, the services and institutions we rely on from the pandemic have been profound and many are yet to fully recover. 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. This burden continues and is likely to be a contributor to the reduction in women's healthy life expectancy in 2022.

Doncaster has also experienced several other crises. Doncaster continues to be on the frontline of the climate emergency with record river levels in the spring and record temperatures in the summer, both leading to health and social impacts. Doncaster has continued to play its part supporting refugees and asylum seekers displaced by conflict, including the war in Ukraine. Yet the biggest crisis may only be enfolding now – and that is the 'cost of living crisis', caused by rising inflation because of the Ukraine war and the impact on global energy and food process, ongoing impacts from leaving the EU on top of people's sheer exhaustion at dealing with one crisis after another. I have outlined in the call to action how we are responding to this locally.

As last year, I have provided a breakdown on how the public health grant is allocated. This year I have provided a narrative as to how locally commissioned public health services are performing. The national benchmarking report that I have previously used is no longer produced.



Dr Rupert Suckling @rupertsuckling

Director of Public Health Doncaster Council



# The state of health in Doncaster 2022

# It is difficult to understand the true state of health in Doncaster in 2022. Clearly the COVID-19 pandemic has still had a major impact on health in the city in 2022.

Yet focusing solely on the pandemic misses the point that there are still a number of other health and wellbeing issues that affect the overall state of health in Doncaster.

Some of the annual data that is routinely used to assess the state of health still precedes the pandemic and will only be updated in the years to come. Local data may still not reflect the true picture of health but may give a better indication on the health of local people and the pressures on the local health and care system.

In previous reports I described how everyone knows when they feel healthy and how Directors of Public Health use a range of population outcome measures to assess overall health status. There are three headline measures that are used to describe overall population health, Life Expectancy, Healthy Life Expectancy and Health Inequalities.

This year, Team Doncaster has updated the Joint Strategic Needs Assessment (JSNA). As well as the three headline measures, an assessment of the changes to the size and makeup of the population, data has been grouped in terms of 3 key life stages; starting well, living well and ageing well. The JSNA is available at:

www.teamdoncaster.org.uk/jsna

#### **Life Expectancy**

Life Expectancy, across England, over the last 10 years has been flat. In Doncaster Life Expectancy continues to mirror the national picture albeit at a lower level. In the last year however, the impact of the pandemic has reduced Life Expectancy by 0.5 years in men and 0.7 years in women. It remains to be seen if this is a temporary situation or a permanent situation.

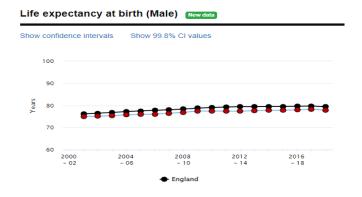
For 2018-2020 Life Expectancy at birth in men was 77.8 years in Doncaster compared to 78.4 years for men in Yorkshire and the Humber and 79.4 years for men in England. Life Expectancy at birth for women for 2018-2020 was 81.0 years in Doncaster compared to 82.3 years in Yorkshire and the Humber and 83.1 years in the England.

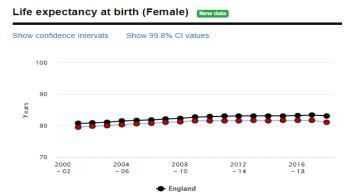
Deaths from preventable conditions in Doncaster are 50 percent higher than in the rest of England. These preventable deaths include some deaths in childhood, deaths from overdose, violence and suicide, and premature deaths from heart disease, respiratory diseases and cancer. To reduce these preventable deaths partners will need to re-establish the prevention services that were disrupted by the pandemic.

### **Healthy Life Expectancy**

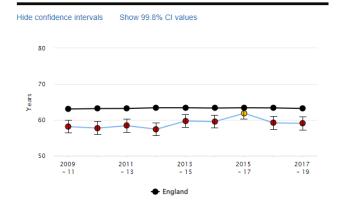
As well as assessing length of life, quality of life is important too and this is measured by assessing Healthy Life Expectancy. This is the length of time people live in a self-assessed state of good or very good health. In England Healthy Life Expectancy has been falling since 2016-18 but it has been falling much quicker in Doncaster. For 2018-20 Healthy Life Expectancy for men was 57.4 years compared to the England rate of 63.1 years, a difference of 5.7 years. The latest data shows a Healthy Life Expectancy for women of 56.1 years compared to the England rate of 63.9 years a difference between Doncaster women and England of 7.8 years. Although this is selfreported data, these differences are worthy of further investigation especially in terms of obvious inequalities.

# **Public Health Report 2022**

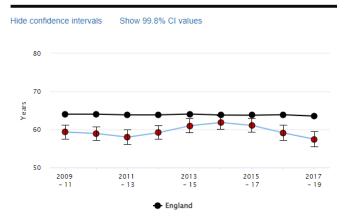




#### A01a - Healthy life expectancy at birth (Male)



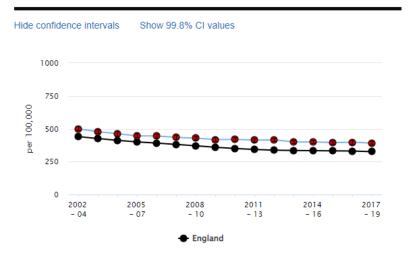
#### A01a - Healthy life expectancy at birth (Female)



### **Health Inequalities**

Whether it is life expectancy or healthy life expectancy, over the last 10 years Doncaster has not closed the gap with the rest of England. It is time to reassess whether there is more that can be done or new approaches employed to bridge this gap. In fact the gaps are getting wider.

#### Under 75 mortality rate from all causes

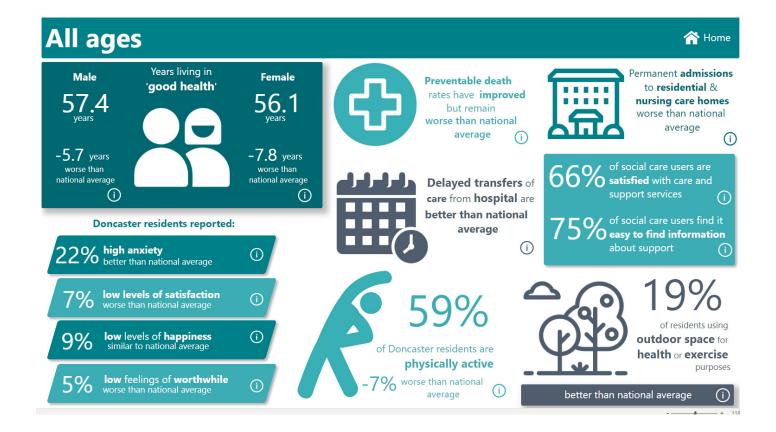


## The state of health in Doncaster 2022

### **All Ages**

As well as the fall in Healthy Life Expectancy and the static preventable death rates the All Age section of the JSNA comments on levels of wellbeing, physical activity, use of outdoor space for exercise as well as data on discharges from hospital and admissions to residential and nursing care. Doncaster people show low levels

of self-reported satisfaction and falling levels of happiness compared to other areas and levels of physical activity are still lower than other areas and have fallen from 61 percent last year.



#### Starting well

The data on resilience has not been updated since last year. However, although hospital admissions for mental health disorders are not going up, there have been increases in admissions for self-harm. The numbers of Children in Need continue to fall but the number of Children in Care is increasing.

There has been a significant reduction in Doncaster babies born at a low birth rate so much so that this is now at the national average. Childhood obesity locally and nationally is still increasing.

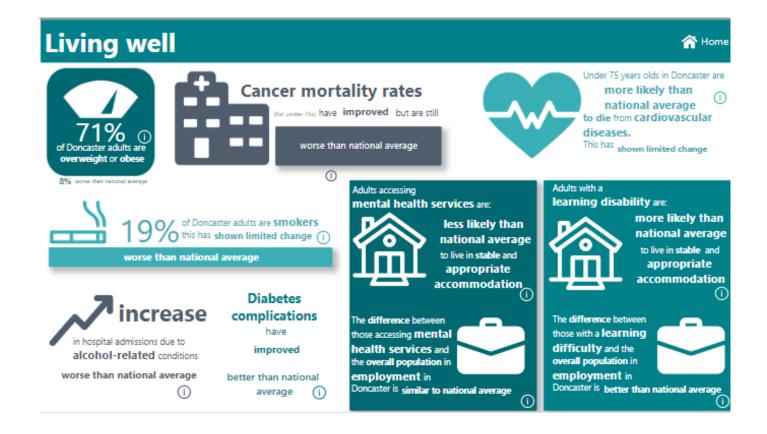


## The state of health in Doncaster 2022

#### **Living Well**

Deaths from cancer and cardiovascular disease are falling but are still significantly worse than the national average. Several key risk factors including smoking, alcohol and obesity are still significantly higher than the national average and alcohol related conditions and overweight and obesity are increasing. Housing particularly for people

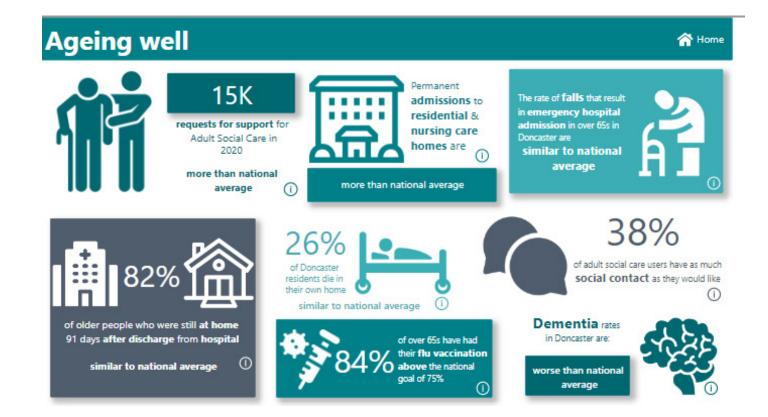
who use mental health services is less likely to be stable although improving and housing for people with a learning disability is more stable than the national average as is the employment rate in Doncaster for people with a learning difficulty. The impact of any increase in the cost of living may be felt by this group.



### **Ageing Well**

For older adults in Doncaster although the numbers of people with dementia are higher than the national average this is likely to be due to better identification. The number of people at risk of falling has reduced and the number of people

at home 91 days after discharge has increased too but the number of people requesting social care support and need permanent admisson to residential and nursing care homes are higher than the national average.



The Crises of 2022: Coronavirus (COVID-19), Climate, Conflict, Cost of Living





# The Crises of 2022: Coronavirus (COVID-19)

# 2022 started with the continuation of the COVID-19 crisis.

By the end of 2021 Doncaster had had 5 waves of COVID-19 and as 2022 began Doncaster was amid this fifth wave – caused by the Omicron variant. At the start of 2022, many health and care organisations were declaring business continuity incidents with 10-15 percent staff absence as the numbers of COVID-19 cases increased rapidly. The Omicron wave did start to fall in January, but as the rates fell it was clear that there were places where pockets of 'COVID' remained stubborn. Any relief was short lived as by March there was a new wave caused by the BA.2 variant of Omicron that was with us until May 2022. In June and July, there was an increase in cases due to the BA.5 variant of Omicron and although this fell in during August, as schools went back in September there was a further wave on COVID-19. As 2022 ends there is a new wave of COVID-19 caused by the BQ.1 variant of Omicron.





Tracking the impacts of COVID-19 in 2022 has been more difficult as widespread Polymerase Chain Reaction (PCR) testing for COVID-19 was scaled back in early 2022, and Lateral Flow Tests were no longer available. However, COIVD-19 has still had significant direct and indirect impacts

Although the number of reported cases in the first 11 months of 2022 are similar to 2021 (45,954 to 42,502) this is almost certainly an underestimate due to the reduction in testing. There were more hospital admissions for people with a positive COVID-19 test in the first 11 months of 2022 than the same time in 2021 (3,041 compared to 1,940) and whilst many of these people would have had COVID-19 without symptoms, manging these asymptomatic cases in hospitals places extra pressure on health care beds and staff. Finally, there were as many deaths of people within 28 days of having a positive COVID test in the first 11 months of 2022 as in the same period in 2021 (325 deaths and 295 deaths respectively).

All data is available at: https://coronavirus.data.gov.uk/details/ cases?areaType=ltla&areaName=Doncaster

It is also clear that whilst vaccination reduces the risk of death from COVID-19 it has much less impact on reducing transmission. So COVID-19 is still with us and still is a major cause of concern for people for whom vaccination is not an option or in whom vaccination does not work.

# **Public Health Report 2022**

COVID-19 has not been the only infectious disease that made the headlines in 2022. In May 2022 a national incident was declared due to a rise in Monkeypox cases. This is a rare viral infection and although usually self-limiting can be severe in some people. Although the risk to the general population was low, vaccination of high risk populations was offered. A third infectious disease made the headlines in December 2022 when a national communication was sent to the public and health and care professionals reminding people about the symptoms of group A streptococcal disease, which is responsible scarlet fever but had been the cause of (by the 6th December 2022) of 8 child deaths in the UK. Locally this alert increased pressure significantly on children's health and care services.

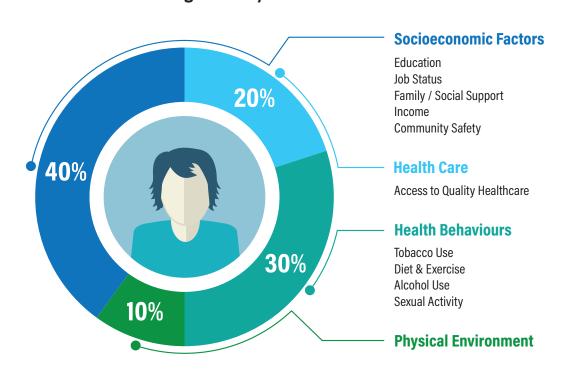
The direct impacts of infectious diseases are clearly still with us. We need to ensure that for vaccine preventable diseases we have high levels of vaccination, but we also need to remind ourselves of the signs and symptoms of other infectious diseases and make sure our self-management and health and care services are equipped to respond.

We are still seeing the indirect impacts of COVID-19 too. The pandemic exposed increasing inequalities in health and placed additional strain on the health and care system. There is no clear indication that this is improving with the health and care system operating under intense demand all year with long waiting lists for emergency and planned care, exacerbated by ongoing workforce sickness and shortages.

This situation is contributing to the poor health status described in the previous section. It is not just impacts on the health and care system that are being seen. There are signs of poorer communication skills in our young children and clearly many children missed out on education too that is also having an impact on children's mental health. In older adults we are seeing many people leave the workforce and are no longer looking for work. Doubtless the UK COVID inquiry will look at many of these issues too.

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#### What goes into your health



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# The Crises of 2022: Climate, Conflict and Cost of Living

It is clear to many that the climate is changing, and in 2022 Doncaster experienced both flooding and high temperatures.

First in February, record river levels were recorded on the Don and although there was much less impact than the floods of 2019 these are still very distressing and disruptive times for many Doncaster people. Then in July the first national 'Red heat alert' was issued and on 18th July temperatures in Doncaster peaked at 40.1C (104F) just below the new national record of 40.3C at Coningsby in Lincolnshire. At the time South Yorkshire Fire and Rescue (SYFR) had to deal with fires in Sprotbrough, Hatfield and Rossington. In August, an 'Amber health alert' was released and again SYFR had to respond to a fire in Scawsby and unfortunately a death due to drowning. Nationally these periods of heat were associated with a 10 percent increase in deaths, with deaths more likely in older people and those with underlying health problems, and these heat waves will have contributed to a number of local deaths too. It is clear that adaptation, mitigation and response to these natural emergencies must be carried out alongside a renewed push to carbon-zero.

2022 also saw the continuation and escalation of a number of global armed conflicts. The most obvious is the escalation of the Russo-Ukrainian war with the invasion of mainland Ukraine by Russia causing a massive refugee crisis. The council was able to provide a welcome point at Doncaster Sheffield Airport to support people coming to the UK from Ukraine and in the first 9 weeks over 900 people were welcomed to the UK through the airport with 50 of those staying in Doncaster. It was not just the Council operating alone that supported new arrivals, Team Doncaster partners, the Doncaster Ukrainian Centre and the Conversation Club were heavily involved too. The fallout from other conflicts still impacts people around the world and Doncaster continues to play its part supporting refugees and asylum seekers from Afghanistan and Syria. However, responding in emergencies can place extra pressure on already stretched services and place extra demand on local housing supply. Improved working with the Home Office and their contractors could improve the situation as would a renewed focus on affordable house building.



# **Public Health Report 2022**

The escalation of the war in Ukraine sparked a global energy crisis putting up the cost of both oil and gas. This energy crisis was one reason for the UK 'cost of living crisis' and did lead to a range of national measures announced to support households. However, it was not just energy prices that fuelled the cost of living crisis, incomes were not keeping up with the rise in inflation putting additional pressures on poorer households, there were also increased costs of borrowing (including mortgages), increased food costs following leaving the EU along with commodity and wage increases. Finally, there was an increase in the number of people choosing to leave work and the number of people out of work for health related issues. In fact, the cost of living crisis may prove to be a bigger and more enduring challenge than COVID-19!

As these crises continue to show, not everyone is impacted the same. The same fault lines in wealth, health, and social protection, are obvious and these crises are as much social as medical. The British Academy (Shaping the Covid Decade) described 9 significant areas of long-term societal impact of COVID -19:

- 1. The importance of local communities
- 2. Low and unstable levels of trust
- 3. Widening geographic inequalities
- 4. Exacerbated structural inequalities
- 5. Worsened health outcomes and growing health inequalities
- 6. Greater awareness of the importance of mental health
- 7. Pressure on revenue streams across the economy
- 8. Rising unemployment and changing labour markets
- 9. Renewed awareness of education and skills



As a result of this hunger, food insecurity, economic meltdown, climate related disasters and global large scale involuntary migrations are as we have seen all more likely. The economic impacts of the exit from the European Union, the move to more online retail, permanent changes to shopping patterns and the changing use of town centres and communities, homeworking, hybrid working will continue. The importance of being digitally connected will not go away either.

These crises are interconnected but they have not created new inequalities, in fact they have exposed existing inequalities and exacerbated them. The impact on existing inequalities between people from different ethnic groups is particularly stark. At times of crisis it can be easy to focus on the immediate issues and the demands in acute care. The challenge is to not only focus on the immediate but also to focus on the important and the other 80 percent of factors that contribute to health and wellbeing.

## The Crises of 2022

# Use of the public health g

The World Health Organisation's new health promotion charter the Geneva Charter for Well-being has five key areas for action and is an approach that can support Doncaster Delivering Together locally.

- Design an equitable economy that serves human development within planetary boundaries
- · Create public policy for the common good
- · Achieve universal health coverage
- Address the digital transformation to counteract harm and disempowerment and to strengthen the benefits
- · Value and preserve the planet

To help understand and address these wider factors the Council along with our partners at the University of Sheffield and Sheffield Hallam University, have been successful in a bid to host a National Institute for Health and Care Research (NIHR) Health Determinant Research Collaboration (HDRC). HDRC Doncaster represents significant investment to enable the Council to become more research active and embed a culture of evidence-based decision making.

This new collaboration (led by Dr Susan Hampshaw), one of ten across the United Kingdom will help develop research capacity and capability through collaborations with the academic sector and other stakeholders to undertake research to address the wider determinants of health and health inequalities. This is a huge opportunity for Doncaster and our work will be underpinned by our TIDES principles:

- Work will be Theory-Informed, harnessing theories on knowledge mobilisation, research capacity development, and behaviour change
- We will Learn by Doing and share our learning
- We will ensure we do not privilege some voices/ ideas above others (Equity)
- We will ensure our collaboration is a pathway to Sustainable and applied research in Doncaster

Find out more about our plans by emailing us HDRCDoncaster@doncaster.gov.uk

The Council's Director of Public Health is tasked with leading the local public health function with the overall intention of improving health and improving the health of those with the worst health fastest.

To achieve these goals often involves multi-sector and multi-party activity working across boundaries both between and within organisations. However, the council's public health function does receive a ring-fenced public health grant to support activity.

The public health grant is allocated through the council's budget setting process and can be directed to both mandated and non-mandated services guided by the Public Health Outcomes Framework (PHOF), the local Joint Strategic Needs Assessment (JSNA) and the local Health and Wellbeing Strategy. The list of public health services that are mandatory (prescribed) and non-mandatory (non-prescribed) includes the following:

# Prescribed functions (mandated services):

- Sexual health services

   sexually transmitted infections (STI) testing and treatment
- Sexual health services
   Contraception
- 3. NHS Health Check programme
- 4. Local authority role in health protection
- 5. Public health advice to NHS Commissioners
- National Child Measurement Programme
- 7. Prescribed Children's 0-5 services

# Non-prescribed functions (non-mandated services):

- 8. Sexual health services advice, prevention and promotion
- 9. Obesity adults
- 10. Obesity children
- 11. Physical activity adults
- 12. Physical activity children
- 13. Treatment for drug misuse in adults
- 14. Treatment for alcohol misuse in adults
- 15. Preventing and reducing harm from drug misuse in adults
- 16. Preventing and reducing harm from alcohol misuse in adults
- 17. Specialist drugs and alcohol misuse services for children and young people
- 18. Stop smoking services and interventions
- 19. Wider tobacco control
- 20. Children 5 to 19 public health programmes
- 21. Other children's 0 to 5 services non-prescribed
- 22. Health at work
- 23. Public mental health
- 24. Miscellaneous, can include, but is not exclusive to: nutrition initiatives, accidents prevention, general prevention, community safety, violence prevention and social exclusion, dental public health, fluoridation, infectious disease surveillance and control, environmental hazards protection, seasonal death reduction initiatives, birth defect preventions

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- 25. Test, track and trace and outbreak planning
- 26. Other public Health spend relating to COVID-19

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# Use of the public health grant

In 2022 the Public Health Grant was allocated as set out as below. There were significant extra one-off external resources for health protection to support the response to COVID-19, to support people who were Clinically Extremely Vulnerable, additional money for substance misuse services and research income. The wider determinants fund has been maintained at £5.3m.

|                                                                          | 2021/22<br>Actual | 2022/23<br>Budget |
|--------------------------------------------------------------------------|-------------------|-------------------|
|                                                                          | (£000s)           | (£000s)           |
| Public Health - Grant                                                    | -24,609           | -25,300           |
| Public Health - Other income                                             | -13,662           | -11,411           |
| Total Public Health Income                                               | -39,006           | -36,712           |
|                                                                          |                   |                   |
| <b>Expenditure: Commissioned Services</b>                                |                   |                   |
| Sexual health                                                            | 2,381             | 2,350             |
| NHS Health Check programme                                               | 3                 | 350               |
| Health protection                                                        | 4,851             | 1,704             |
| National Child Measurement programme                                     | 68                | 68                |
| Obesity                                                                  | 466               | 233               |
| Physical activity                                                        | 61                | 80                |
| Substance misuse                                                         | 6,148             | 7,798             |
| Smoking and tobacco                                                      | 434               | 731               |
| Children 5-19 public health programmes                                   | 1,752             | 1,955             |
| Children 0-5 health visiting                                             | 5,759             | 6,186             |
| Mental Health                                                            | 283               | 148               |
| Other public health services misc H&WB                                   | 6,825             | 7,372             |
| Sub-total Commissioned Services                                          | 29,031            | 20,065            |
| Public Health advice (including Salary costs)                            | 2,085             | 2,139             |
| Sub-total Central and Support Services                                   | 2,085             | 2,874             |
|                                                                          |                   |                   |
| Expenditure: (Wider determinants)                                        |                   |                   |
| Realignment                                                              | 5,061             | 5,046             |
| Growth                                                                   | 263               | 263               |
| Sub-total wider determinants                                             | 5,309             | 5,309             |
| Total Expenditure (commissioned + central & support +wider determinants) | 36,425            | 36,712            |



## **Performance of Commissioned Services**

The majority of public health commissioned services including health visiting, school nursing, sexual health and substance misuse services modified their delivery methods during the pandemic.

I have provided a short snapshot of how they have performed over the last year. In 2022 the Public Health team still provided leadership, support and manpower to the Team Doncaster COVID-19 response including local testing and contact tracing.

#### **Health Visiting**

Health Visiting services are required to offer all families expecting a child 5 mandated reviews including an antenatal contact, new birth visit and 2 year review. The Health Visiting Service has consistently met targets for mandated reviews, often exceeding national averages. Breastfeeding at 6-8 weeks after birth has remained fairly consistent albeit low with around 30-33 percent of babies either being totally or partially breastfed. Health Visiting services are key to the delivery of additional health promoting, preventative initiatives including the distribution of universal Healthy Start vitamins to over 7000 pregnant women and women with a child under 12 months in the last year. The service has also distributed over 7000 tooth brushing packs and information on good oral health to families across Doncaster.

#### **Smoking in Pregnancy**

The smoking in pregnancy service has consistently met targets for timely offer of support and selfreported guits at 4 weeks. The target for Carbon Monoxide (CO) validated quits had suffered during the COVID pandemic as the service user is required to blow into the CO monitor and this was prohibited under COVID restrictions. Once the restrictions were lifted, numbers for CO validated guits slowly returned to pre-pandemic rates and we are pleased to see the target for CO validated quits in expectant mothers exceed the target of 85 percent in Q1 22/23. The service continues to work closely with midwifery colleagues to ensure women identified as smokers are referred into smoking cessation services and are referred throughout pregnancy. A dedicated link worker is now in place in the hospital to encourage women to take up the offer of support if they are struggling to stop smoking during their pregnancy.

# 5-19 Public Health Programmes -School Nursing

In 2022 the School Nursing service continued to perform well, meeting its targets in relation to the Key Performance Indicators and in many areas exceeding expectation. The service focused on mental health and wellbeing, physical health and wellbeing and positive lifestyle choices. Demand for the service remained high with all partners. Primary schools consistently take up the offer for support around Safe touch and puberty. Secondary schools consistently take up the offer for in-house health and wellbeing clinics. A key request from children and young people this year from the service has been around support for emotional wellbeing.

#### 5-19 Public Health Programmes -Young People's Health & Wellbeing Service (Project 3)

Project 3 performed well providing sexual health, substance misuse, and smoking cessation interventions for young people aged 11-19 years. The drop-in clinic was stopped during the pandemic, however the service has adapted to ensure that young people were still having their needs met by offering same day appointments wherever possible. The ongoing impact of the pandemic was also noted for the National Chlamydia Screening Programme (NCSP), with a reduction in the numbers screened. Positive screens have been a challenge for a longer period and reflect issues noted nationally. The easing of Covid restrictions allowed for greater opportunities for outreach with strong demand from a range of education settings.

This year saw the recommissioning of 5-19 Public Health Services, bringing together School Nursing and Project 3 services into one delivery model. The new service 'Zone 5-19: Children and young people's health and wellbeing service' began on 1st August 2022, the service has mobilised well and has been engaging with young people, families and professionals to offer support.

#### **NHS Health Checks**

The NHS Health Check is a mandated Public Health prevention programme which aims to reduce the risk of heart disease, kidney disease, stroke, type 2 diabetes and some forms of dementia; through early identification, assessment and management of lifestyle and behavioural risk factors such as smoking, diet, alcohol intake and physical inactivity which can contribute to early death. In response to the COVID-19 pandemic, NHS Health Checks were paused nationally to reduce the pressures in Primary Care and the Service came to a natural end in Doncaster in March 2021.

The focus this financial year has been on the recovery and restarting of the programme with a new commissioned Service which prioritises delivery to those who are at the greatest risk. Restarting has been a challenge due to the current climate and uncertainty in the supplier market, however this has presented Doncaster with an opportunity to redesign and reshape Service requirements to best meet the needs of the population and consider improvements in line with the new national recommendations for the transformation of the programme.

Priorities for the new commissioned NHS Health Checks Service in Doncaster will be:

- To invite and encourage the eligible population to take up the offer
- To support a reduction in health inequalities by targeting individuals and communities with the greatest health needs and those most at risk
- To support and empower individuals to make healthy choices by raising awareness of the risks associated with specific lifestyles and behaviours

## **Performance of Commissioned Services**

#### Adult substance misuse

Post pandemic, the service has seen an increase in alcohol referrals. In June 2020 there were 263 alcohol clients in treatment compared to June 2022 when there were 593 alcohol clients in treatment, an increase of 125 percent. Successful alcohol treatment completions in Doncaster are at 43 percent against national performance of 36.6 percent in June 2022. Opiates successful completions however remain at 2.3 percent against a target of 5 percent but the relapsing nature of substance misuse should be noted as a contributory factor, and remaining in treatment is a protective factor in itself. Additional supplementary funding from The Office for Health Improvement and Disparities has been used to increase staffing levels for criminal justice clients and those with multiple needs, increasing capacity to assertively engage and outreach with individuals. A pilot initiative to support families affected by substance misuse has been delivered by Aspire, with 84 referrals made of which 70 have progressed to structured treatment, during April to October 2022. A pilot of alcohol early intervention services has proved highly successful with 54 referrals and 36 successful discharges during April-October 2022.

# Public mental health and suicide prevention

The Public Health team maintains real time surveillance of all suicides locally and a tailored support response individuals affected by suicide is provided by Amparo who supported 10 individuals in 2022/23. Additionally the IMP;ACT service is commissioned to support people who have made previous suicide attempts and during April to July 2022, 33 people were supported to increase their personal resilience. A pilot project to support the uptake of the Zero Suicide Alliance online training has been delivered in all 4 localities across Doncaster, and training in talking to children & young people following bereavement by suicide will be delivered to a total of 52 school staff.

#### **Doncaster Smoke Free**

The service continues to perform well with an overall a 4 week quit rate of 68 percent (May to August 2022 average) against a target of 50 percent. The service targets and engages with groups with higher smoking prevalence than the average Doncaster population, i.e. people with long term conditions, people with mental ill health and routine and manual workers. Post pandemic, numbers of referrals into the service are slightly lower this year than last year with 759 people setting a quit date and 517 people actually quitting during April to August 2022.

#### **Adult Sexual Health Services**

The Public Health commissioned adult sexual health services include testing and treatment for sexually transmitted infections (STIs), contraception provision and psychosexual therapy services. Advice, prevention and promotion are embedded across all service elements delivered. 1st April '22 saw a change in service provider, with Sexual Health Services 4 Doncaster (SHS4D) provided by Solutions 4 Health taking over from TriHealth. SHS4D moved into their new clinic space at High Fishergate in July and have been quick to settle into service provision for our Doncaster residents.

Numbers through the service for both STI and contraception provision were lower than usual at the start of the year, this was due to factors associated with the change in provider. The second half of the year has seen an improvement on activity levels across the service and this will continue to be built upon moving forward. Provision of the online STI testing offer has been well received with high take up and plans to establish community hub sites will further improve access to sexual health services across the borough.

#### **Air Quality**

School Streets funding was received from DEFRA at the start of 2020 following a joint funding bid between Doncaster and Barnsley Council coordinated by Sheffield City Region (SCR) colleagues. DEFRA agreed to extend the funding deadlines due to Covid-19, and the project was able to start in April 2021. During 2021/22 10 Schools held a School Street Closure.

The schools received support to promote active travel on the day of the closure. Prior to the event school children participated in lessons about the effects of air quality on climate change and designed posters to reflect their learning. Since hosting a School Street Closure 7 schools have gone on to achieve either bronze of silver Modeshift stars accreditation and are working hard to achieve the next level. The accrediation recognises schools, businesses and other organisations that have shown excellence in supporting cycling, walking and other forms of sustainable and active travel.

The benefits of holding the one-day closures enabled us to promote active travel directly to parents/carers and families, as well as promoting the School Streets initiative to schools across the borough utilising press and social media.

To support sustainability, a toolkit has been developed for schools that would like to arrange a one-off School Street for themselves. During 2021 there was an opportunity to bid to DEFRA for further funding and we were successful in gaining funds to trial 4 permanent School Street closures and a further 10 one day trial closures at schools.

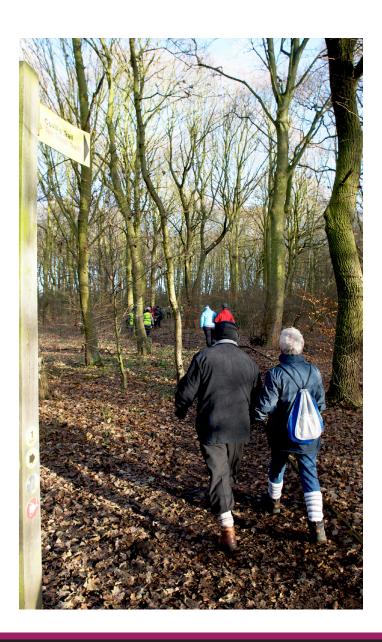
The Public Health team is also represented on the Air Quality Steering Group which is responsible for the council's Air Quality Action Plan.

The action plan is currently under review, with the refresh due June 2023.

#### **Get Doncaster Moving**

Physical Activity – "Healthy and vibrant communities through physical activity and sport"

Doncaster is taking a whole systems, place based approach to tackling inequalities in physical activity. The Get Doncaster Moving Team coordinates this collaborative approach across Public Health, Doncaster Council and Team Doncaster. Within the Public Health Directorate, the GDM team shares resources and works in partnership with the Well Doncaster and the Wider Determinants teams; and together they have a central leadership role in creating connections between resident priorities, policy themes and diverse Government objectives.



## **Performance of Commissioned Services**

#### Highlights for 2022:

**STRENGTHENED PARTNERSHIPS AND COLLABORATION** - through the refresh and launch of the Get Doncaster Moving Strategy, which sets out a shared vision for movement, physical activity and sport until 2030, with eight themed policy ambitions.

MAJOR SPORT EVENTS - Doncaster hosted three Men's Rugby League World Cup fixtures, and hosted the Samoan Men's National Team (SMNT) for three weeks. The Get Doncaster Moving team coordinated an engagement and impact programme which included; the SMNT visiting schools and clubs; Over 350 children given match day opportunities (mascots, flag bearers, ball crew, play on the pitch and half term performances); securing investment of £700k to build a purpose built facility for a Doncaster amateur Rugby League club; 11 Community groups receiving micro grants to deliver RLWC2021 themed activities including physical activity sessions, arts and crafts sessions, viewing hubs and decorative purposes. We have also launched 'Game Plan' in partnership with Leeds Beckett University; to share learning about community impact from hosting major sport events

ACTIVE SCHOOLS - over 60 primary schools joined the Doncaster's PE and Active schools network to share good practice, learning and opportunities. 13 primary schools have signed up to the Creating Active Schools Framework (CASF); using a 'peer-to-peer' approach with teachers supporting each other to implement the framework to increase physical activity throughout the school day.

DANCE (IN PARTNERSHIP WITH DARTS) - 15 Dance On! classes delivered across community venues and care settings, and a free programme of Dance On! at home classes through the darts website and Sine FM radio for people aged 55+

**INVESTMENT IN LEISURE CENTRES** - Considerable on-going investment into Doncaster's stock of leisure facilities, for example since 2020, £1.1m invested into the refurbishment of Armthorpe

Leisure Centre, £750k into the refurbishment of Rossington Leisure Centre and £910k secured from Sport England to support the £5.5m refurbishment of Askern Leisure Centre and Country Park.

**DONCASTER FUTURE PARKS** – significant progress made this year, with 1,715 residents engaged in shaping the development of the Future Parks programmes on four sites through surveys and community events. The Doncaster Green Space Network has supported the development of new and existing voluntary groups, increasing the capacity across the network through training and supporting groups in delivering community events and activities. There has been an increase in collaboration across the DGSN, groups are beginning to working together independently from the wider network to achieve common goals. In the autumn, we launched the Doncaster Parks Corporate Volunteering pilot, helping business deliver their social corporate responsibility while helping restore our parks and green spaces through active work. Using HUQ data we have identified that across the 15 future parks over 2,760,000 have visited these spaces in 2022, through the scheduled investment it will be determined if this has had an impact on parks usage.

ACTIVE COMMUNITIES, IN PARTNERSHIP WITH WELL DONCASTER - 5 GDM Community Connectors in place, hosted by Community Anchor Organisations, who support residents to access opportunities close to where they live. Our 80th Active Communities Grant awarded (total value £37,700) since the start of the programme in 2020. Grants are awarded to individuals and groups to increase support, access and opportunity for inactive people.

ACTIVE TRAVEL - We have supported the Wider Determinants and DMBC Transportation Team to secure investment to deliver a pilot to test how we support residents to travel actively through social prescribing. The walking programme has grown significantly; we are now supporting 26 community led walking groups across the borough and we have trained 84 Community Walk Leaders and 35 Ramblers Wellbeing Walks Walk Leaders.



# Call to Action: Cost of Living

I have described how we began 2022 still experiencing the effects of the COVID-19 pandemic and how we are still recovering from its wider social and economic impacts.

However, as we went through 2022 the UK experienced a cost of living crisis, with increasing energy, food, and service costs. These all affect people with the lowest incomes the most. In October 2022, inflation was at 11.1 percent, the highest rate since 1981, and within this, the prices of some items were increasing at a much faster rate. Food inflation was 16.2 percent overall, but for pasta alone it was as high as 34 percent. Although the December data shows a slight fall to 10.7 percent these are still astonishingly high inflation rates and need to be taken together with rising interest rates. In December 2021 the Bank of England intertest rate was 0.1 percent by December 2022 it had risen to 3.5 percent – increasing the costs of mortgages.

Figure 1: Annual CPIH and CPI inflation rates ease slightly in November 2022

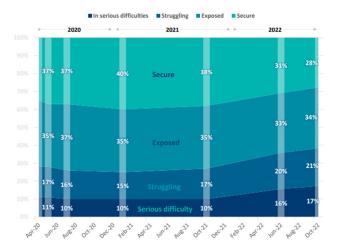
CPIH, OOH component and CPI annual inflation rates for the last 10 years, UK. November 2012 to November 2022



Although the full health impacts of the cost of living crisis will not be felt for many years, we already know that the cost of living crisis is affecting our residents and having an impact locally. We also know that the economic and health impacts will not be felt equally across Doncaster's communities, because poverty and health are closely linked, and our poorest households are the least resilient to economic shocks. The University of Bristol Financial Tracker shows that by October 2022 there has been almost a doubling in households in serous financial difficulty from 10 percent to 17 percent<sup>1</sup>. The percentage of households who have a negative outlook on their finances compared to during the pandemic has also doubled from 25 percent to 50 percent.

In 2022 Team Doncaster has been able to build on the work started as a response to the COVID-19 pandemic and used to develop the Borough Strategy Doncaster Delivering Together to identify and work with groups in our communities who do not have the same opportunities as other people. As part of our work to support people during this cost of living crisis, we have been working with these groups to give them the extra help that they need.

 $\label{eq:figure1} \emph{Percentage of UK households in our four financial wellbeing categories in each wave of the coronavirus financial impact tracker$ 



Source: Office for National Statistics - Consumer price inflation

Evans J, Collard S (2022) Prices Rising, Temperature Falling: the financial wellbeing of UK households in October 2022. Findings form the 7th Financial Fairness Tracker Survey. University of Bristol https://www.bristol.ac.uk/geography/research/pfrc/themes/capability-behaviours-wellbeing/covid-19-tracker/ (last accessed 14/12/22)

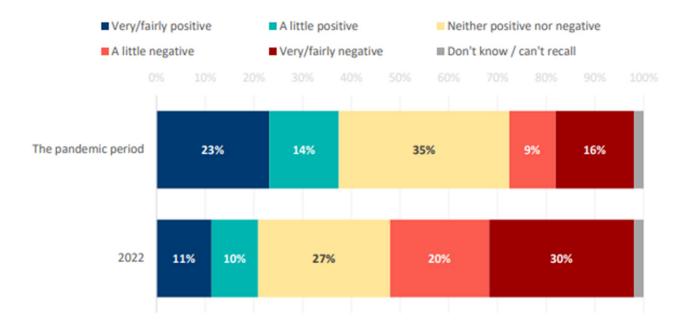


Figure 7 – Comparing the impact of the pandemic and 2022 on UK households' finances

Our response during this immediate period has included:

- Reviewing how information, advice and guidance is provided to our residents. We have updated and relaunched the Your Life Doncaster website: www.yourlifedoncaster.co.uk
- Promoting and running Information campaigns, such as Cost of Living Support, Talk Money
   Week and produced a Winter Booklet for all households all supported by online information.
- Providing financial and practical support to our partners in the voluntary and community sector. This has included increasing the amount and length of funding to Citizens Advice Doncaster Borough (CADB). CADB have employed additional debt support workers and rolled out outreach advice services across the borough, using community venues and working with other groups such as food banks. We have also provided office space in the Civic Building when a previous landlord ended their tenancy at short notice.
- Supporting food banks financially using the Holiday Activities and Food Programme funding and helping them develop so that a range of support is provided to their users. This has included providing CADB advice workers and connecting food banks to other local offers.
   We are also exploring options to support the development of local 'food pantries'. These help food bank users regain independence by offering a range of goods at a low, fixed price.
- Administering the Household Support Fund and Local Assistance Scheme payments.
- Working with the Mayoral Combined Authority to develop proposals on how the new Shared Prosperity Fund could be used to support residents, and our local voluntary and community groups.

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# Call to Action: Cost of Living

We are using data and local intelligence to target our interventions to those who need our help most. But there will still be people that services or support do not reach. There are entrenched structural issues within our communities that restrict peoples' opportunities and abilities to cope with economic, and other, shocks.

We know that it is not just a case of weathering the storm, recovering from this cost of living crisis will require national and local action. To help us develop a set of local policy responses we have established a Fairness and Wellbeing Commission. The Fairness and Wellbeing Commission is working to gather evidence on the experiences of people who live and work in Doncaster so that we can better understand the challenges and opportunities they face. It will make an independent strategic assessment of the nature, extent, and causes of inequalities in Doncaster and make recommendations for tackling them in the medium and long term to improve wellbeing across the borough.

The potential wide scope of this inquiry means that the Commission may need to prioritise a number of key issues. These may include:

- · Barriers to work
- Maximising income/debt
- Food security
- Housing costs
- Fuel Poverty

The commission will operate in a similar way to that of a parliamentary select committee, mounting a short, focussed enquiry, taking evidence, and producing a final written report.

We all have a role in supporting our residents during the cost of living crisis. Some of the things we can all do are

- Take a compassionate approach with everyone who is experiencing difficulties during the cost of living crisis
- Share information on the advice and support that is available and help people to access the information if they find it difficult
- Take part in campaigns and share messages proactively with our communities
- Help people who are nervous or unsure about coming forward for support and work through trusted local people and community groups
- Show solidarity and support local charities, business and campaigns including Real Help Doncaster: www.justgiving.com/campaign/ realhelpdoncaster
- Contribute to the Fairness and Wellbeing Commission 'call for evidence' to help us understand the experience of our residents: www.teamdoncaster.org.uk /doncaster-fairness-well-being-commission



# **Conclusion**

# The COVID-19 pandemic is still with us, but it is not the only challenge we are dealing with.

There are other infectious diseases that we are seeing and the impacts on health and care services look intransigent. These crises together with climate change, conflicts and the cost of living set a very challenging context for Doncaster people and services for 2023 and future years. These are a set of unprecedented circumstances, and many people will show signs of trauma, psychological, emotional, or mental health needs. Many of these health impacts will also cluster in some groups more than other and these inequalities need to be addressed and if possible, prevented.

Community centred approaches remain critical and they should be secured for the long term and not just for the pandemic or cost of living crisis. Poverty, long term inequalities and a lack of resilience not just in Doncaster but in the UK more generally must be addressed. 2023 will need a recovery that does not only renew but regenerates Doncaster with investment in social as well as economic infrastructure, a productive, low carbon economy at its heart, with a job's led recovery leading to low unemployment, wages that keep pace with the cost of living and a reduction in child poverty.

# **Future recommendations**

Team Doncaster partners should:

- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing, learning from both the 'cost of living crisis' and the Doncaster Fairness & Wellbeing Commission.
- Review and refresh the Health and Wellbeing Strategy to set out action to address health inequalities, improve healthy life expectancy especially for women, reduce preventable mortality and related risk factors across the life course including children and young people's mental health and increase the confidence in local people to self-manage their health conditions.
- Review the implementation Doncaster
   Delivering Together, clarifying
   accountability and deliverables for the next
   two years.
- Secure long term community centred working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations by developing a Team Doncaster community prevention model.
- Maximise the impact of the new Health Determinant Research Collaboration.
- Continue to prepare for emergencies, build resilience and maintain response capabilities and capacity, working with local and national partners.

# Agenda Item 11



Doncaster

Health and Wellbeing Board

Date: 9 March 2023

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.



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

#### Introduction

The purpose of this updated report is to provide the Doncaster Health and Wellbeing Board with a set of proposals 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. 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

<sup>&</sup>lt;sup>1</sup> 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

| Area of Focus                 | Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ı | Proposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community Insight             | <ul> <li>Review how to increase people/citizen voice in the Health and Wellbeing Board meeting 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</li> <li>Planning groups and boards that report to the Health and Wellbeing Board to be co-chaired with people with lived experience</li> <li>Continued focus on Making it real 'I' and 'We' statements</li> <li>Regular Health and Wellbeing related Doncaster Talks, Healthwatch and partner activity (localities) ICP</li> <li>Regular feedback and discussion with the Inclusion and Fairness forum and other associated groups e.g. minority partnership board</li> <li>Conduct Fairness and Wellbeing Commission</li> </ul> |   | Public Questions at Health and Wellbeing Board either on notice, to allow more informed dialogue, or to act as a trigger for future agenda item(s). Maintain venue of Health and Wellbeing Board due to governance requirements. Wherever possible agenda items at Health and Wellbeing Board to be coproduced and co-presented with people with lived experience Review TOR of any groups directly reporting to the Health and Wellbeing Board to ensure co-chairing arrangements Develop forward plan to cover Making it Real Board, Healthwatch, and health and wellbeing related Doncaster Talks, Inclusion and Fairness forum and Minority Partnerhip Board activity. Schedule Fairness and Wellbeing Board feedback. |
| Active<br>Communities         | <ul> <li>Continued focus on Asset Based<br/>Community development in the<br/>localities work</li> <li>Maximise the use of local buildings<br/>and assets</li> <li>Support the development of more<br/>peer led groups</li> <li>Identifying and engaging with<br/>community connectors</li> <li>Support Community Wealth Building</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   | Schedule update on locality and community working                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Participation infrastructures | <ul> <li>Ensure partner participation<br/>infrastructure is understood and<br/>coordinated</li> <li>Share participation outputs and<br/>synthesise for Doncaster, locality<br/>and neighbourhoods</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | Establish participation engagement group – combining horizon scanning, sharing practice, ways of working and training – chair tbc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|                                                            | Understand the SYICB approach as it develops                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                     |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thriving Voluntary, Community and Social Enterprise sector | <ul> <li>Support the local infrastructure organisation</li> <li>Continue to develop investment approaches with the VCSE including the social isolation alliance</li> <li>Support volunteering</li> <li>Support the development of Community Anchor organisations-rooted in place</li> </ul>                                                                                                                                                                                                                                                                                               | <ul> <li>Ensure local infrastructure approach meets the needs of all stakeholders across Doncaster and in place</li> <li>Schedule report back on locality investment</li> <li>Consider enhanced approach to volunteering opportunities</li> </ul>   |
| Workforce<br>Development                                   | <ul> <li>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</li> <li>Community engagement toolkit</li> <li>Agreed reimbursement approach for coproduction</li> <li>Training for local people on asset based community development</li> <li>Training for staff in strengths based ways of working</li> <li>Mentoring and reverse mentoring</li> <li>Encourage involvement in research</li> <li>Agreeing a set of measures for good engagement</li> </ul> | <ul> <li>Agree a 'what good likes' for involving people in health and wellbeing, develop a minimum level of training across Doncaster and update toolkit</li> <li>Adopt Adults Health and Wellbeing coproduction reimbursement approach.</li> </ul> |
| Embedded into core business                                | <ul> <li>Support and grow the social<br/>economy and community businesses</li> <li>Continue with alternative giving<br/>mechanisms, e.g. crowdsourcing</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>Embed social value in partner procurement processes</li> <li>Develop novel investment models</li> </ul>                                                                                                                                    |

# Recommendation

The members of the Health and Wellbeing Board are asked to comment and agree the proposals including whether public questions at the Health and Wellbeing Board should either be on notice to allow more informed dialogue or act as a trigger for future agenda item(s).

R Suckling

23 February 2023



# Agenda Item 12



Doncaster Health and Wellbeing Board

Date: 09.03.2023

Subject: Health and Well-being Strategy

Presented by: Allan Wiltshire

# Purpose of bringing this report to the Board

The Health and Well-being board have a statutory duty to develop a Joint Health and Well-being Strategy (JHWBS). The current Strategy has expired and this item explores options for taking this forward for the Board to consider.

| Decision                       | X |
|--------------------------------|---|
| Recommendation to Full Council |   |
| Endorsement                    |   |
| Information                    |   |

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

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

A strong and evidence led JHWBS will provide the framework for the Health and Well-being board's work plan over the coming years and help to direct the resources of organisations towards the health and well-being priorities for Doncaster.

#### Recommendations

The Board is asked to consider the briefing paper and provide a steer on the options presented linked to a future Joint Health and Well-being Strategy.





Doncaster Health and Wellbeing Board

Date: 09.03.2023

#### JOINT HEALTH & WELLBEING STRATEGY – BRIEFING PAPER

#### **Purpose**

Doncaster's Joint Health & Wellbeing (JH&WB) strategy has expired. There are multiple recent factors to consider which in turn present a few options on how we can progress. This paper sets out the considerations and options and seeks a direction from the Board on how to progress.

## What needs to guide the development of the strategy?

- Documentary coverage for all sub-elements of H&WB: Physical, nutritional, mental, Emotional, Social, Environmental, Intellectual, Occupational or vocational, Financial.
- Something that describes what the HWBB will focus on/what the priorities are.
- It also needs to be consistent with the South Yorkshire Integrated Care Partnership strategy, and reference and respond to the findings in the JSNA.
- It needs to reference and be based around the three-stage life course.
- It needs to stem from and directly reference and support the borough strategy, Doncaster Delivering Together (DDT), the wellbeing essentials and great 8 priorities; as well as the other Tier 1 partnership strategies.

## What have we got already?

DDT has an agreed set of wellbeing essentials. These place sub-elements of health and wellbeing in the top tier of our strategic framework, at the heart of our borough strategy.

| Health   | Education    | Income     | Transport | Influence | Social  | Greenspace |
|----------|--------------|------------|-----------|-----------|---------|------------|
| Services |              |            |           |           | Equity  |            |
| Food     | Digital      | Employment | Homes     | Safety    | Social  |            |
|          | Capabilities |            |           |           | Contact |            |

These are in turn are covered by the DDT Great 8 priorities:

- 1. Tackling climate change;
- 2. Developing skills to thrive in life and work;
- Making Doncaster the best place to do business and create good jobs;
- 4. Building opportunities for healthier, happier and longer lives for all;
- 5. Creating safer, stronger, greener and cleaner communities where everyone belongs;
- Nurture a child and family-friendly borough;
- 7. Building transport and digital connections fit for the future; and
- 8. Promoting the borough and its cultural, sporting and heritage opportunities.

Given the level of engagement and consultation already completed for the development of DDT and other strategies, there is no need to repeat and duplicate such large scale activity for an H&WB strategy refresh. A synthesis of existing and live engagement activity can be used to inform the content of the strategy.

The same applies to the process of data gathering – the JSNA provides the majority of what we need to inform the strategy.

The Fairness and Well-being Commission has commenced in 2023 and will consider several issues that may align closely with a Health and Well-being strategy. We will develop the strategy in parallel and wherever possible learn from both processes and support the board to respond to any commission recommendations.

#### **Options for Strategy Development**

The options for strategy development are set out below. All options are feasible and a detailed timeline of development for the strategy will be composed once an option is chosen.

#### Option 1 (Summary only - Setting out the Priorities)

Produce a short product that outlines the key priorities of the HWBB up to 2025. It signposts to other things in place as much as possible – both in any shorter term existing strategies and longer-term ambitions (to 2030) e.g. in DDT. The document will clearly state what is important to us but no detail on how and who etc. will be included. The document would be no more than around 5 pages long.

#### Option 2 (Summary and headline actions - Setting out the priorities & describing how):

Produce a product that outlines the key priorities (as above) but also describes how the HWBB and TD goes about achieving them up to 2025. This option would include strategic actions and/or areas of activity and programmes of work. This product would be more detailed, and so bulkier than Option 1, (around 15 pages long).

# Option 3 (Full process, as per other tier 1 strategies):

We do what we have done for other strategy related products recently – state (or probably restate) the baseline position, complete an engagement and consultation process, bring together the stuff that is already included in other strategies that contribute to H&WB. This would mean a much more comprehensive document (around 40+pages) and would take around 6 months.

# Agenda Item 13



Doncaster Health and Wellbeing Board

Date: 9 March 2023

**Subject:** Health Protection Update for Quarter 3 held on Wednesday 18<sup>th</sup> January

2023.

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) |                   |
|                                  | Mental Health                        |                   |
|                                  | Dementia                             |                   |
|                                  | Obesity                              |                   |
|                                  | Children and Families                |                   |
| Joint Strategic Needs Assessment |                                      |                   |
| Finance                          |                                      |                   |
| Legal                            |                                      |                   |
| Equalities                       |                                      |                   |
| Other Implications (please list) |                                      | Health Protection |

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

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.

This Health Protection update provides Doncaster Health and Wellbeing Board with assurance that the duties of protecting the health of the people of Doncaster are effectively being undertaken. The update covers the following:

How COVID-19 is monitored in the borough and actions being undertaken to control it;

- Measures to prevent and control infections in hospitals and care homes;
- Performance of immunisation and screening programme;
- Infectious disease surveillance report;
- Air Quality; and
- **Tuberculosis**

## Recommendations

The Board is asked to:-

Note the update on health protection measures being taken to protect the health the people of City of Doncaster Council.



## **Minutes**

**Meeting:** Health Protection Assurance Group

**Date/Time**: Wednesday 18<sup>th</sup> January 2023

Venue: MSTeams

#### Present:

Dr Victor Joseph, City of Doncaster Council, Public Health (Chair) Carys Williams, City of Doncaster Council, Public Health

Laurie Mott, PIC, City of Doncaster Council

Sally Spridgeon-Davison, NHS Bassetlaw

Sarah Lindley, City of Doncaster Council

Sarah Gill, NHS England & NHS Improvement

June Chambers, UKHSA

Scott Forbes, City of Doncaster Council,

Mim Boyack, DBTH

Sarah Atkinson, City of Doncaster Council, Public Health

Dr Ken Agwuh, DBTH

Emma Gordon, City of Doncaster Council, Environmental Health

Sally Gardiner, City of Doncaster Council, Public Health (Note Taker)

| Wolcome and Introduction                                                 |
|--------------------------------------------------------------------------|
| Welcome and Introduction                                                 |
| The group were welcomed and introductions took place.                    |
|                                                                          |
| Declaration of interest                                                  |
| None were declared.                                                      |
|                                                                          |
| Apologies for Absence                                                    |
| Apologies received from Alison Swift.                                    |
|                                                                          |
| Minutes from previous meeting and Action Plan                            |
| Noted actions for August 22 meeting were completed as below:-            |
|                                                                          |
| June Chambers - I can now tell you that in 2001 and so far this year,    |
| there have not been any cases [hepatitis A, B and C] reported to         |
| PHE/UKHSA.                                                               |
| FIIL/ONIGA.                                                              |
| Sarah Gill -The most recent data for Breast screening over the end of    |
| •                                                                        |
| Dec 21 and into early 22 doesn't show much difference by locality        |
| across South Yorkshire. All the units are trying to improve the uptake   |
| but are not doing anything specific or different to Doncaster. Doncaster |
| unit have worked hard at trying to bring women into the service who      |
|                                                                          |

Did not respond during Covid. They continue to call and text women to remind them to book.

All units are now going to be working on getting more ladies with Learning disabilities into the programme through targeted phone calls to check what reasonable adjustments are needed.

# **Actions from last meeting**

Noted:-

Comms actions were completed. Dr Agwuh added that there was inconsistency with visitors not wearing masks, decided to allow people at their discretion not to wear masks on corridors but we made it mandatory on clinical areas, wards etc.; this has been effective and coincided with increase in covid and helped us to contain; we hope review and to step down mask wearing soon.

All actions are being taken forward based on recommendations from the health protection system's workshop.

Recommendations 1-4: Sarah has been working with North PCN and got census data to help with data; focus on areas of Gypsy travelers and Roma population, there is ongoing work to target those communities.

Cary's advised Recommendations 5 & 6 had been done and 7 was ongoing. 8 embedded in all plans going forward.

Recommendation 9 noted monkey pox numbers come down now, guidelines in place, most vaccines done now in sexual health Recommendation 10 is ongoing Victor advised.

Terms of Reference had been circulated for comments again. No comments received.

The minutes from the previous meeting were agreed as a true and accurate record.

#### 5. COVID –

# **Incident Rates and Log**

Laurie updated and presented data tables:-

Modelled prevalence estimate by ONS showed January 2023 situation update.

Key message is the prevalence of covid is falling across all regions with exception of north east.

Sub-regional estimate shows, population prevalence of covid is 4.04%; 1 in 25, mid table for region, top third for England.

Age breakdown Y&H – up until early January saw increases in 70 & 24 years old but this may have changed now.

Doncaster is still testing more than others, 3<sup>rd</sup> in region, 40/100,000 tests in previous week. Similar the week before.

BA5 seems to be gradually disappearing over last few months Hospital data showed yesterday 61 active covid cases, none in intensive care unit (ITU).

Compared to last year it's a slightly better position of numbers in hospital

Vaccination data continuing, rate of increase has fallen off considerably, but Doncaster has highest vaccination uptake rate at 67.3% for region

Deaths – no noticeable increases.

Victor reflected saying testing mainly referring to what is happening in care homes/hospitals, is there available data? Yes positive cases data but not on testing.

Mim said DBHT still doing a lot of testing, days 0,3,5,7. Ken said continued testing for those patients going to be admitted mainly, due to mainly isolating as mandated to do, but step down coming soon. People coming with respiratory infections, dual testing is picking up covid with respiratory infections.

Sarah Lindley updated and presented map of Doncaster showing COVID cases in the borough.

Noted:-

Currently monitoring 23 settings across Doncaster but not all covid related, 0 to be confirmed

Closed 4482 cases, 4505 in total

23.6 7 rolling day average

17 live covid cases that we are monitoring at moment in predominantly adult social care, 1 school got covid outbreak at moment.

No flu cases this week

1 Scarlet Fever, 3 Strep A.

# 6. Health Protection Assurance& Monitoring Reports

### Infection, Prevention and Control

#### **DBTH**

# **Hospital report**

Mim talked through report, noted:-

Abbott ID Now POCT capacity across sites testing for COVID, flu and RSV. More machines remain in place to support elective activity. Helped to place patients, amount of flu cases had been able to isolate them. Only 3 active flu cases.

Catheter passport work is ongoing across acute trust and care homes. A meeting is planned next week. Good joined up work with Catheter Team. Giving better advice to patients and using only when necessary. Zero MRSA Bacteraemia cases within the acute trust between October-December.

Fit testing demand will continue to be high. The IPC team are not able to meet the demand. Fit testing resilience principles are now mandatory and are part of the EPRR core standards. This means that it is mandatory that all staff are fit tested on at least two masks and that they are fit tested every two years. This is being reviewed by Executive Team. Big challenge could be anyone, cleaning staff, e.g.

Worked through with Executive Team. Having to prioritise. Noted training issue as well.

Shortage of Microbiology Consultants. Have had some help, COVID – 19 activity and Flu activity. Management of isolation/cohort facilities within the context of dual infection. Managed it, very proud of staff.

Deep Clean still a challenge due to capacity, noted issues and is on risk register.

Blood culture contamination rates 6.3% - unable to move forward with improvement work due to operational activity currently. Starting to do training with nutrition colleagues and hope to roll out training soon. Working collaboratively with partners to try and address the MRSA cases within the IVDU population – First drop in planned for 27<sup>th</sup> January 2023. Got resources to make every contact count. any news on supply of Prontoderm for the IVDU population. Sorted this now.

Victor asked, how is blood culture contamination rate over time? Mim said staying at 4.5-6%, average is 3%. Noted got work to do on this and going to focus on medical staff training, but it's a huge resource implication.

# **Older Persons Care Homes report**

Mim talked through the report, noted:-

To visit each older persons care home at least every 4-6 weeks unless circumstances require additional support. Noted going into 1 home weekly as had some concerns.

All the achievements listed.

Objective is to maintain support over next period and bring in LD side and, so bring everything in line going forward.

#### **RDaSH IPC Community Report**

Noted receiving it and that Deborah has left.

Heard from Mim about the plans to bring in line at DBTH, noted Jo has met with contracts team to look at what the expectations are; 10% visited but Mim said they want to do much more a bring in line with our older people visits. At the moment will be getting out to see what they want, noted LD is different as going into their homes.

# **RDASH Hospital Report**

Noted report received but representative not at meeting to present it.

#### Screening and Immunisation Update

Sarah updated highlighting the priorities and then the main points for each programme:-

# **BCG** vaccine and SCID (Severe Combined Immuno-Deficiency):

Noted only getting 55-60% babies getting vaccine in timeframe, monitoring and working with trust, a lot to do with referral process, is an ongoing concern.

#### Issues to raise to Health Protection Board:

We are still monitoring uptake of BCG Vaccination at 28 days on a monthly basis and are working with the programme to improve the number of babies that achieve this target. We are working with the Trust to identify the main issues to help improve the number of babies who meet the target.

# **Diabetic Eye Screening**

#### Issues to Raise at Health Protection Board:

We are still awaiting confirmation of Trust approval for movement of SLB services into DESP programme to avoid any delays.

### **Breast Screening**

#### Issues to raise to Health Protection Board:

Uptake for breast screening is still lower than pre-covid rates and we would appreciate everyone's support to encourage women to come back to the service.

# Seasonal Flu

# Issues to raise to Health Protection Board:

Nationally an incident has been identified through PharmOutcomes and Immform (the secure data platforms utilised for vaccine data collection) whereby the incorrect vaccine has been inadvertently administered to over 65 years cohort in both pharmacies and GP practices. National comms has been sent out to all Pharmacies and GP practices, as a reminder of the recommended vaccinations for all cohorts.

The Public Health Programmes Team are constantly reviewing and contacting pharmacies and GP practices across South Yorkshire including within the Doncaster locality where the errors have been identified to ensure these individuals are recalled to receive the correct vaccine and reiterate recommended vaccinations, this has impacted on 21 patients in the Doncaster locality.

Flu uptake across all cohorts has not reached the levels at the same time as 21/22 season. This is mirrored across South Yorkshire.

# **Childhood Immunisations:**

# Issues to raise with Health Protection Board

Historically obtaining data of ethnic group vaccination uptake has been challenging. Continue to need support from partners to identify the barriers to uptake and how partners can work together to increase uptake within these undeserved communities.

Support is needed to increase MMR uptake across all areas of the city. School vaccinations Team needs to be supported to access schools and improve on communications to facilitate good uptake of vaccination programmes

Victor asked Sarah to highlight the areas of most concern. Sarah said Breast screening has low uptake, as does Cervical screening, targeted work is in hand focussing on low uptake areas of childhood vaccinations, Flu cohorts

#### Surveillance report

Noted reported, June said the Streptococcal Infection and Scarlet Fever cases looks low, but that's because 25,000 cases have not been fully uploaded on system yet. Not seen infections usually see this time of year. Flu came through later, will see a big increase in those in Feb/March data.

Emma Gordon said been struggling as not got notifications from hospital since December, but just got all now and there doesn't look to be higher numbers than expected for food borne infections. June said there had been high numbers of E-coli in Yorkshire and the Humber Region though. Things not quite as expect to see maybe down to covid all things seeing are out of season. Scarlet fever been extremely high.

Ken said they'd had 4/5 cases Pneumococcal meningitis. Discussed reporting discrepancies in system, June said it depends how data put on system or may have got lost in system. Issues with data not feeding through.

Ken mentioned seeing high rise in these cases nationally.

June advised that for the first time ever they'd had a Haemophilus
Influenza type B in a 60 year old; seeing things not normally seen; this
is keeping us on our toes and refreshing guidance, very strange times.

# **Air Quality and Pollution Control**

Scott provided an update, noted:-

The latest Annual Status Report has been submitted to Defra on the air quality in Doncaster used data gathered throughout 2021. Its conclusion is that in 2021 concentrations of nitrogen dioxide had not returned to pre-pandemic levels, so good news. Although slightly raised, compared to those of 2020, the long-term trend continues to be decreasing. Think has a lot to do with more people buying electric vehicles so cleaner vehicles out there.

Air Quality Management Areas that have remained in place are Bawtry Rd Bessacarr, Skellow 5 lanes end area, Carr House rd, Conisbrough near Castle, Market Place, Hickleton & Marr, Warmsworth A1 Roundabout.

1 unit to install in Bessacarr.

An accident in Skellow out the AQM unit there, insurance caim to get Refurbishment /modernisation programme has cost £300k Following the resolution of technical problems, with respect to the sub metering for electricity, the programme is on schedule for completion by Spring 2024. As previously reported, this will mean that at 6 sites the monitoring of PM2.5 will be added to the suite of determinants. The Air Quality Steering Group was relaunched with the Director of Public Health taking the Chair; this will add impetus to the group. F40 Action plan to be worked on for DEFRA and out of that looking to develop a new air quality policy for the Council.

Within the borough, the highest concentrations of nitrogen dioxide are those recorded in the village of Hickleton/Marr. £25k funding was

secured to monitor traffic, do a survey to look at class/where vehicles coming from. Report to be released soon. A second survey is planned looking at Hickleton/Marr again looking at those results. Any solutions to reduce levels and look at natural cycle with hybrid vehicles, looking around 2032 natural reduction in emissions drop below the required levels.

Working with Barnsley council as they are developing/building homes in their area on border in Goldthorpe, so expect to see increased traffic in area so working with their planning department/consultants to ensure not to increase traffic and so emissions through Hickleton/Marr. Noted photographs showing the external and internal views of the new Air Quality Monitoring Stations. Noted you can view live data on council website.

Victor asked if Doncaster has met standards; Scott said no, not yet, close to it, getting better; most areas getting close to levels needed, but still a few concern areas like Hickleton & Marr and Balby road areas. Can't say it's great but getting better.

Victor asked how the survey was actually done? Scott said it was done over a week using equipment that triggers APR system vehicle registration and laserbeam taking emission readings that were logged and broken down into type/range of vehicles, e.g vans/lorries/cars. The report is not completed yet but shows those vehicles of problem.

Noted Scrutiny Panel questions could be addressed by looking on live webpage for council pollution area information.

# 8. TB Steering Group TB Cohort Review

Continue to meet regularly and pick up any TB cases/any concerns. Noted referral pathways, picking up late with DBTH and TB nurses. Also session with GP target (education session) is being planned. TB Cohort review to be started back up again soon.

# 9. Review of amended Terms of Reference

No comments received.

#### 10. AOB

None.

# 11. Date and Time of the Next meeting

Wednesday 19th April 2023 @ 2-3.30pm

