City of Doncaster Council

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Agenda

To all Members of the

HEALTH AND WELLBEING BOARD

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

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

Date: Thursday, 11th January, 2024

Time: 9.00 a.m.

BROADCASTING NOTICE

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	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)

Damian Allen
Chief Executive

Issued on: Wednesday 3rd January 2024

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

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4.	Public questions. **(A period not exceeding 15 minutes for questions from members of the public. PLEASE NOTE: Questions/Statements should relate specifically to an item of business on the agenda)**	15 mins (Chair)
5.	Declarations of Interest, if any.	1 min (Chair)
6.	Minutes of the Meeting of the Health and Wellbeing Board held on 9th November 2023. *(Attached – pages 1 – 10)*	2 mins (Chair)
7.	Health and Wellbeing Strategy - Verbal Update. *(Cover sheet attached – pages 11 – 12)*	20 mins (Clare Henry/ Rachael Leslie)
8.	Health Determinants Research Collaboration (HDRC) Doncaster. *(Presentation/Papers attached – pages 13 – 28)*	30 mins (Dr Susan Hampshaw/ Carys Williams)
9.	Health Needs Assessment: People from an Ethnic Minority Background. *(Presentation/Papers attached – pages 29 – 78)*	20 mins (Marie Rogerson/ Natasha Mercier/ Dr Victor Joseph)

Date/time of next meeting: Thursday, 7 March 2024 at 9.00 a.m.
Venue: Council Chamber, Civic Office, Waterdale, Doncaster, DN1 3BU

Members of the Health and Wellbeing Board

Name	Job Title
Cllr Rachael Blake (Chair)	Portfolio Holder for Children's Social Care and Equalities
Anthony Fitzgerald (V-Chair)	Executive Place Director (Doncaster), NHS South Yorkshire ICB
Cllr Nigel Ball	Portfolio Holder for Public Health, Communities, Leisure and Culture
Cllr Sarah Smith	Portfolio Holder for Adult Social Care
Cllr Cynthia Ransome	Conservative Group Representative
Dr Rupert Suckling	Director of Public Health and Prevention, City of Doncaster Council
Toby Lewis	Chief Executive RDaSH
Fran Joel	Chief Operating Officer, Healthwatch Doncaster
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Phil Holmes	Director of Adults, Wellbeing and Culture, City of Doncaster Council
Riana Nelson	Director of Children, Young People & Families, City of Doncaster Council
Chief Superintendent Ian Proffitt	District Commander for Doncaster, South Yorkshire Police
Ellie Gillatt	Group Manager, South Yorkshire Fire and Rescue
Dan Swaine	Director of Place, 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)
Dr Nabeel Alsindi	GP and Place Medical Director, NHS South Yorkshire ICB

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CITY OF DONCASTER COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 9TH NOVEMBER, 2023

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER on THURSDAY, 9TH NOVEMBER, 2023, at 9.00 a.m.

PRESENT:

Chair - Councillor Rachael Blake, Cabinet Member for Children's Social Care and Equalities
Vice-Chair - Anthony Fitzgerald, Executive Place Director, NHS South Yorkshire ICB

Councillor Nigel Ball, Cabinet Member for Public Health, Communities, Leisure and Culture
Councillor Sarah Smith, Cabinet Member for Adult Social Care
Toby Lewis, Chief Executive of Rotherham, Doncaster & South Humber (RDaSH) NHS Foundation Trust
Fran Joel, Chief Operating Officer, Healthwatch Doncaster
Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals (DBTH)
Phil Holmes, Director of Adults, Health and Wellbeing, City of Doncaster Council
Laura Sherburn, Chief Executive, Primary Care Doncaster
Lee Golze, Assistant Director Partnerships & Operations, City of Doncaster Council (substitute for Riana Nelson)
Rachael Leslie, Acting Director of Public Health, City of Doncaster Council (substitute for Dr Rupert Suckling)
Chris Margrave, St Leger Homes of Doncaster (substitute for Dave Richmond)

Also in Attendance:

Councillor Glynis Smith
Lucy Garnham, Public Health Apprentice (Shaping Stainforth), City of Doncaster Council
Grace Bennett, Public Health Apprentice (Shaping Stainforth), City of Doncaster Council
Karen Seaman, Public Health Co-ordinator, City of Doncaster Council
Megan Green, Public Health Officer, City of Doncaster Council
Debbie Stovin, Senior Dental Commissioning Manager (Yorkshire & the Humber / South Yorkshire ICB Programme Lead)
Dr Sarah Robertson, Consultant in Dental Public Health, Healthcare Public Health, NHSE North East and Yorkshire
Agatha Agema, Oral Health Lead, Doncaster Council
Margaret Naylor, South Yorkshire & Bassetlaw Local Dental Network
Mandy Espey, Health Inequalities Lead, Doncaster Place
Marius Taba, Gypsy Roma Traveller (GRT) Community Link Worker, SY ICB
Whitley Smith, Gypsy Roma Traveller (GRT) Community Link Worker, SY ICB
Louise Robson, Public Health Lead, City of Doncaster Council
Ailsa Leighton, Director of Transformation, NHS South Yorkshire ICB
Ruth Bruce, Doncaster Place Partnership

Roomana Shafiq, Public Health Degree Apprentice, City of Doncaster Council
Rachel Rodgers, Public Health Degree Apprentice, City of Doncaster Council
Hamna Saeed, National Management Trainee, City of Doncaster Council
Carys Williams, Public Health, City of Doncaster Council
Faye Esat, Public Health, City of Doncaster Council

88 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and invited all attendees to make introductions.

Apologies for the meeting were received from Dr Rupert Suckling, Lucy Robertshaw, Dr Nabeel Alsindi, Dave Richmond, Riana Nelson and Cllr Cynthia Ransome.

89 CHAIR'S ANNOUNCEMENTS

There were no announcements by the Chair.

90 PUBLIC QUESTIONS

While there were no questions from members of the public, the Chair asked whether any elected Members in attendance had any questions/statements. The Board received and responded to a statement by Cllr Glynis Smith, as summarised below:-

Councillor Glynis Smith spoke of the difficulties experienced by a close family member in obtaining a timely diagnosis and treatment for a benign growth on his pituitary gland which had been bleeding and had caused pressure on his optic nerve. He had been suffering for a period of time with severe headaches and light sensitivity and initial visits to GPs and to the A&E department had only resulted in the patient being given pain relief. Cllr Smith had accompanied him to a further visit to a GP when the symptoms had worsened and suggested that he needed an urgent referral to a neurologist and that an MRI scan with contrast was needed. This was duly arranged by the GP, along with a referral to Endocrinology to investigate why the patient's hormone levels were skewed. Cllr Smith also pointed out that, during this time, the drive through Phlebotomy service at the Eco-power stadium in Doncaster had been very useful when her family member had needed to obtain a blood test.

Cllr Smith stressed that this was not a complaint about the NHS and she appreciated the pressures that the service was currently facing, but she did wish to point out that her family member had been made to feel like he was a nuisance when he had made the initial visits to GPs and to A&E and was sent home with pain relief. She was also concerned over how other more vulnerable and less articulate patients were being looked after in situations such as this and felt it was important to not lose sight of the need to treat all patients with compassion.

During discussion on the points raised by Cllr Smith, Richard Parker agreed that, irrespective of the current pressures, the primary role of the NHS should always be to treat people with care and compassion. This included listening to patients so that their needs could be identified and a timely diagnosis and referral to services ensured. He stated that he would be happy to look in more detail at any aspects of the case described by Cllr Smith and provide a full response if Cllr Smith so wished.

Anthony Fitzgerald confirmed that the temporary Phlebotomy service at the Eco-power stadium was due to close on 24 November, due to the need to prioritise service provision, however he stressed that patient accessibility to all NHS services and facilities was always a key consideration and in the light of Cllr Smith's comments today, he would seek assurances from colleagues that there were no accessibility issues in relation to Phlebotomy services at the DRI and Montagu sites together with GP practices across Doncaster.

Richard Parker added that difficult conversations would be needed with partners and the wider community in the future as regards how services would need to adapt in the face of workforce and resource challenges, while maintaining high standards of care and patient accessibility to services and ensuring that the NHS continued to provide the services that people needed. In response, the Chair asked that an item on this subject be placed on the agenda for the Board's meeting in January 2024, which she suggested could also focus on equity and fairness which would tie in with the Board's consideration of the Fairness and Wellbeing Commission's recommendations which were also due to be discussed at the January meeting.

The Chair also stated that partners, including Healthwatch and the joint communications team that worked across the NHS and the Council, could play an important role in making people aware of the patient support and advocacy services that were available to them, and signposting people to the right service. On this point, she suggested that Healthwatch work with Louise Robson who supports the Health and Wellbeing Board to produce information about support and advocacy available and send it out before Christmas.

Richard Parker cited an example of good practice in terms of improving accessibility to health services which had, in turn, brought wider benefits to the community. This was the Community Diagnostic Centre set up at the Glassworks shopping centre in Barnsley. This facility had resulted in a 50% reduction in DNAs (people not attending appointments) and a 30% increase in people from particularly deprived areas accessing screening services. He felt that this was a great example of a multi-agency solution which ticked lots of boxes in terms of improving patient accessibility to health services and also helping the local economy, as it had also resulted in increased footfall and spending in the shopping centre. He felt that initiatives such as this were important in terms of looking at how NHS services might be delivered in the future.

RESOLVED that:

1. Healthwatch be requested to work with Louise Robson who supports the Health and Wellbeing Board to produce information about support and advocacy available and send it out before Christmas; and

2. An item on the subject of future service provision, focussing on patient accessibility and equity and fairness, be placed on the agenda for the Board's meeting in January 2024.

91 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

92 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 31ST AUGUST, 2023

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 31st August, 2023, be approved as a correct record and signed by the Chair.

93 UPDATE ON ORAL HEALTH IMPROVEMENT AND DENTAL SERVICES

The Board received a presentation by Debbie Stovin, Dr Sarah Robertson and Agatha Agema which gave an overview of how South Yorkshire ICB and City of Doncaster Council were working to improve oral health and reduce oral health inequalities in Doncaster. The presentation covered:

- Population oral health data;
- A summary of the recent oral health needs assessment (OHNA);
- An overview of the dental commissioning challenges, including dental contract limitations;
- Access to dental care and the areas of opportunity to improve dental services through system working;
- The oral health position in Doncaster; and
- An overview of local community oral health improvement programmes.

The presentation concluded with a summary of what needs to happen in relation to further actions and next steps.

The Board noted that a South Yorkshire Dental Stakeholder event was to be held in Rotherham on the morning of 30 November. This event was open to a wide range of partners and agencies, including HWB and Overview and Scrutiny members, ICB members, representatives from dental practices, Healthwatch and other agencies. Further details and invites for this event were currently being sent out.

The officers then answered a wide range of questions on the presentation and the Board discussed various issues raised, including the following points:-

- The officers described what they felt would constitute success in 12 months' time. This included improving accessibility to dental services, better engagement with patients and reducing complaints. Anthony Fitzgerald stressed that if the ICB chose to make dental services a priority, then resources could be reallocated to assist with this, but obviously the ICB could only work with the resources that were available to it and in the light of the contractual limitations that had been referred to in the presentation.

- The Board recognised the importance of targeting support for those who struggled with accessing dental services the most, e.g. homeless and other vulnerable people and families living in deprived areas. Measures being taken included the establishment of a dental service for homeless people which it was hoped would commence in the next few weeks. The Board was also informed that a flexible commissioning scheme was operating, which took referrals from health visitors and looked after children teams for any children who did not have access to an NHS dentist and who were at high risk of poor oral health. Under this scheme, children were referred to one of the flexible commissioning dental practices for treatment.

- Rachael Leslie explained that the number one measure that would improve dental health and oral health was fluoridisation of water supplies across South Yorkshire, including Doncaster. She explained that plans and a survey for an operable scheme to introduce this across the region had been drawn up by engineers and submitted to the Secretary of State for a decision.

- The Board noted the importance of supervised tooth brushing schemes for children so that they learned the basics of oral/dental self-care, while recognising the need to get the message across to parents/carers that tooth brushing at home should still be carried out by children twice a day.

- Councillor Nigel Ball expressed the view that dental services warranted additional resourcing and prioritisation in Doncaster, given that it had the highest incidences of tooth decay amongst the South Yorkshire local authority areas. He also drew attention to the fact that although there were currently 24 dental practices across South Yorkshire which provided urgent access sessions, there was only one practice in Doncaster that supported the urgent care patient pathway, and he felt that this was clearly insufficient. Cllr Ball also highlighted the apparent lack of up-to-date data in the report, citing as an example the figures relating to adult oral health impacts in Yorkshire and the Humber 2018 by local authority. In response, Anthony Fitzgerald stated that the ICB would fully consider its options and the scope for prioritising dental services in Doncaster when it reviewed its resource allocations over the next 12 months. He explained that there was a balance to be struck when allocating resources in terms of how much was put towards the provision of additional access sessions at dental practices in the short term, and how much was invested in the prevention and education elements, which would help in the longer term to improve the oral health of the population. With regard to data, Anthony acknowledged that this was particularly poor in relation to dental health and access. He explained that data in this field was notoriously difficult to calculate and measure but accepted that there was a need to improve data and transparency around dental services.

- In response to a question as to whether deprived communities in Doncaster were being engaged with, Debbie Stovin explained that the South Yorkshire Healthwatch organisations were represented on the local dental network and would be involved in the Stakeholder event on 30 November. She added that work was being done with the ICB in looking at ways of improving communications with communities across South Yorkshire. On this point, Fran Joel stated that she had some concerns that because Healthwatch organisations were being asked by the ICB to work together at a South Yorkshire level, the focus on Doncaster as a place and on the local data she was collecting at Healthwatch Doncaster might be overlooked and ‘lost’ when the information was received and discussed at the Stakeholder event later this month.

- Councillor Sarah Smith stressed the importance of having access to local data down to Ward level, which would help with understanding the health inequalities in specific areas, particularly those which had deprived communities living in them.

The Chair then summarised the recommendations/actions that would need to be taken forward and it was

RESOLVED:

1. To commit to and provide the necessary resources for further engagement with stakeholders to ensure continued oversight of the local position for dental services. It was essential that a clear picture of the local situation as regards access to dental services was available, such as the number of children who did not have access to a dentist. The Chair stated that there was a wealth of anecdotal evidence that had been collected by Well Doncaster from engaging with local communities and it was important that this information was collated and made available for the Stakeholder event on 30 November;

2. To provide a commitment for continued development of community oral health improvement programmes year on year to ensure continuity of programmes. The Chair stated that she felt embarrassed as HWB Chair to hear the shocking statistics in relation to the number of children with tooth decay – this was a fundamental basic that needed addressing. She added that it was also important to factor in the barriers that families faced, such as the cost of living, in trying to adopt healthier lifestyles, and provide additional support to families where needed;

3. That a telephone number should be provided in addition to the digital platform to enable people to find dental practices that were accepting new patients, as it was important to recognise that some people were digitally excluded and did not have access to the internet;

4. To ensure that oral health improvement is part of the Health and Wellbeing Strategy for Doncaster, and that there is continued support for water fluoridation;

5. That the SY ICB looks at options for re-allocating resources in order to bolster oral health services as a priority. Similarly, the City of Doncaster Council looks at resourcing in relation to prevention activities with regard to oral health;

6. To carry out a refresh exercise of the Doncaster Oral Health Needs Assessment; and

7. That the Board receives an update on this item at its meeting in March 2024.

94 YOUTH ENGAGEMENT - LIVED EXPERIENCE: SHAPING STAINFORTH

The Board received a presentation by Lucy Garnham and Grace Bennett, supported by Karen Seaman, which outlined the various youth engagement activities that were taking place as part of the Shaping Stainforth initiative. This project was a 3-year pilot funded by the Health Foundation aimed at improving mental health and wellbeing in communities. Lucy and Grace had both been taken on as apprentices under the scheme and they outlined their lived experience journeys from the point of leaving school and explained how they had each personally benefitted from this experience on a number of levels, including improved mental health and from a personal development and career perspective.

During subsequent discussion, Board members thanked Lucy and Grace for their excellent and thought-provoking presentations.

Councillor Nigel Ball advised that it might be useful for Karen and her team to approach the Towns Board to see if they would be willing to have a young person from Shaping Stainforth take up a seat on their membership. He also gave an example of an inter-generational 'Miners Tea Party' event held in Denaby that had been organised in conjunction with Heritage Doncaster which had been an effective way of educating school children on the industrial heritage links in their local community.

Toby Lewis offered to meet with Karen, Lucy and Grace to identify and understand the current gaps in mental health service provision they had spoken of, so that steps could be taken to re-shape services to meet those needs.

In response to a comment by the Chair on the need to link in with local young people in developing the Mental Health Strategy, Lee Golze confirmed that Karen and the team had been invited to the next Mental Health Strategy Group meeting in order to discuss ways in which all parties could connect better in this area of work. Lee also indicated that he would like to visit Karen and the team to see the good work they had been doing in Stainforth with a view to replicating this approach in other regenerative neighbourhoods in Doncaster.

With regard to actions, Rachael Leslie asked that a further recommendation be added in relation to encouraging all partners to have more apprentices within their organisations, particularly apprentices from local communities, working on local projects.

In addition to the above, the Board noted the following recommendations had been put forward for consideration:

- Listen to the voice of young people to support strength based changes;
- Invest in hyper local mental health services to ensure services for young people are accessible and local; and
- Influence young people's experiences by investing in Shaping Stainforth methodology.

The Chair suggested that these recommendations should be revisited by the Board at a future meeting, to allow time for the discussions to be held at the Mental Health Strategy Group and other actions as referred to above to be completed. Karen and the apprentices would be invited back again at that time to update the Board on progress and to advise on any outstanding areas of work that still needed attention.

RESOLVED to note the above recommendations/actions arising from discussion on the presentation and agree that an update on progress be received at a future Board meeting.

95 FAIRNESS AND WELLBEING COMMISSION RECOMMENDATIONS

The Board received a presentation by Rachael Leslie which provided an update on the latest position regarding the progress of the Fairness and Wellbeing Commission, including the process and methodology that had been followed by the Commission in reaching its recommendations.

The presentation gave an overview of the purpose and scope of the Commission, its membership and the key principles and values that its members had agreed to follow through the course of the Commission's investigations. It then summarised each recommendation in turn, before concluding with the timeline for next steps and recommendations for this Board to consider.

Rachael informed the Board that an online workshop would be arranged later this month which would provide members with an opportunity to look at the Commission's recommendations in greater detail, prior to this Board formally considering the recommendations in January 2024.

RESOLVED to note the progress of the Fairness and Wellbeing Commission, including the proposal to hold an online workshop later this month to discuss the Commission's recommendations.

96 SMOKE FREE GENERATION - PROPOSED LEGISLATION

The Board received a report which provided further details on the planned legislation to raise the age of sale for tobacco by one year every year and to tighten restrictions on the sale of vapes to children and young people.

In summarising the salient points, Rachael Leslie explained that these proposals would help Doncaster to achieve the ambition of a smokefree England by 2030 and ensure children and young people did not become addicted to tobacco in the first place.

RESOLVED to:

1) support the proposed changes to legislation for age of sale for tobacco and marketing of vapes,

2) respond to the national consultation on vaping and the changes to the age of sale via the Tobacco Control Group;

3) support local schools in responding to the consultation on vaping; and

4) write to Doncaster MPs with the Board's recommendation that the new legislation be supported.

97 HEALTH INEQUALITIES - A FOCUS ON GYPSY ROMA TRAVELLER (GRT) COMMUNITIES

The Board received a presentation by Mandy Espey, Marius Taba and Whitley Marie Smith, which outlined the health inequalities being faced by the Gypsy Roma Traveller communities living in Doncaster. As part of the presentation, Whitley outlined a case study example of the life journey experienced by one female member of the GRT community and how she and her family had been supported by various agencies/partners to make personal life changes that had resulted in positive outcomes for all concerned.

It was reported that there were estimated to be 4000 people from Gypsy Roma and Traveller communities living in Doncaster, the second largest settlement in the region.

The GRT community experienced the starkest health and social inequalities of all ethnic groups, with the biggest challenge they faced being hate crime and discrimination, affecting them through all life stages. They also struggled to navigate services and often did not get the timely care and support that they needed. Consequently, they experienced significantly worse mental and physical health, with life expectancy being 10-25 years shorter than the general population. These communities touched a wide range of partners, including housing, health, social care, education, police, prison and young offender services. There was some good work happening across Doncaster to support the communities, but it was not consistent or joined up.

Members noted that the Board was being asked to consider ways of bringing wider partners together to connect with GRT communities, using more of a health inequality and kindness lens to improve their physical and mental health and wellbeing. On this subject, the Board noted that there was scope for more joined up working between partners and the ask at today's meeting was for the Board to support a more integrated approach towards improving the health of the GRT communities.

Arising from discussion on the points raised, a number of Board members gave a commitment to work with Mandy and colleagues in addressing issues around accessibility to services for the GRT community and providing training for their employees/colleagues so that they had a greater insight and appreciation of the GRT communities they served. Board Members acknowledged that as leaders, each had an important role to play in improving the health outcomes for the GRT communities in Doncaster, both as a moral and a health and wellbeing imperative.

The Chair asked that those organisations on the Board that were not in attendance today be contacted and asked to consider appropriate actions/recommendations, alongside the other Board members, so that an update could be brought to the Board's meeting in March 2024.

RESOLVED:

1. That the Board supports a more integrated and joined up approach towards improving the health of the GRT communities;

2. That Board members give a commitment to work with Mandy and colleagues in addressing issues around accessibility to services for the GRT community and providing training for their employees/colleagues so that they have a greater insight and appreciation of the GRT communities they serve; and

3. That those organisations on the Board that were not in attendance today be contacted and asked to consider appropriate actions/recommendations, alongside the other Board members, so that an update can be brought to the Board's meeting in March 2024.

98 HEALTH PROTECTION ASSURANCE GROUP MINUTES OF 18 OCTOBER, 2023

The Board received and noted the minutes of the Health Protection Assurance Group meeting held on 18 October 2023.

CHAIR:_____ DATE:_____

City of Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 11 January 2024

Subject: Health and Wellbeing Strategy – verbal update

Presented by: Clare Henry/Racheal Leslie

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

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)		

How will this contribute to improving health and wellbeing in Doncaster?
As previously communicated, Doncaster's Health and Wellbeing Strategy is overdue and requires an update to reflect the significant events and changes that have taken place since its completion in 2016. CDC & Doncaster ICB are collaborating on a comprehensive and integrated approach to addressing the health and wellbeing challenges in Doncaster. This will include the co-production of: • a 5-year plan for Health and Care across Doncaster

- a new Health and Wellbeing Strategy

We are taking a joint approach with the development of the 1 Doncaster 5-year plan to ensure that they are aligned and complement one another. Since our last update we have been working together to collate and analyse relevant data, insight, and evidence to inform the development of a set of draft priorities and delivery plans.

Furthermore, following a recent informal HWBB workshop to discuss how the Health and wellbeing Board might effectively respond to and absorb the recommendations of the Fairness and Wellbeing Commission, it was agreed that that a separate development session to consider the future priorities and governance arrangements of the board would be a timely exercise to undertake to ensure that the board evolves in a way that allows for a greater focus on the key things that will have the greatest impact.

With the agreement of the Chair of the Health and wellbeing Board, a development session is planned for Friday 9 February 2024 and will consider the draft priorities of the health and wellbeing strategy and the future governance arrangements of the board. Work to prepare for this session is underway.

Recommendations

The Board is asked to note the verbal update, endorse the proposals for the additional Development session to be held on Friday 9th February 24 and commit to attending the session to ensure the session is useful in its purpose.

City of Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 11th January 2024

Subject: Health Determinants Research Collaboration (HDRC) Doncaster

Presented by: Dr Susan Hampshaw, HDRC Doncaster Director, Public Health Doncaster Council

Carys Williams, HDRC Doncaster Coordinator, Public Health Doncaster Council

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

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

How will this contribute to improving health and wellbeing in Doncaster?
Doncaster's Health Determinants Research Collaboration (HDRC) is funded by the National Institute for Health and Care Research (NIHR) and represents significant investment to enable Councils to become more research active and embed a culture of evidence-based decision making. Hosted by City of Doncaster Council and in collaboration with our partners at the University of Sheffield and Sheffield Hallam University, we aim to reduce health inequalities and address the wider determinants of health through our work and approaches.

Our overall vision is to focus on growing our capacity to develop and use knowledge within our decision-making processes to lead to better outcomes for the local population.

Our presentation will provide a summary of the work we've done to date, our principles and approaches and an overview of next steps.

Health Determinants Research Collaboration (HDRC) Doncaster - City of Doncaster Council

Recommendations

The Board is asked to:-

- Champion evidence informed and evidence supported decision making
- Ensure that the Health and Wellbeing strategy for Doncaster is evidence informed
- Provide suggestions for opportunities to update members and other forums on the work of the HDRC and the support we can offer
- Support a research priority exercise through the board.

Health Determinants Research Collaboration (HDRC) Doncaster

Health and Wellbeing Board
January 2024

Susan Hampshaw, HDRC Doncaster Director
Carys Williams, HDRC Doncaster Coordinator

NIHR | Health Determinants Research Collaboration Doncaster

Recommendations

The board is asked to:

- Champion evidence informed and evidence supported decision making
- Ensure that the Health and Wellbeing strategy for Doncaster is evidence informed
- Provide suggestions for opportunities to update members and other forums on the work of the HDRC and the support we can offer
- Support a research priority exercise through the board

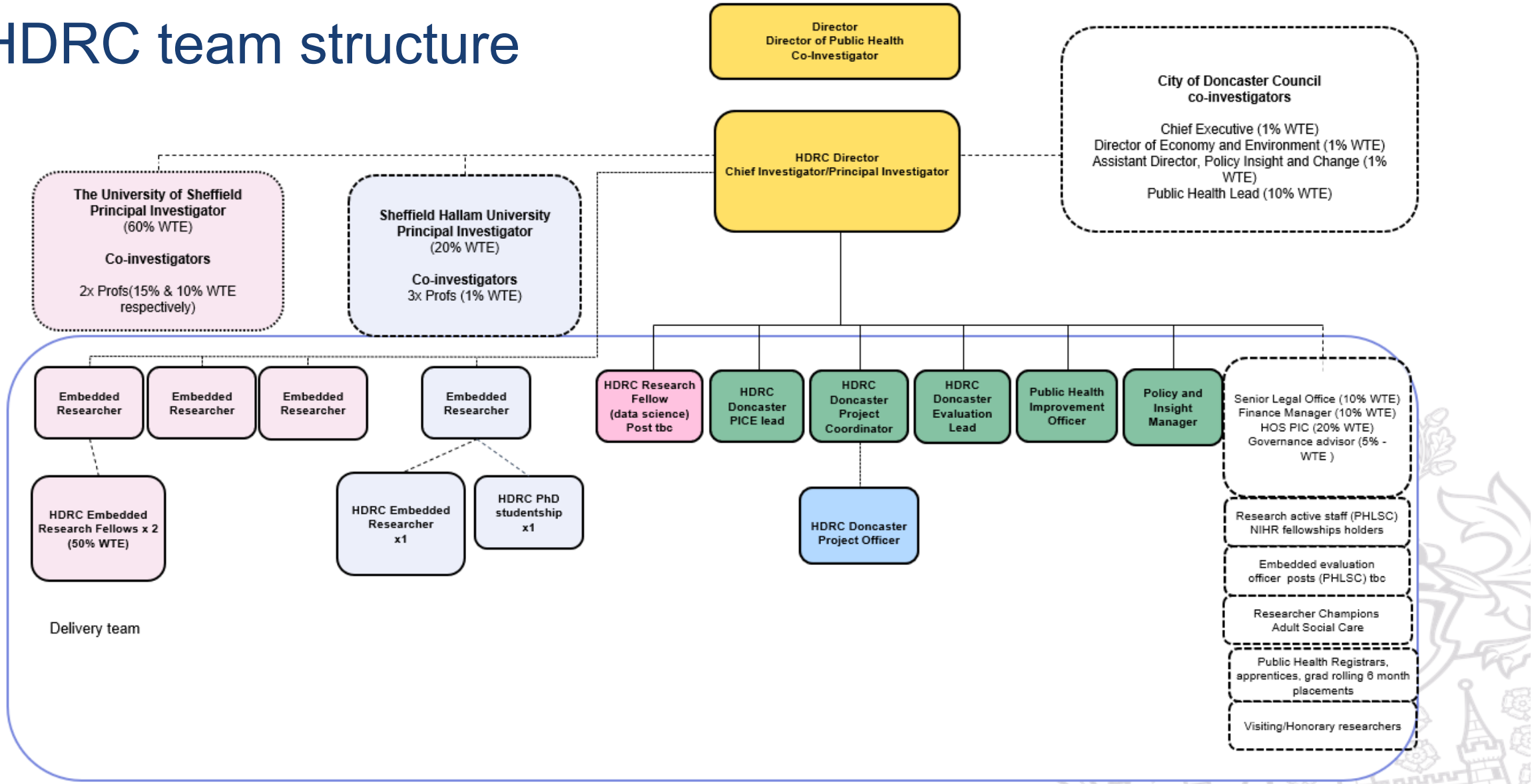
Previous update

- In March 2022 we reported that we had submitted a stage 2 application. Since then:
  - We were successful in receiving funding of approx. £5million over 5 years to develop research infrastructure and capacity
  - Set up and established the HDRC team across CDC, University of Sheffield and Sheffield Hallam University
  - Established governance – steering group and advisory board
  - Launched the HDRC through our first annual conference in September 2023
  - Established our workstreams, enabling work packages and research projects which will be described in more detail over the course of the presentation

Health Determinants Research Collaborations – what are they?

- Funded via National Institute for Heath and Care Research
- HDRCs represent significant investment to enable Councils to become more research active and **embed a culture of evidence-based decision making.**
- Funding round 1
  - 10 across UK - 1 October 2022 - 30 September 2027
  - 3 development award- full HDRCs in Oct 2023
  - £5 million per HDRC
- Funding round 2
  - 11 HDRCs with a further 6 development award
- Now 4 HDRCs in Yorkshire and Humber

HDRC team structure



NIHR | Health Determinants Research Collaboration Doncaster

Our vision for HDRC Doncaster is simple:
we will focus on growing capacity to **develop** and **use knowledge** within our decision-making processes leading to better outcomes for our citizens.

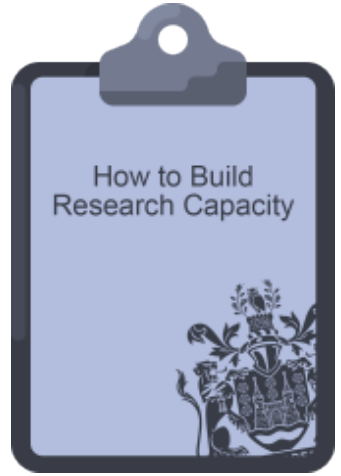
Underpinned by TIDES principles

WS1 Knowledge Mobilisation 'HDRC = an KM intervention'

- Developing skills in our people and our organisation to bring together research evidence combined with what we know locally
- Identify how best to deliver this information so that it can be part of a decision-making conversation

WS2 Capability, capacity & motivation building

- Develop skills in our people and the processes necessary to do research which will help us understand the factors that influence our health and well being



Enabling work packages:	**Public Involvement and Community engagement**	Data use /linkage for research purposes	Collaboration building

NIHR | Health Determinants Research Collaboration Doncaster

City of Doncaster Council

Sheffield Hallam University

University of Sheffield

Our delivery plan is based on our TIDES principles

Work within each work stream will be **T**heory **I**nformed

We will learn by **D**oing and share our learning

We will ensure we do not privilege some voices/ideas above others (**E**quity)

We will ensure our collaboration is a pathway to **S**ustainable and applied research in Doncaster

Our building blocks:

- Working out how to get what we know from research into our decision making processes
- Motivating people & organisations to get involved
- Using and linking data
- Involving staff, local people & partners
- What should we research?
- Learning by Doing

Public Involvement and Community Engagement (PICE)

Developing & enhancing PICE at Place with DBTH, RDaSH & the Grounded Research Community Research Hub

PICE to develop research priorities e.g. what do we want to research in and for Doncaster

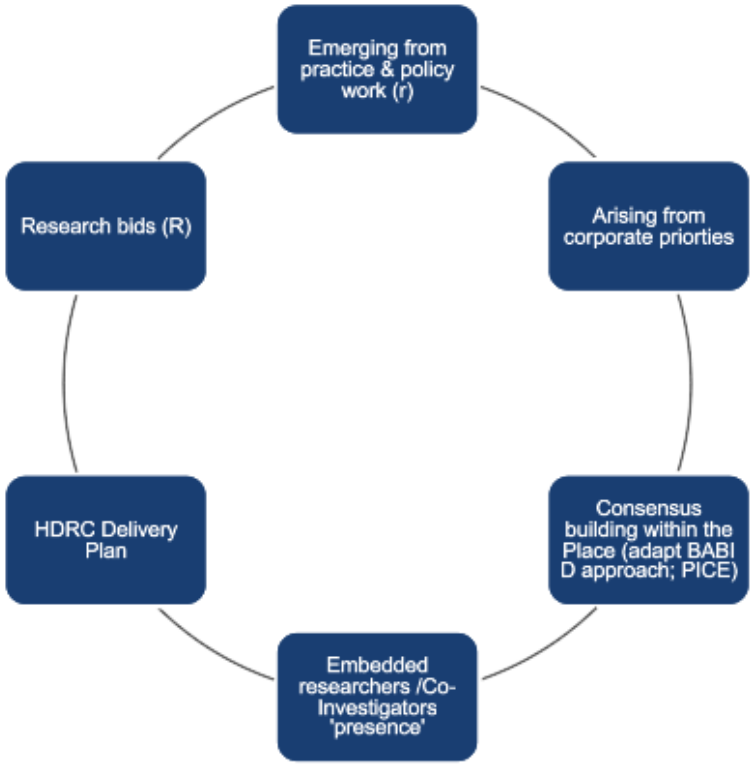
PICE to develop research approaches e.g. how do we go about research in Doncaster, can we support residents to become community researchers

Developing policies, principles & supportive environments e.g. renumeration policy, equity in opportunities

Race Equality Framework (REF) & race equality in research training

Ongoing consensus work & engagement

[HDRC_WorkStreams - Power BI Report Server (doncaster.gov.uk)]



HDRC Help

NIHR | Health Determinants Research Collaboration Doncaster

Motivating people & organisations to get involved

Learning by Doing

Total collaboration / research funding bids submitted to date	18
Successful collaboration / research funding bids	9
Unsuccessful collaboration / research funding bids	9
Bids led by HDRC team (inc. senior embedded researchers)	4
Bids with HDRC team members as co-applicants	10
Bids where HDRC has submitted a letter of support	4
Bids CDC staff or elected members as co-applicants (not including HDRC team)	3
Funding bids in development & being scoped	8

Many are aligned to corporate priorities / great 8

Some in development have more CDC colleagues as co-applicants (capacity building)

Motivating people & organisations to get involved

Research and evaluation support service (HDRC Help)

- Single place to submit support requests, queries & ideas
- Training and development opportunities
- Useful resources / guides
- Under regular review and improvement

Training & Development

- Research training & development needs assessment & skills mapping survey
- Signposting & application support for individual awards (including fellowships)
- Skill sessions at the Inaugural HDRC conference
- Training and development opportunities in development
- Work placements

Communication strategy

- Socialisation sessions
- Place based events & conference
- LinkedIn and web presence
- Strategy under review

Presence of the embedded researchers (x8)

- Key investment - capacity
- Enthusiasm
- Critical mass
- Spotting research opportunities

Recommendations

The board is asked to:

- Champion evidence informed and evidence supported decision making
- Ensure that the Health and Wellbeing strategy for Doncaster is evidence informed
- Provide suggestions for opportunities to update members and other forums on the work of the HDRC and the support we can offer
- Support a research priority exercise through the board

ANY QUESTIONS?

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City of Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 11 January 2024

Subject: Health Needs Assessment: People from an ethnic minority background

Presented by: Marie Rogerson, Natasha Mercier, Victor Joseph

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

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	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?
The HNA provides an updated understanding of the health and wellbeing needs among ethnic minority communities in Doncaster. This will inform the development of a new Minority Partnership Board action plan, to directly address the needs identified, as well as informing wider service planning and strategy development across Doncaster.

Recommendations
The Board is asked to: note the findings and endorse the recommendations from the health needs assessment, and note the update regarding the development of a new Minority Partnership Board action plan.

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Doncaster Council

Health Needs Assessment: People from an ethnic minority background

Ethnic Minorities Health Needs Assessment

Plan:

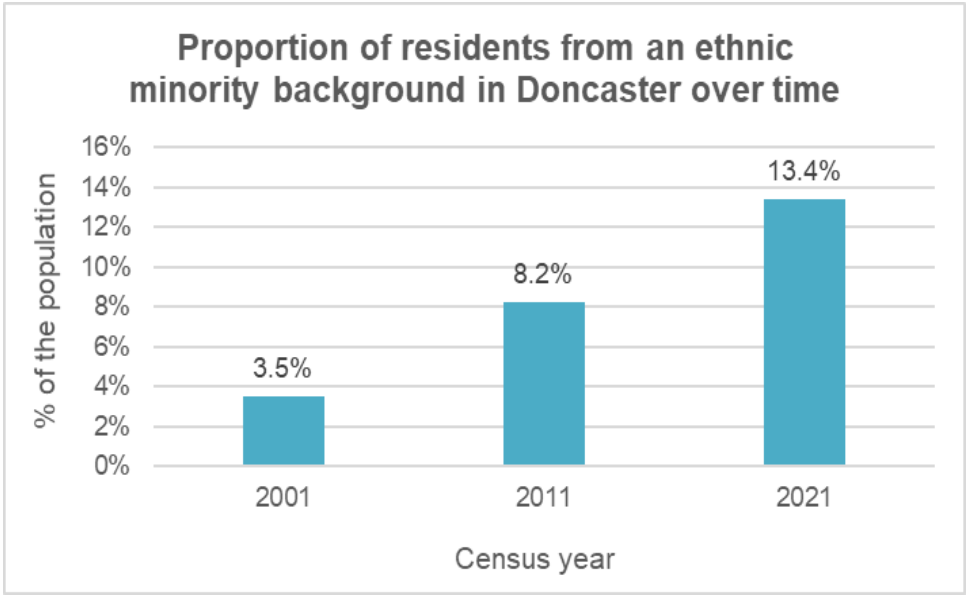
- Introduction and background
- Overview of findings:
  - Demographic information
  - Health and wellbeing data
  - Community engagement
- Recommendations and next steps
- Questions and discussion

Introduction and background

- Why now?
- Scope and data sources
  - Census
  - Data from system partners
  - Community engagement
- National and local context

Demographic Information

- 13% of the population, over 41,000 people
- Generally younger than White British residents
- Two thirds were born outside of the UK, over half moved to the UK within the previous decade
- Majority live in central areas of Doncaster



Demographic Information

Health and wellbeing data

Health status

- Self-reported general heath and disability
- Health and disability status adjusted for age
- Long term conditions

Secondary care and mental health services

- Access to secondary care
  - Elective admissions, A&E attendances, emergency admissions
- Mental health services (IAPT)
  - Referrals, waiting times, outcomes

Health and wellbeing data

COVID-19 and seasonal respiratory infections

- COVID-19 admissions
- COVID-19 and Flu vaccinations

Children and young people

- Low birth weight
- Childhood obesity
- Pupil lifestyle survey

Wider determinants

- Employment
- Language
- Education
- Housing

Community engagement

Access to healthcare services: cross cutting themes

- Language and translators, navigating services, waiting times, cultural awareness, workforce diversity, and the transport and location of services.

Access to specific healthcare services

- Primary care, dentistry, mental health, and dementia services.

Wider determinants of health

- Public transport, housing and accommodation, community groups and activities, education and training, and the accessibility and cultural awareness of other public services.

Recommendations and next steps

Recommendations

1. Develop a refreshed ethnic minorities action plan that addresses the key themes arising from this HNA, with clear owners, timescales and indicators for each action.

2. Continue to improve the collection, quality, reporting, sharing and linkage of ethnicity data relating to health and wellbeing, building on the learning and good practice developed during the COVID-19 pandemic.

3. Embed regular communication and engagement with local ethnic minority communities to ensure services are accessible, needs can be identified on an ongoing basis, and solutions can be co-produced.

4. Ensure the needs of ethnic minority communities are taken into account when developing the new Health and Wellbeing Strategy and Doncaster 5 Year Plan.

Recommendations and next steps

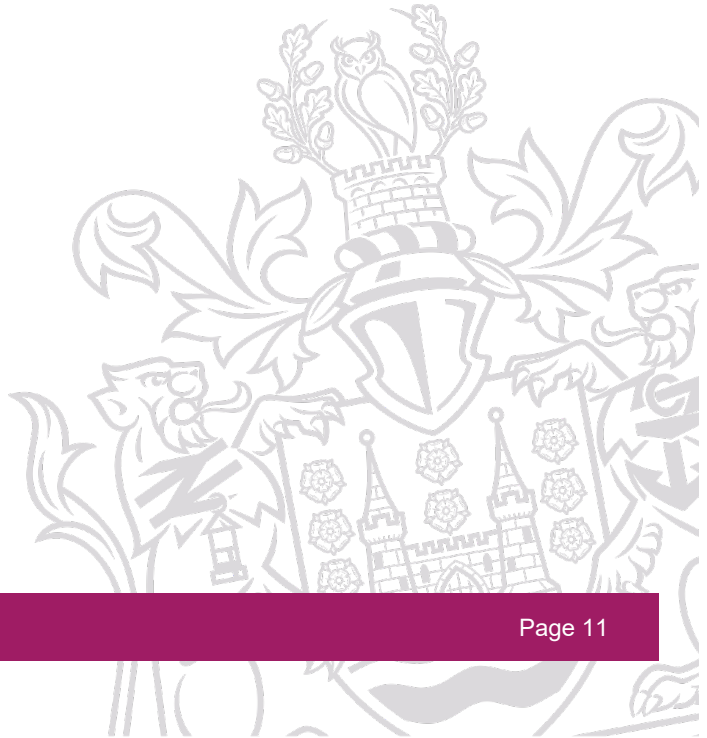
Next steps

- Health and wellbeing strategy and Doncaster 5 Year Plan development
- Minority Partnership Board Action Plan

ID No.	DATE INITIATED	AREA	OBJECTIVE	ACTION	KEY PERFORMANCE INDICATOR	WHO (individual / organisation)	BY WHEN	PROGRESS (update)

Ethnic Minorities Health Needs Assessment

Questions and discussion



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City of Doncaster Council

Report

Health Needs Assessment: People from an ethnic minority background

November 2023

Contents

Executive Summary

Introduction

This Health Needs Assessment (HNA) takes advantage of the recently published 2021 census data, along with data from local partners and engagement with local communities, to reassess the health needs of people from an ethnic minority background in Doncaster.

Background

National evidence shows ethnic minority communities experience a range of health inequalities. A previous HNA was undertaken in Doncaster 2017 and 2018. Since then, a range of activity has been undertaken to support ethnic minority groups, overseen by Minority Partnership Board. There have been areas of success, including improved data sharing during the COVID-19 pandemic, targeted engagement to promote vaccinations, and the establishment of Gypsy Roma and Traveller (GRT) link worker posts, but challenges remain.

Demographic Information

The 2021 census showed 13.4% of Doncaster residents were from an ethnic minority background, equating to over 41,000 people. There has been a steady increase in the size of Doncaster's ethnic minority communities over the last two decades. Polish and Romanian are the two biggest groups, but there is a large diversity of ethnic backgrounds. The majority live in central areas and are, on average, younger than White British residents. Two thirds of residents from an ethnic minority background were born outside of the UK and over half moved to the UK within the previous decade.

Health and Wellbeing Data

The 2021 census includes data on self-reported health and disability status, which we have analysed by ethnicity, and adjusted for age. Partners within the healthcare system have provided data on long-term conditions, access and use of secondary care and mental health services, as well as COVID-19 admissions and vaccination uptake. This shows known differences, for example in rates of diabetes and vaccinations, but data on service usage is more difficult to interpret due to small sample sizes and it not being age standardised.

Data on children and young people shows differences in rates of low birth weight and childhood obesity, although both are closely associated with socioeconomic deprivation. The pupil lifestyle survey also highlights differences in dental access, and rates of smoking, alcohol consumption and drug use.

Finally, data on some of the wider determinants of health was explored where this was available by ethnicity at a local level. This included employment, language, education and housing. Key differences could be seen among rates of unemployment, overcrowding and educational attainment. While 50% of residents from an ethnic minority background speak English as their main language, 12% cannot speak English well or at all, highlighting a particular need for translations and translators to support healthcare information and access.

Community Engagement Findings

A series of focus groups were carried out during the first half of 2023 with representatives from a number of ethnic minority communities in Doncaster. They key themes from the groups were:

- Access to healthcare services: cross-cutting themes including language and translators, navigating services, waiting times, cultural awareness, workforce diversity, and the transport and location of services.
- Access to specific healthcare services: primary care, dentistry, mental health, and dementia services.
- Wider determinants of health: public transport, housing and accommodation, community groups and activities, education and training, and the accessibility and cultural awareness of other public services.

Recommendations

1. Develop a refreshed ethnic minorities action plan that addresses the key themes arising from this HNA, with clear owners, timescales and indicators for each action.
2. Continue to improve the collection, quality, reporting, sharing and linkage of ethnicity data relating to health and wellbeing, building on the learning and good practice developed during the COVID-19 pandemic.
3. Embed regular communication and engagement with local ethnic minority communities to ensure services are accessible, needs can be identified on an ongoing basis, and solutions can be co-produced.
4. Ensure the needs of ethnic minority communities are taken into account when developing the new Health and Wellbeing Strategy and Doncaster 5 Year Plan.

Introduction

The last Health Needs Assessment (HNA) for people from an ethnic minority background in Doncaster was completed in 2016 and 2017.[1,2] In line with the recommendation from the HNA, a BAME Advisory Group was established, and later replaced by the Doncaster Minority Partnership Board in 2019. One year later saw the beginning of the COVID-19 pandemic, which nationally had a disproportionate impact on ethnic minority communities, exacerbating pre-existing inequalities. The publication of the 2021 census results (in 2023) therefore provides a timely opportunity to revisit and update the HNA for ethnic minority communities in Doncaster.

Aims and Objectives

Aims

- To identify unmet health needs among ethnic minority populations in Doncaster.
- To understand how needs may have changed since the previous HNA, taking into account the impact of the COVID-19 pandemic.
- To inform the planning and provision of services and activities to address these needs and reduce health inequalities.

Objectives

- Summarise national and local developments since the previous HNA.
- Provide an updated demographic analysis of ethnic minority populations in Doncaster.
- Collate and review available health and wellbeing data.
- Collect and analyse qualitative data from engagement with different ethnic minority groups in Doncaster.
- Develop recommendations in partnership with the Minority Partnership Board to prioritise and address the needs identified.

Scope and Limitations

The scope is consistent with the previous HNA, taking a pragmatic, mixed-methods approach to identifying unmet needs and health inequalities. While our access to local data has improved, data availability and quality remains a significant limitation in our ability to provide a comprehensive overview of health outcomes by ethnicity in Doncaster. For many topic areas, the underlying raw data could not be accessed, so confidence intervals could not be constructed. Findings must therefore be interpreted with caution, particularly where groups sizes are likely to be small.

It was not possible to consult with representatives from all ethnic minority communities as part of this HNA. However, it is important to highlight that engagement has become embedded within the public health team's work since the COVID-19 pandemic, with dedicated engagement staff and close working with the Minority Partnership Board.

Definition of Terms

Ethnicity is a notably difficult concept to define[3], but the briefing developed by the Evidence and Ethnicity in Commissioning Research project (Appendix 1) provides a helpful summary.[4] As it explains, although there is much heterogeneity within and between ethnic groups, ethnicity can still be an important indicator of health needs.[5,6]

In line with the government's recommended wording, this HNA uses 'ethnic minorities' to refer to all ethnic groups which are not the majority ethnic group in the UK.[7] This is defined by the self-identified census classification of 'White: English, Welsh, Scottish, Northern Irish or British', shortened to 'White British' in this HNA to improve readability.[8]

Background

Evidence from the literature and national data: an update

A targeted evidence review was undertaken as part of the previous HNA, with a small number of tailored forays into the literature on ethnicity and health in the UK. This review will not be duplicated here, but the key themes are provided as context for the sections that follow, along with a summary of national developments and data. The key themes were:

- **Migrant health** - challenges in accessing services and adaptations to address these.
- **Mental health** - varying patterns of suicidal thoughts, and depression and anxiety.
- **Housing** - higher rates of housing deprivation, overcrowding, and older, fuel poor homes.
- **Harassment** - prevalence of ethnic and racial harassment and its impact on health.

These themes remain pertinent to understanding and contextualising the needs of people from ethnic minority backgrounds. Although limitations in data quality and availability remain, the linkage and interrogation of data sources at a national level has improved, providing a more detailed picture of differences in health by ethnicity.[9]

New analysis from the Office for National Statistics suggests ethnic minority groups have a lower age-standardised mortality rate from all causes, and a higher life expectancy at birth.[10] It is thought this may partly be explained by the “healthy migrant effect”, and lower levels of health-related behaviours, such as smoking and alcohol consumption.[11]

However, there are variations in patterns of disease and outcomes between different ethnicities.[9] People from certain communities (White Gypsy or Irish Traveller, Bangladeshi and Pakistani) tend to experience poorer outcomes across a range of indicators, while other groups experience inequalities in specific areas.[11]

The causes of these inequalities are multifaceted. They are often closely linked to deprivation, with ethnicity minorities over-represented in more deprived communities, and higher than average levels of deprivation among most (but not all) ethnic minority groups.[11] The effects of structural racism within healthcare and on the wider determinants of health must also be recognised.[9,11]

Key health inequalities that have been highlighted nationally include:

- Maternal mortality, still births and infant mortality rates among Black and Asian groups.[11]
- Prevalence of and mortality from cardiovascular disease (CVD):
    - Stroke and hypertension among Black groups, with lower-than-expected rates of access to CVD care.[11]
    - Heart disease and stroke among South Asian groups, although there have been recent improvements in relative mortality risks and survival rates from CVD care.[11]
- Prevalence of and mortality from diabetes among Black and South Asian groups.[11]
- Incidence and mortality from specific cancers (although overall rates are lower compared to White groups), notably prostate cancer among Black males.[11]
- Rates of common elective procedures compared to White British groups.[12]
- Access to and outcomes from Improving Access to Psychological Therapies (IAPT) services.[13]

COVID-19

The COVID-19 pandemic brought ethnic inequalities in health to the forefront, with ethnic minority groups (in particular people from Black, Pakistani and Bangladeshi groups) experiencing higher infection and mortality rates over the 2020-2022 pandemic period.[11] Research suggests this was primarily due to higher exposure to infection, driven by different socioeconomic patterns, such higher rates of public facing jobs.[14]

In 2020, this effect was large enough to reverse usual all-cause mortality rates and exceed White British groups.[15] Ethnic differences in mortality did decline over the course of the pandemic: by 2022 there was no excess COVID-19 mortality among ethnic minority groups, and White British groups had returned to their comparatively higher all-cause mortality rates.[16]

Other adverse effects from the pandemic include disproportionately larger reductions in elective procedures among Asian groups compared to White British groups.[12] Evidence is currently mixed as to the relationship between Long COVID and ethnicity, but research is ongoing.[17,18]

Findings from the previous HNA

The previous HNA for ethnic minorities in Doncaster was carried out in two stages. The first, published in March 2017, was a primarily data driven exercise. The second, published in February 2018, was focused on community engagement, informed by a series of focus groups.

Key findings included: the need for improved accessibility and cultural sensitivity of healthcare services; gaps in mental health services, support for socially isolated people, and those with

alcohol dependence; discrimination being felt to cause inequalities in employment and education; and the impact of housing on health needs.

Twenty-four recommendations were made across the two reports, aimed at a range organisations and services in Doncaster. An action plan was developed and overseen by the Health and Wellbeing Board and the Inclusion and Fairness Forum. Implementation of ongoing recommendations is monitored by the Minority Partnership Board.

Progress since the previous HNA

In April 2023, the Minority Partnership Board produced their first annual report on ethnic minority health in Doncaster, evaluating the work overseen by the board to date against local and national recommendations. This section draws upon the report, highlighting key areas of progress and ongoing challenges.

Data collection and availability

The improved collection and availability of ethnicity data relating to COVID-19 infection rates, hospital admissions and vaccination uptake, both locally and nationally, was a notable positive outcome of the pandemic. Data sharing between partner organisations, such as the South Yorkshire Integrated Care Board (ICB) has continued and supported the production of this HNA. The 2021 census has enhanced the quality of local data, with more detailed ethnicity categories and a ‘write-in’ option. The Minority Partnership Board, Gypsy Roma and Traveller (GRT) link workers, and dedicated engagement staff within the public health team have also improved information and intelligence sharing with local ethnic minority communities.

Nevertheless, as highlighted in the limitations section above, the availability of good quality data at a local level is still lacking for most areas of health. There are well-known data quality issues, with missing, incomplete or inaccurate entries. Where data is collected, there is often limited reporting or sharing with partner organisations.

Improving access to health services, experiences and outcomes

A range of initiatives have been carried out in partnership healthcare providers and ethnic minority communities. These include: communications materials to address concerns and tackle misinformation around COVID-19 vaccinations; targeted pop-up vaccine clinics; translated screening invitations; GRT link workers and health fairs; mental health outreach sessions; cultural competency training delivered to primary care and reproductive health staff; and race equality training to front line staff in secondary care services.

Wider challenges remain, including the impact of socio-economic deprivation, which can manifest itself in different ways. For example, the cost of transport to access services, or digital

exclusion through low digital literacy or access. Other barriers include language, health literacy and understanding of services, and stigma and shame associated with certain areas of health. The cultural competency training has yet to be rolled out among most NHS and Team Doncaster organisations, and translation support is not consistently offered across health and social care services.

Wider determinants and reducing inequalities

There are a range of public health projects and services to reduce inequalities and address the wider determinants of health, such as those coordinated by Get Doncaster Moving, which are open to people of all ethnic backgrounds and delivered across different community settings. In terms of targeted support for ethnic minorities, engagement staff within the public health team have secured coordinated English for Speakers of Other Languages (ESOL) and family learning classes for underserved ethnic groups (predominantly Roma). They have also organised an array of support for asylum seekers, who are dispersed throughout Doncaster, and facilitated dissemination of employment opportunities and support offers with ethnic minority communities.

Addressing health inequalities and wider determinants of health requires a partnership approach that extends significantly beyond the healthcare system. Specific challenges include housing and asylum seeker accommodation, safety and access to green spaces, and funding for community-based activities.

Communication and engagement with ethnic minority communities

The BAME Advisory Group was established in 2018, and later replaced by the Doncaster Minority Partnership Board in 2019. It has made a significant contribution to strengthening relationships with different communities in Doncaster. It acts as a ‘sounding board’ for engagement with minority communities, and provides input into policies, procedures and service delivery. The System Leaders Forum was established in 2022 to provide a ‘critical friend’ approach to the board’s activities and functions, while also providing a wider forum for community members and invited speakers to attend. Direct engagement and communications with ethnic minority communities increased notably during the pandemic, led by an expanded public health engagement team. In addition, GRT link workers and a dedicated Community Connector for ethnic minorities based in the People Focused Group are embedded in the community and have greatly enhanced engagement with different groups.

Unfortunately, poor communication and engagement persists in parts of the health system, which contributes to inequalities in access and care. Barriers to effective engagement include, language, cultural understanding, a lack of diversity among the health workforce, institutional racism, and historical mistreatment and cultural segregation.

Demographic Information

Ethnic minority residents in Doncaster

Residents from an ethnic minority background now comprise 13% of Doncaster's population, equating to over 41,000 people. There has been a steady increase in the size of Doncaster's ethnic minority communities over the last two decades.

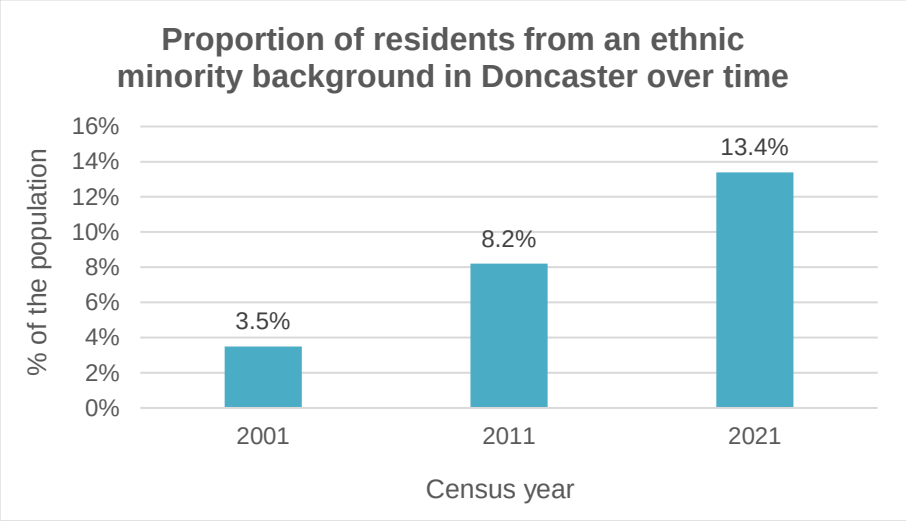

Figure 1. Proportion of residents from an ethnic minority background over time - Census data.

Relative to the size of the population, there are fewer people from an ethnic minority background in Doncaster (13%), compared to England as a whole (27%). There are also some differences in the distribution of different groups, with a smaller percentage of Asian and Black communities, but a larger percentage of White (excl. White British) groups.

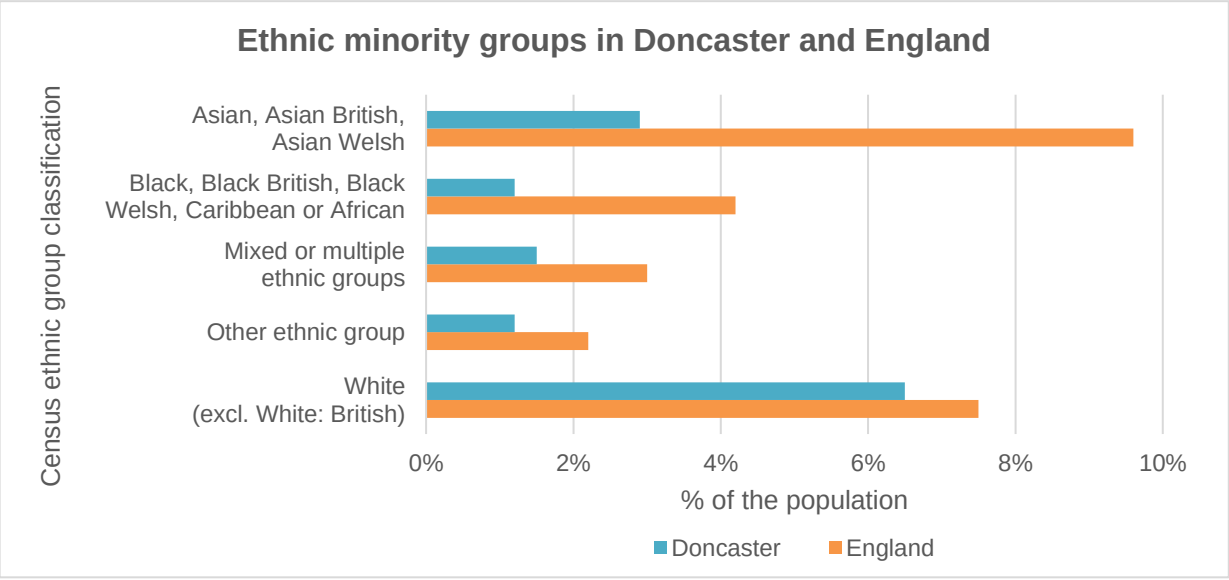

Figure 2. Comparing the percentage size of ethnic minority groups in Doncaster and England – Census 2021 data.

There is a large diversity of ethnic backgrounds in Doncaster. The graph below shows a breakdown of the census ethnic group classifications, with the addition of the White Polish and Romanian groups, as these are the two largest ethnic minority groups in Doncaster.

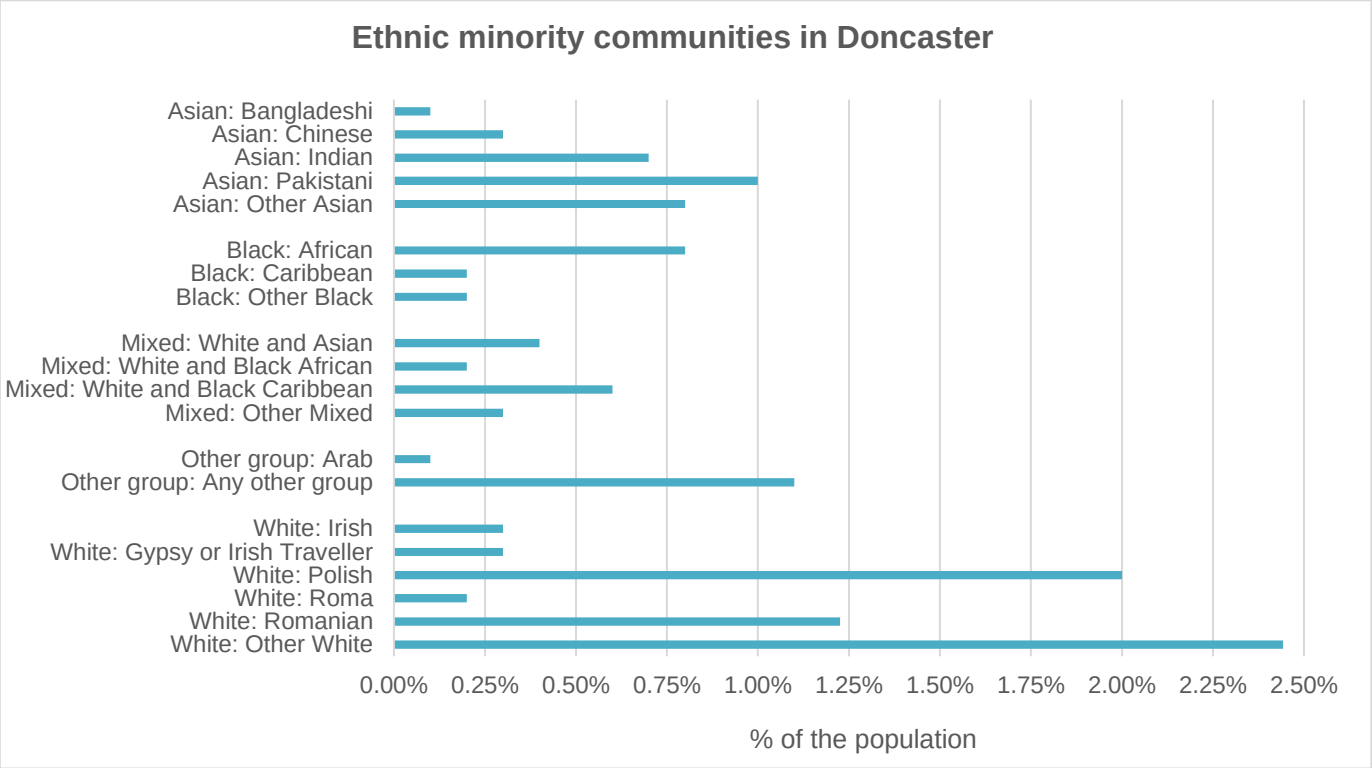

Figure 3. Ethnic minority communities in Doncaster - Census 2021 ethnic group classification 20b (excl. White British, with the addition of White: Polish and White: Romanian detailed ethnic groups).

The census also records ethnicity at a more detailed level. There were over 90 specified ethnicities recorded in Doncaster, although this will be an underestimate, as over 3000 residents recorded unspecified “mixed” or “other” ethnicities.

Figure 4. Word cloud of specified ethnicities in Doncaster - Census 2021 ethnic group detailed variable (excl. White British (or English, Welsh, Scottish, Northern Irish).

Age and sex of residents from an ethnic minority background

Residents from an ethnic minority background are, on average, notably younger than White British residents. The exception to this are the Black Caribbean and White Irish communities, who, due to different historical migration patterns, have a much older age profile.

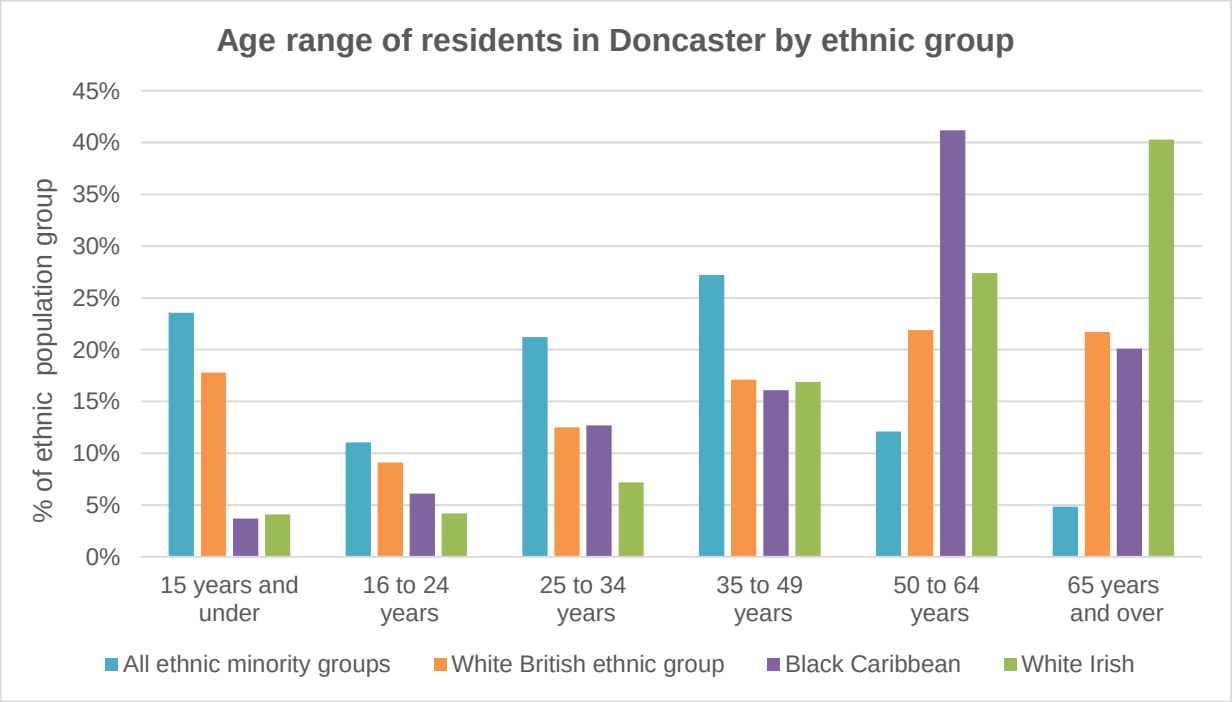

Figure 5. Age of all residents from an ethnic minority background compared to White British, Black Caribbean and White Irish residents in Doncaster - Census 2021 data.

Among people from an ethnic minority background, 52% are male, compared to 49% of people the White British group (*Census 2021*).

Location of residents from an ethnic minority background within Doncaster

Residents from ethnicity minority backgrounds live in all parts of Doncaster, but the majority live in central areas. This is shown in the maps below. There have been some changes since the last census in where residents from an ethnic minority background live, with the biggest percentage increases seen in Hexthorpe, Clay Lane and Lower Wheatley.

Due to limitations in the data available within the mapping software, the maps show the percentage of residents from the White British ethnic group living in different parts of Doncaster, from which the percentage of residents from an ethnic minority background can be inferred, rather than presenting the data the other way round.

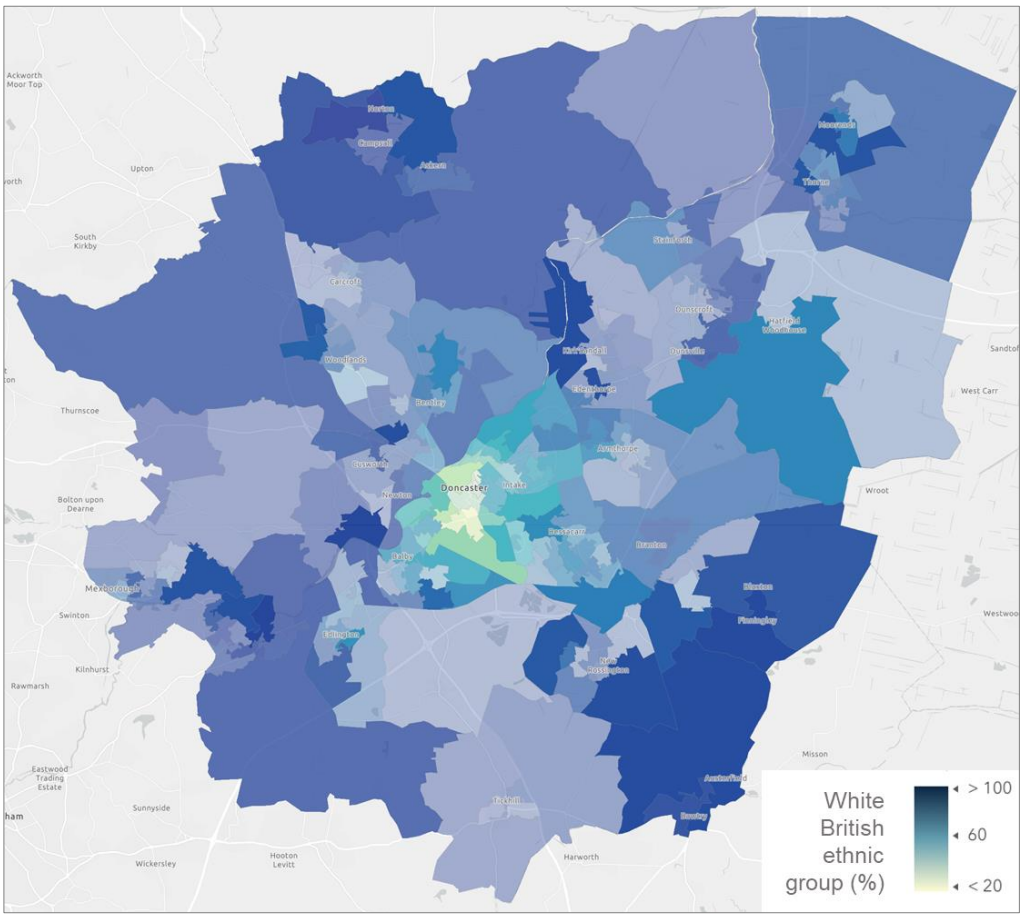

Figure 6. Map showing the % of residents from the White British ethnic group living in different areas of Doncaster - Census 2021 data, map created using ArcGIS Online.

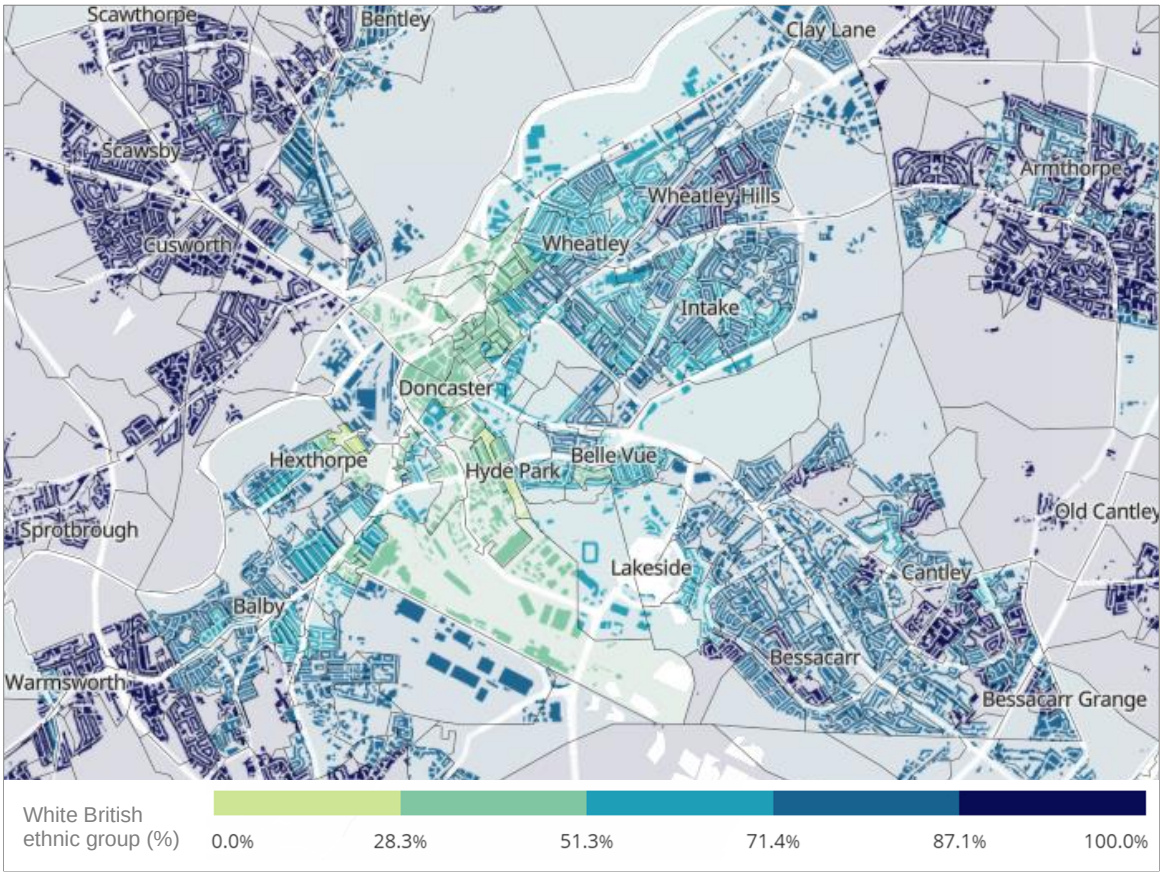

Figure 7. Map showing the % of residents from the White British ethnic group living in central areas of Doncaster - ONS Census 2021 Map

Migrants, asylum seekers and refugees

While distinct concepts, there is a high degree of crossover between residents from an ethnic minority community and those who have migrated from outside of the UK. At the time of the 2021 Census, two thirds of Doncaster residents from an ethnic minority background were born outside of the UK, and over half moved to the UK within the previous decade. In total, 85% of all migrants were from an ethnic minority background.

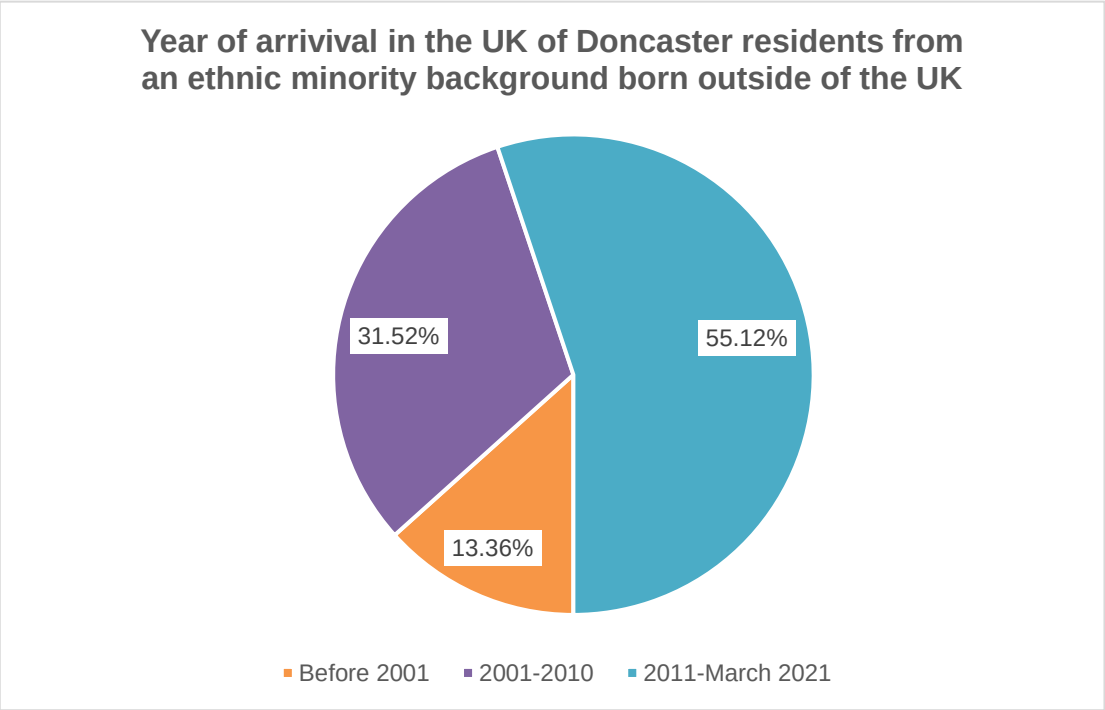

Figure 8. Year of arrival of Doncaster residents from an ethnic minority background born outside of the UK - Census 2021 data.

Asylum seekers and refugees

Cumulative data on the number of refugees and asylum seekers is not available, but as a snapshot, between April and June 2023 Doncaster supported:

- 234 people through the Homes for Ukraine programme[19]
- 221 people through Afghan resettlement programme[19]
- 703 people seeking asylum[19]
- 54 people through a number of pre-existing refugee resettlement programmes[20]

Health and Wellbeing Data

Health status

General health

The census asks residents to rate their general health (very bad, bad, fair, good or very good). The graph below demonstrates that most ethnic minority groups have lower rates of bad or very bad health than the White British group. The only exception is the Gypsy or Irish Traveller community; the Black Caribbean or White Irish communities may also lower rates, but we cannot be certain of this from the data.

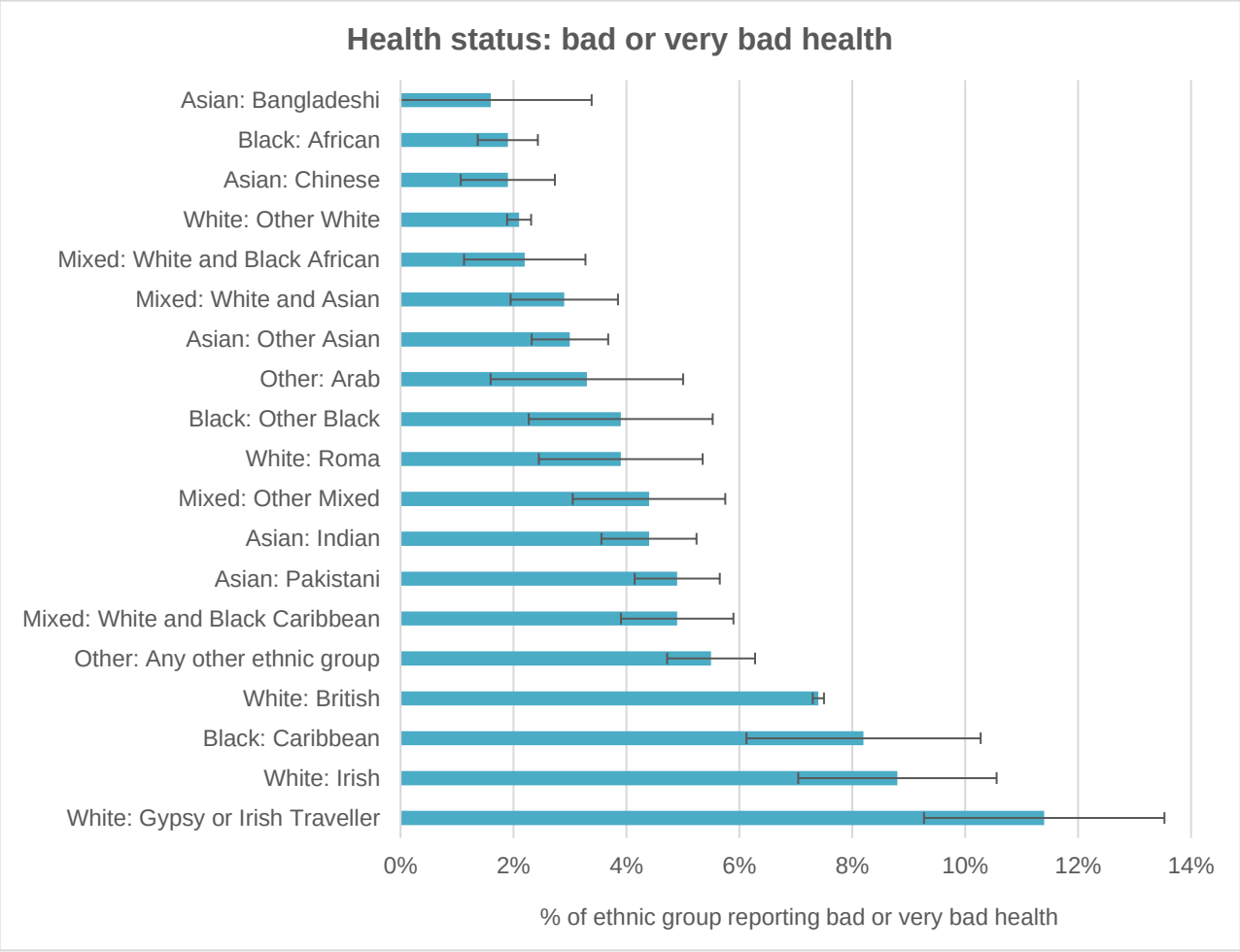

Figure 9. Self-reported health status: bad or very bad health as of March 2021 - Census 2021 data.

However, the data above does not reflect the differing age profiles of Doncaster's ethnic communities, which we would expect to impact on health. Due to ONS confidentiality restrictions, health data cannot be age-standardised at a local level for the more detailed breakdown of ethnicity provided above. Using the broader classification below, it can be seen that rates of bad and very bad health are generally higher in Doncaster, compared to England and Wales. Within Doncaster, people from other, mixed or multiple ethnic groups, and potentially those from an Asian background, have higher rates than the Doncaster average.

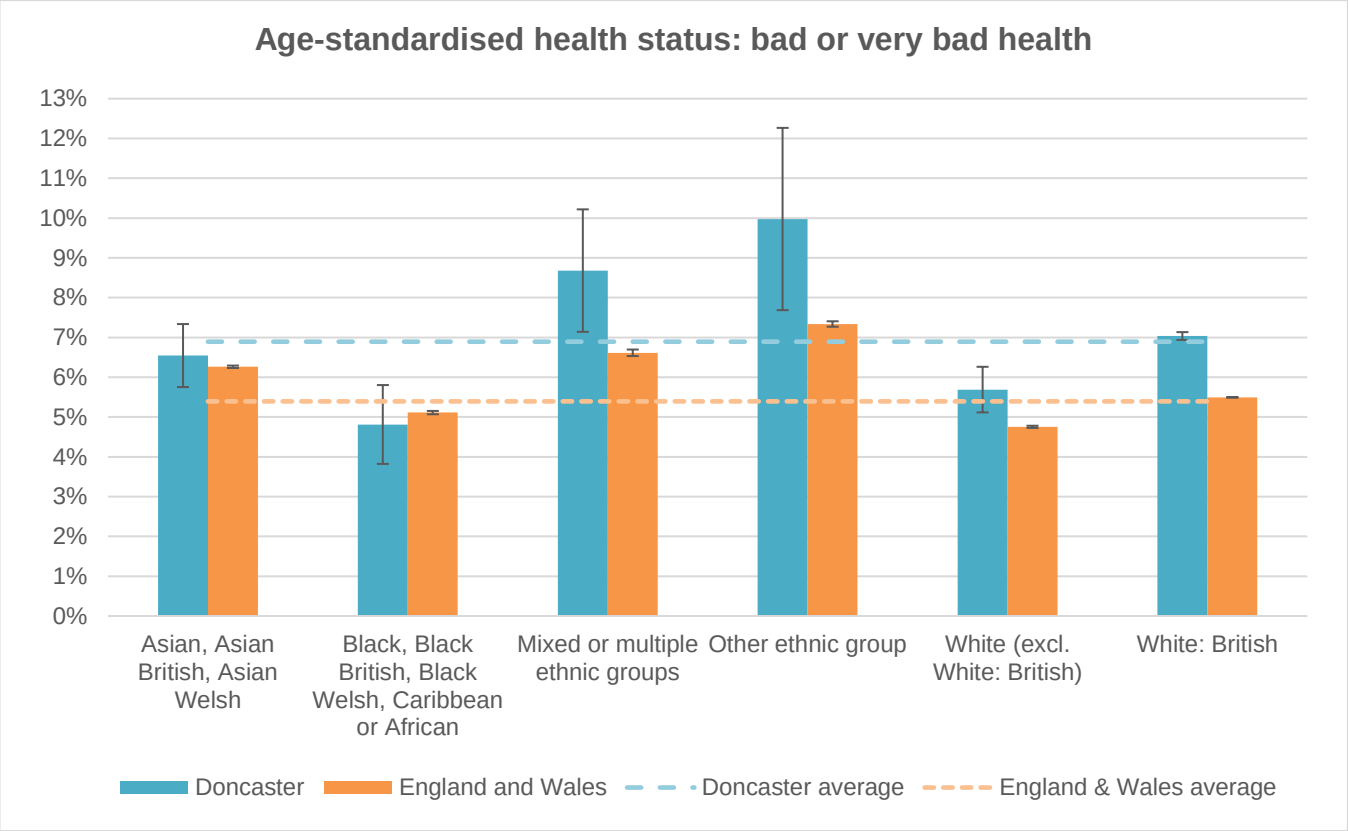

Figure 10. Age-standardised health status: bad or very bad health as of March 2021 - Census 2021 data.

Disability

The census also asks residents whether their day-to-day activities are limited by long-term physical or mental health conditions or illnesses. This is the definition of a disabled person under the Equality Act (2010). Rates of disability are generally much higher than rates of bad or very bad health among all ethnic communities, although the scale of the difference varies. This suggests that the relationship between health and disability is nuanced, with individual and cultural differences in perception and interpretation likely.

As with health, disability is also affected by age: the age-standardised rates are shown in Fig. 12 below. They show that rates of disability among the ethnic minority groups are lower than the Doncaster average in all groups except people from mixed or multiple ethnic groups. Rates are generally comparable to that of England & Wales within each ethnic group, apart from the White British group and those from mixed or multiple ethnic groups, where rates are significantly higher.

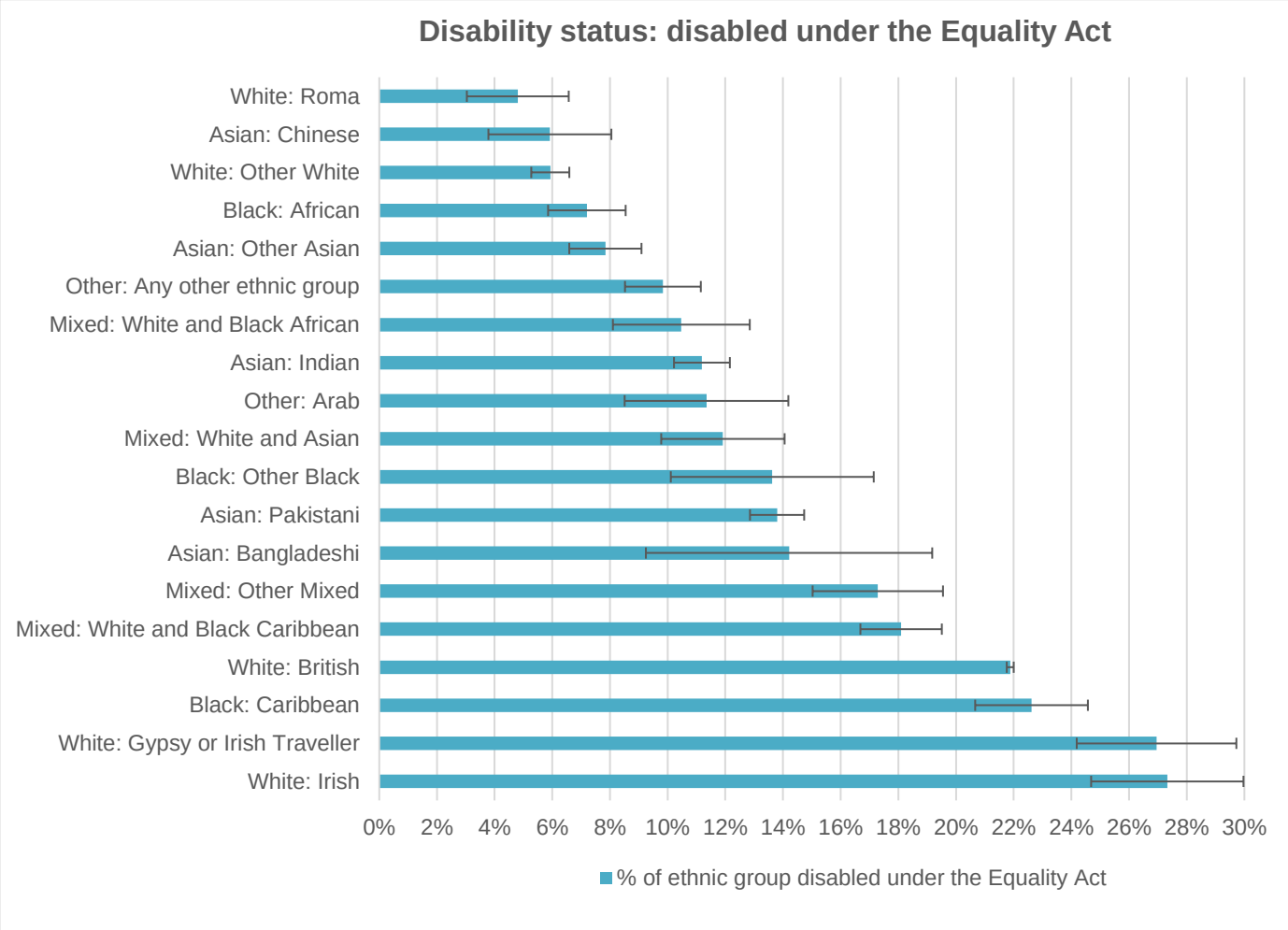

Figure 11. Disability status: disabled under the Equality Act (2010) as of March 2021 - Census 2021 data.

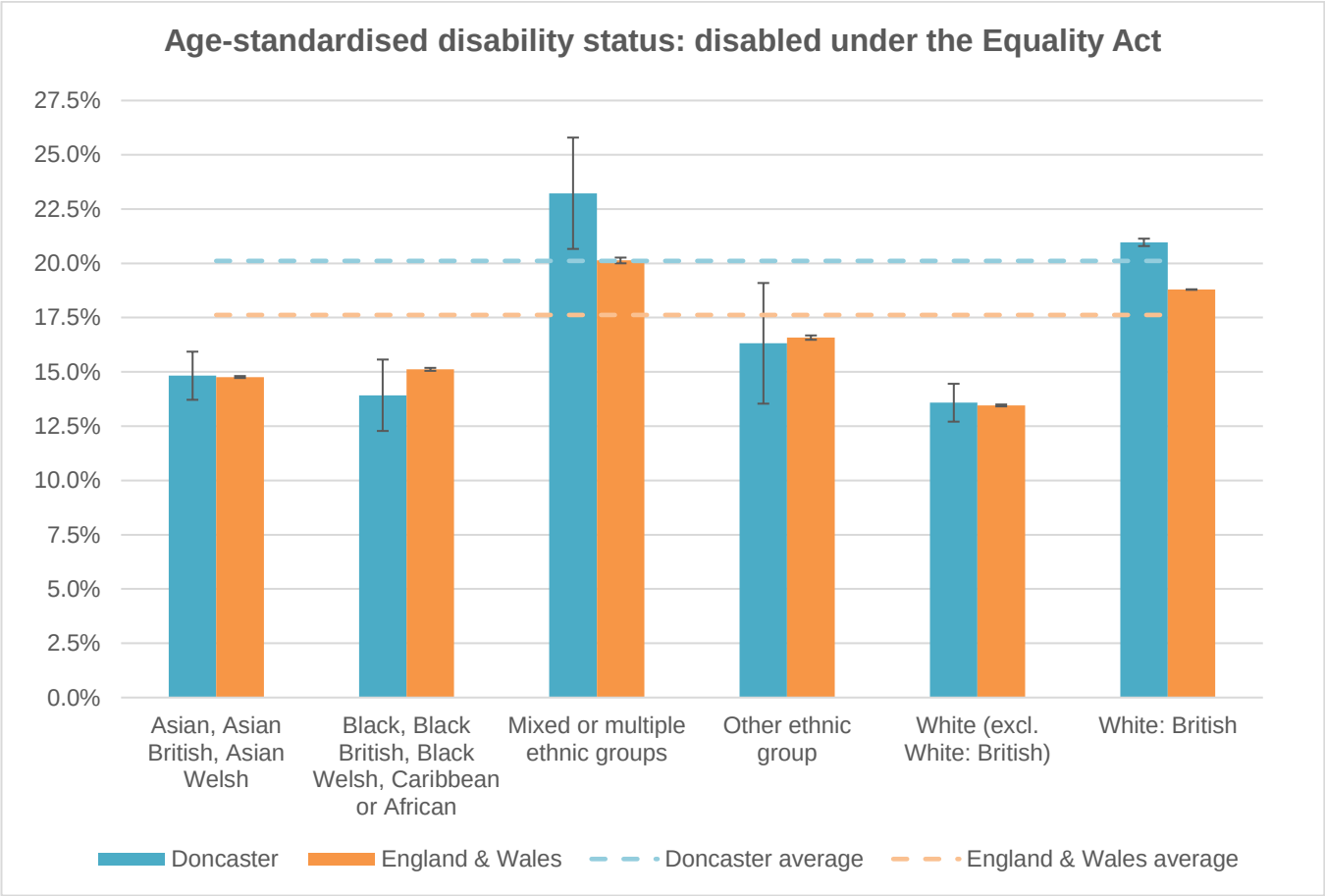

Figure 12. Age-standardised disability status: disabled under the Equality Act (2010) as of March 2021 - Census 2021 data

Long term conditions

Data provided by the ICB shows the prevalence of selected long term conditions among different ethnic groups. It is not age standardised, so does not reflect the different age profile among ethnic communities in Doncaster, but it broadly mirrors national disease patterns described in the background section above. It also does not separate White British from White ethnic minority groups, so any differences between these groups cannot be observed.

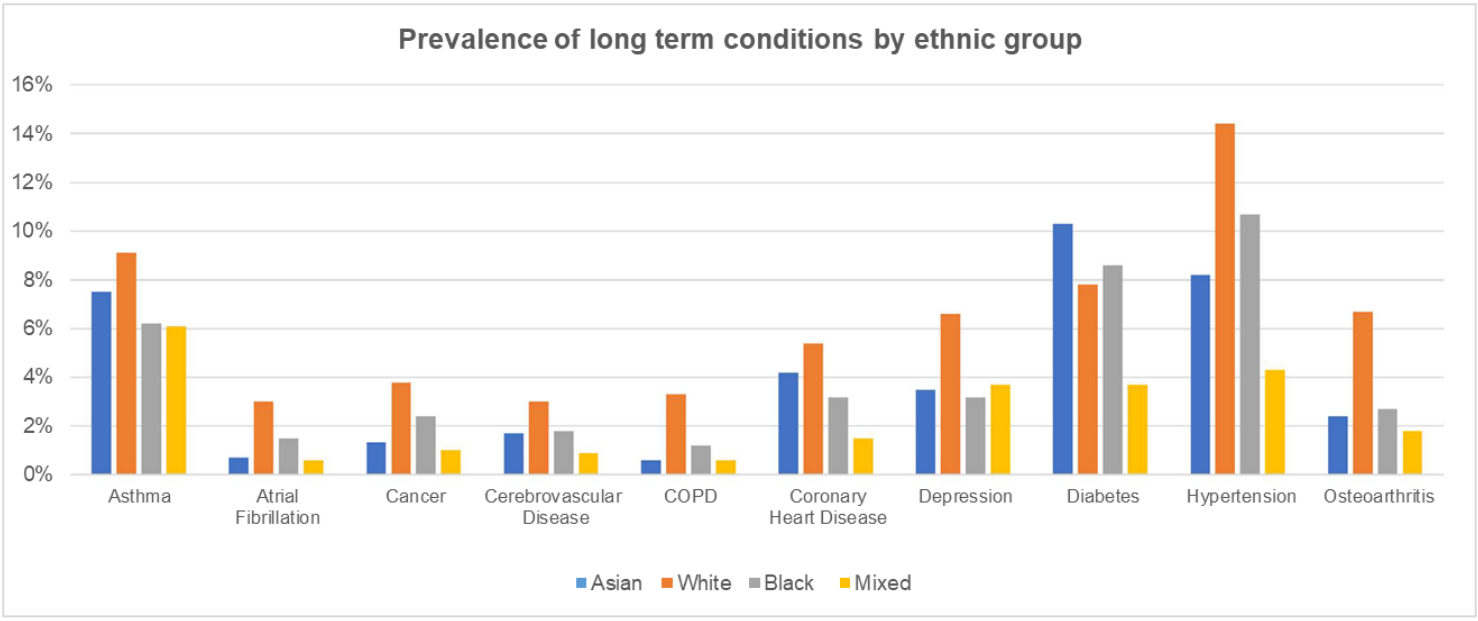

Figure 14. Prevalence of long term conditions within Doncaster, September 2023 - South Yorkshire ICB data.

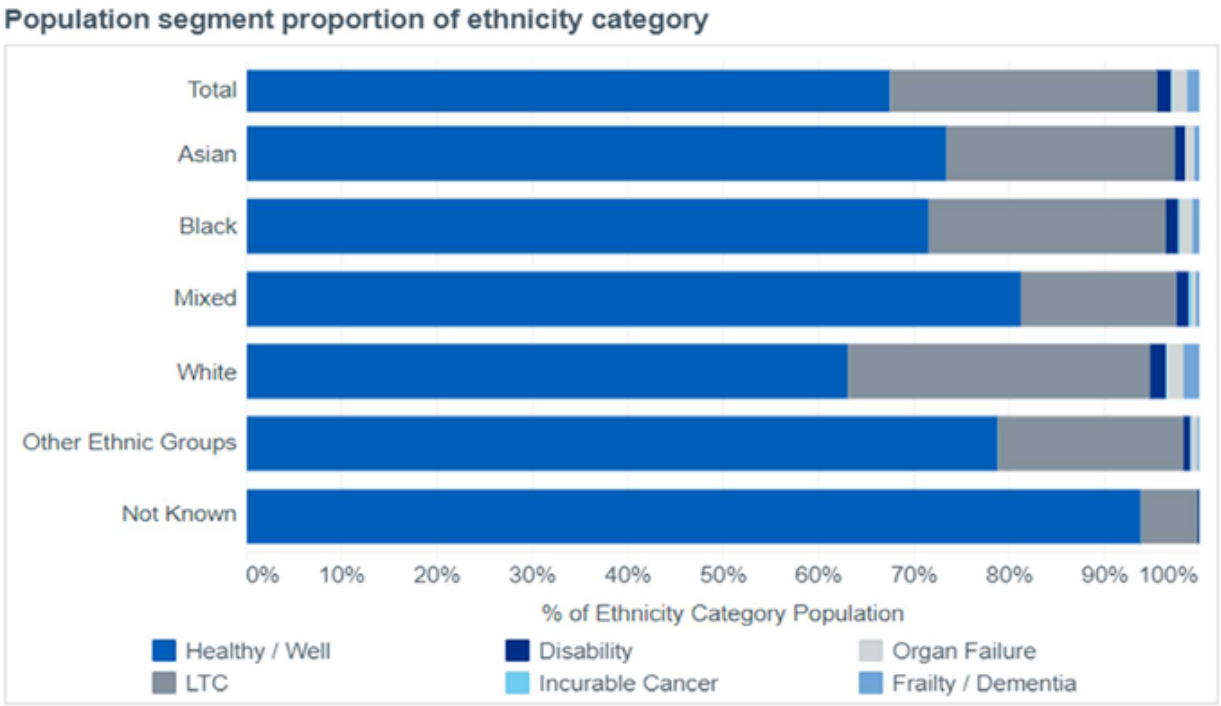

Figure 13. Health status and selected conditions within Doncaster, September 2023 - South Yorkshire ICB data.

Secondary care services

Data provided by the ICB shows the proportion of A&E attendances, and elective and emergency admissions by ethnic group, compared to size of that group as proportion of Doncaster's population. It shows that the White group is over-represented in all three measures. However, data is not age standardised, so it does not reflect the different age profile among ethnic communities in Doncaster, and therefore does not take age into account of on use of secondary care services. It also does not separate White British from White ethnic minority groups, so any differences between these groups cannot be observed.

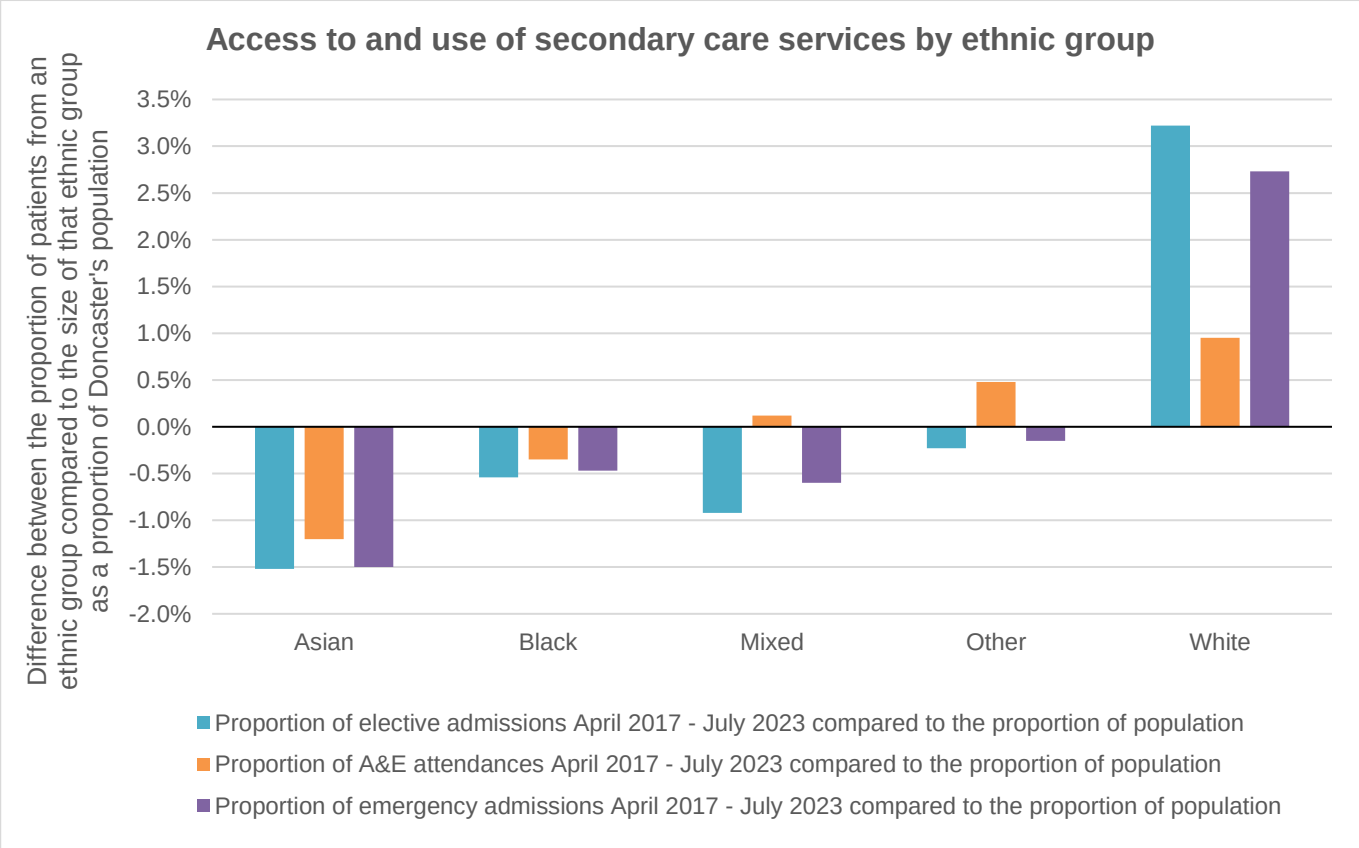

Figure 15. Access to and use of secondary care services April 2017-July 2023 - South Yorkshire ICB data.

Mental health services

The main adult mental health service, Improving Access to Psychological Therapies (IAPT) is provided by RDaSH (Rotherham, Doncaster and South Humber NHS Foundation Trust). In 2023 it was renamed NHS Talking Therapies, but the data below refers to 2022-23.

Referrals

- Referrals to IAPT services broadly reflect the local population, although people from 'Any other white background' (which excludes White British, Irish, Roma, and Gypsy or Irish Traveller groups) are under-represented.

Waiting times

- There was some variation in waiting times by ethnicity, although very small numbers in some groups is likely to affect the validity of the data.

Outcomes

- There was variation in outcomes by ethnicity (the IAPT indicators below show patients who have improved, recovered, and deteriorated), although as above, this is likely to be impacted by very small numbers is some groups.

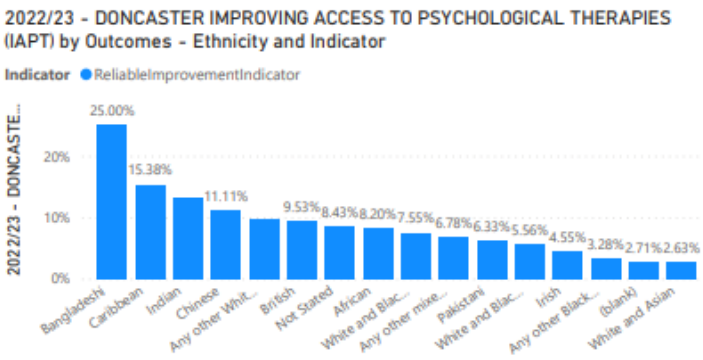

Figure 18. Proportion of patients who met the IAPT criteria for improvement - Doncaster IAPT data and graph.

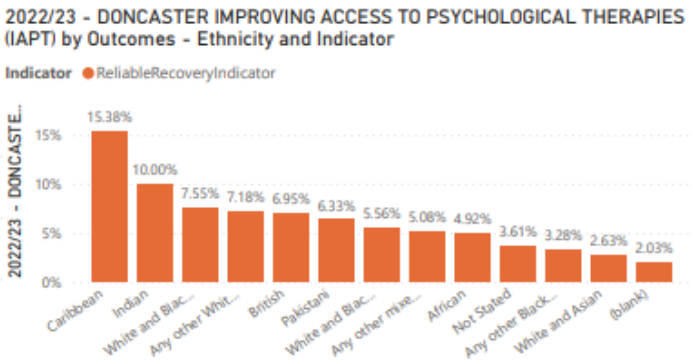

Figure 18. Proportion of patients who met the IAPT criteria for recovery - Doncaster IAPT data and graph.

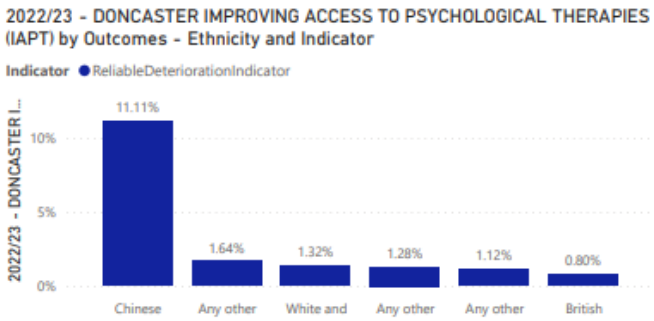

Figure 18. Proportion of patients who met the IAPT criteria for deterioration - Doncaster IAPT data and graph.

COVID-19 and seasonal respiratory infections

During the early part of the pandemic some ethnic minority groups (as in the rest of the UK) experienced disproportionately higher rates of COVID-19 infections and admissions. However, differences were not as marked as UK-wide figures, likely due to the younger age profile of most ethnic minorities in Doncaster.

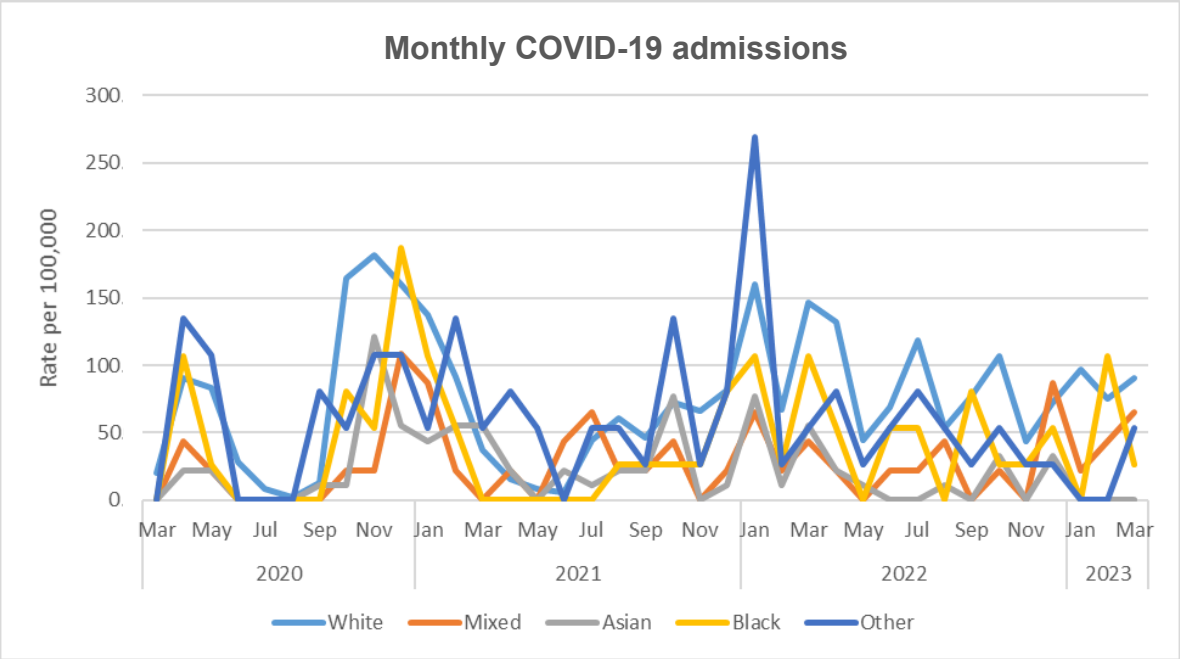

Figure 19. Monthly COVID-19 admissions by ethnicity - South Yorkshire ICB data

Vaccinations

Uptake of the primary COVID-19 vaccinations was lower than the Doncaster average in all ethnic minority groups, other than the Irish and Chinese groups.

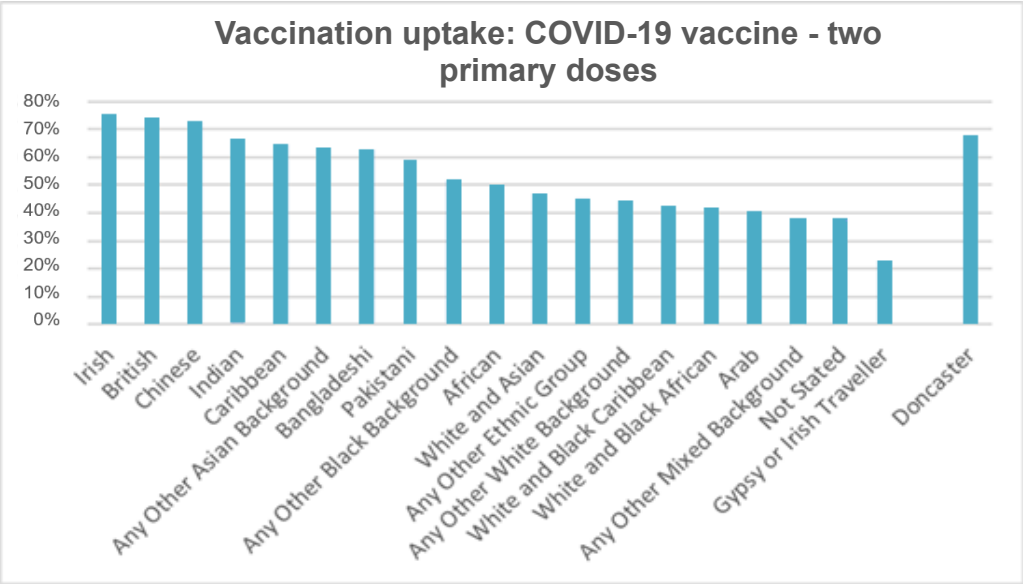

Figure 20. COVID-19 vaccine, uptake of two primary doses - National Immunisation Management System data.

In 2022, uptake of COVID boosters and flu vaccines continued to be lower among ethnic minority groups. However, uptake among these communities was noticeably higher compared to the rest of South Yorkshire, reflecting the targeted engagement work undertaken during the pandemic.

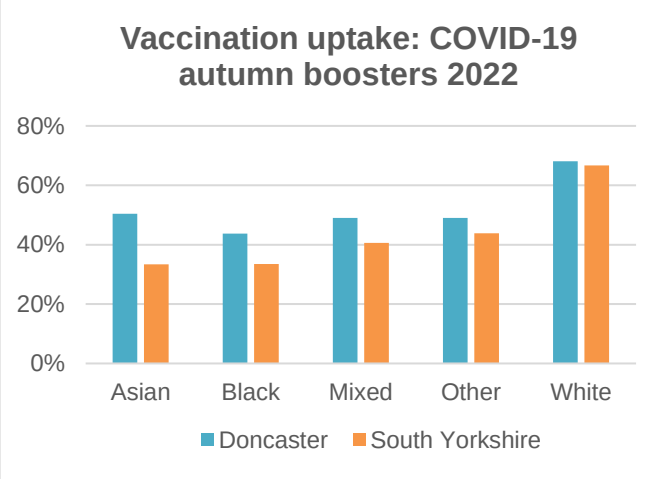

Figure 21. 2022 COVID-19 autumn booster vaccination uptake - National Immunisation Management System data.

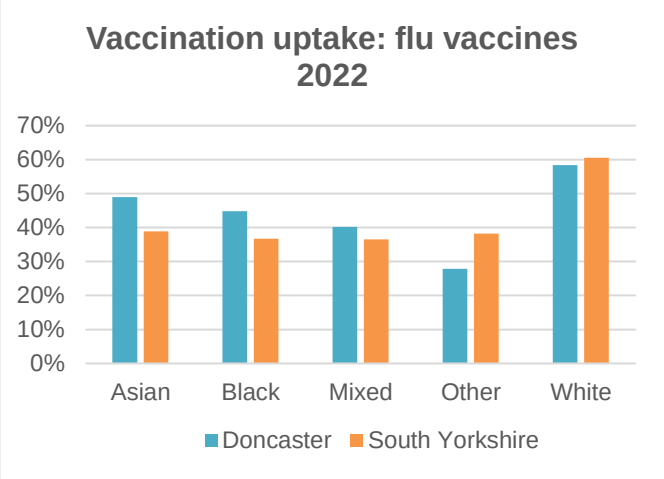

Figure 22. 2022 flu vaccination uptake - National Immunisation Management System data.

Children and young people

Low birth weight

Low birth weight (under 2.5kg) is associated with a higher risk of infant mortality, developmental problems in childhood, and poorer health as an adult.[21] There are some differences between ethnic groups in the percentage of babies with a low birth weight. At a population level this is related to poorer maternal health and antenatal healthcare, and is closely associated with socioeconomic deprivation.[22,23]

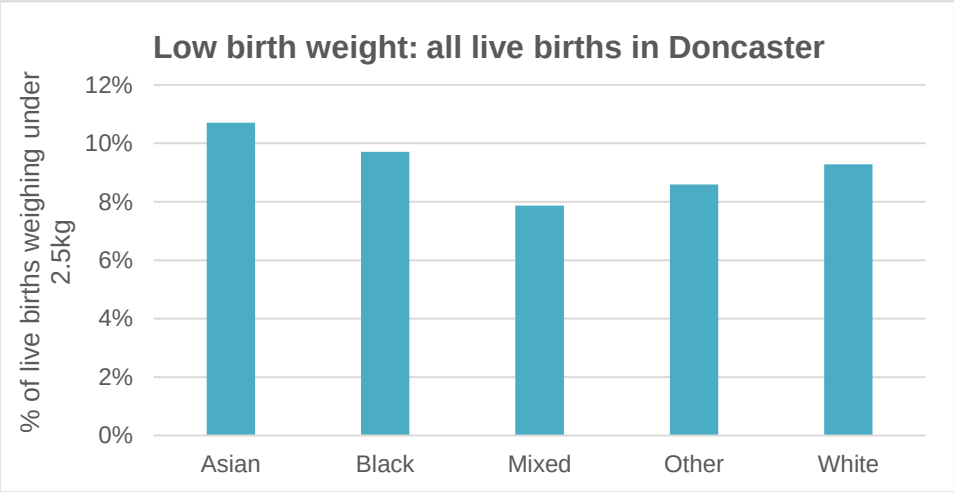

Figure 23. All live births under 2.5kg in Doncaster, April 2017-July 2023 - South Yorkshire ICB data.

Childhood obesity

In line with national findings[24], analysis of local data suggests deprivation (which is correlated with ethnicity) is strongly associated with childhood obesity in Doncaster, and is likely to be the most important factor influencing weight. It is likely this also explains the higher average rates in Doncaster compared to England. However, there are differences between ethnic groups, particularly among older pupils.

Note: ethnicity classifications are those used by the National Child Measurement Programme. Small sample sizes, particularly among the Chinese and mixed ethnic groups, affect confidence in the findings (as shown by the confidence intervals on the graphs), and are less likely to be representative of other year groups.

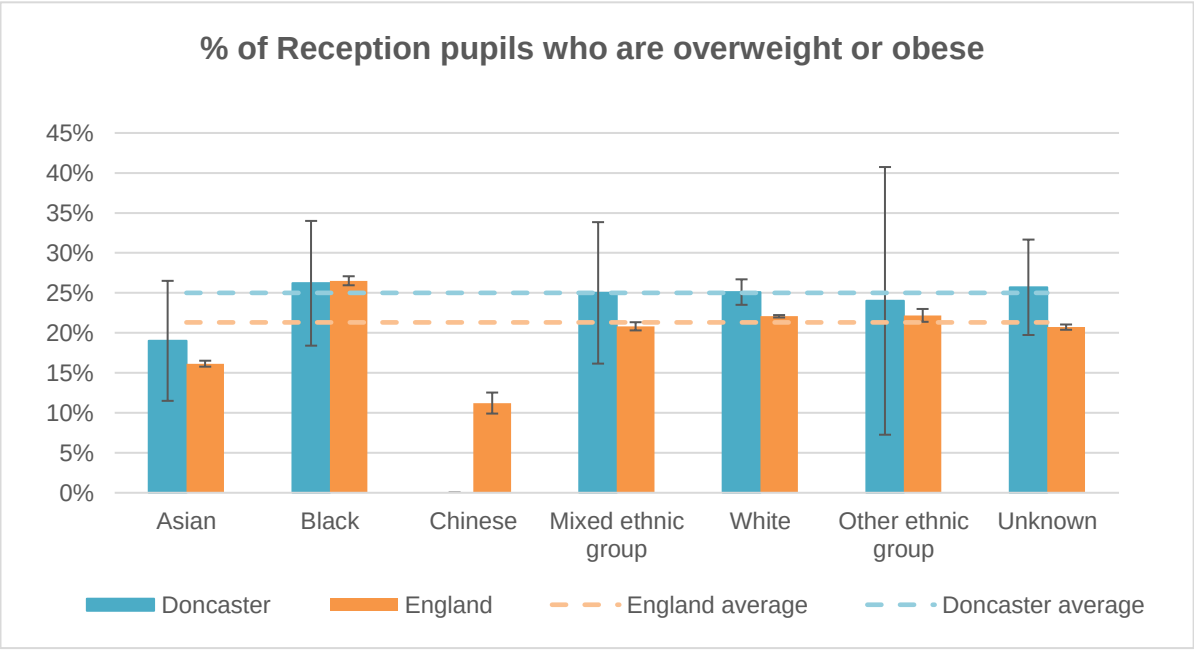

Figure 24. Percentage of Reception pupils who are overweight or obese, 2022/23 - National Child Measurement Programme data.

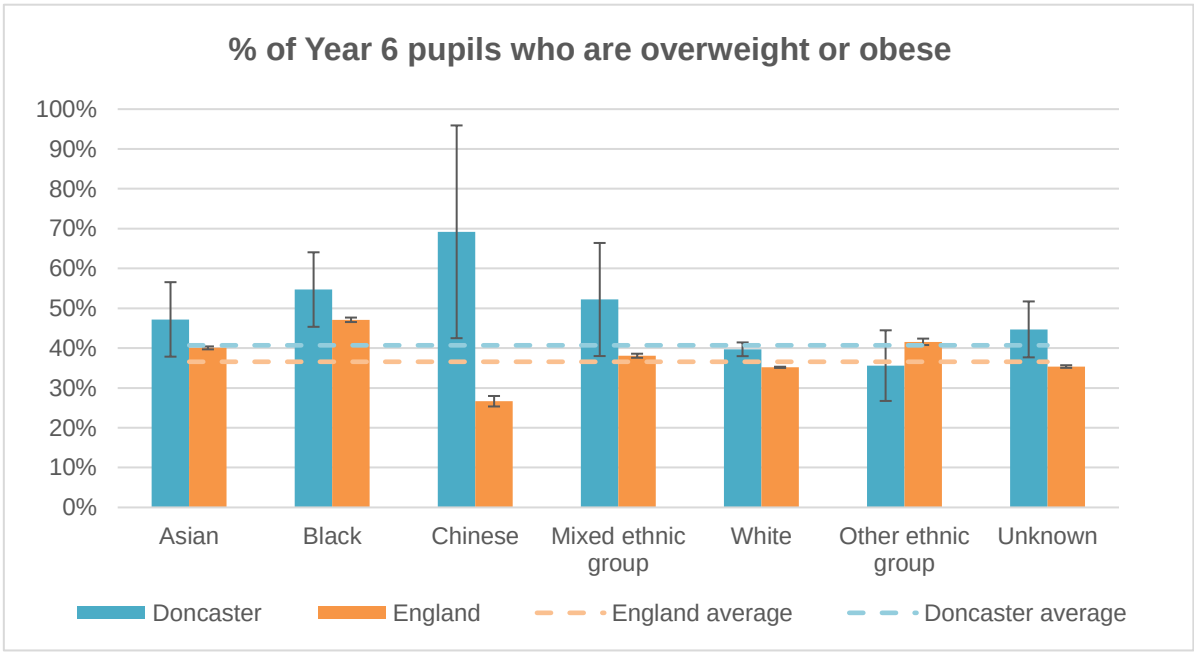

Figure 25. Percentage of Year 6 pupils who are overweight or obese, 2022/23 - National Child Measurement Programme data.

Pupil Lifestyle Survey

The 2023 Doncaster Pupil Lifestyle Survey found some statistically significant differences between pupils from a non-White ethnic minority background (the survey does not differentiate between White British and White ethnic minority backgrounds).

- Primary and secondary school pupils from a non-White ethnic minority background were less likely to have seen a dentist in the previous year compared to all pupils (35% vs 43%, and 51% vs 62%).
- Secondary school pupils from a non-White ethnic minority background were more likely to consume alcohol (24% vs 14%), have tried smoking (23% vs 14%) or have taken drugs (18% vs 6%), and were more likely to smoke (11% vs 4%) or consume alcohol (11% vs 5%) as a coping mechanism when stressed or worried.
- Primary and secondary school pupils from a non-White ethnic minority background were less likely to be exposed to smoking in the home (26% vs 35%, and 28% vs 36%).
- No significant differences by ethnicity for levels of physical activity, happiness with life or being worried about mental health.

Wider determinants of health

Health is shaped by a wide range of factors. Ethnicity data at a local level for these factors is limited, but the census provides a snapshot of some of the building blocks of good health. Data below refers to the census 2021 20b ethnic group classification (shown in Figure 3 above) unless stated otherwise.

Employment

- There were higher rates of unemployment (for people seeking work in March 2021) among many ethnic minority communities. Bangladeshi, African, White and Black Caribbean, and Arab groups had more than the double the average rate for Doncaster.

Language

Excluding children aged 2 or under, among residents from an ethnic minority background:

- 50% speak English as their main language.
- 10% cannot speak English well, and 2% cannot speak English.
- Polish (6,500 people) and Romanian (5,400 people) are the two most common main languages after English.

Education

- Some groups (particularly Roma and Gypsy or Irish Traveller) have higher rates of adults with no qualifications than the White British group.
- However, the majority of groups have higher rates of degree level and above qualifications than the White British group.

Looking at current performance data for state-funded schools in Doncaster:

- Pupils from almost all ethnic minority backgrounds achieve better results than those from the White British group, in line with patterns seen nationally.[25,26]
- However, pupils from a Gypsy, Irish Traveller or Roma background have notably lower results than other pupils.

Housing

Comparing households where the person completing the census was from an ethnic minority background, to where the person was from the White British group, there was:

- Three times the rate of overcrowding (based on the Bedroom Standard).[27]
- Double the rate of households without central heating.

Community Engagement Findings

A series of focus groups were carried out during the first half of 2023 with representatives from a number of ethnic minority communities in Doncaster. Engagement took place with:

- Asylum Seekers (housed in two hotels and with The Conversation Club)
- The African community
- The Caribbean community
- The Chinese community
- The Muslim Ladies Group
- The Polish community
- The Roma community

The groups were asked about the main issues in their community relating to health and wellbeing, what could be done to improve these issues, and (excluding the asylum seekers groups) how things have changed in their community over the last five years.

The key issues and themes arising from the focus groups are discussed below. Many issues were common to more than one community, although it has been highlighted where issues were particularly pertinent for a specific group.

Access to healthcare services: cross-cutting themes

- **Language and translators**
  Language (and in the case of the Roma community, low literacy) was the most common barrier raised. Translated or easy read letters and information, and easy access to translators for arranging and attending healthcare appointments, would make a significant difference to people from multiple ethnic communities.

- **Navigating services**
  Even for people without a language barrier, it can be hard to understand the healthcare system, what services are available, and how to navigate them. It would be helpful if all services, particularly primary care, signposted people to additional or alternative support.

- **Waiting times**
  While long waiting times are currently widespread in the NHS, specific issues raised were the extra delays caused by requesting a translator, the impact of delayed appointments for ongoing treatment for long term conditions, and the time it take for asylum seekers to first access care for long term conditions.

- **Cultural awareness**
  Some groups reported a lack of cultural awareness among clinical and support staff, and felt there should be more training so staff understand how to better support people from different cultures or faiths. The asylum seeker groups suggested this training should also include trauma-informed practice.

- **Workforce diversity**
  Some groups raised the lack of diversity within parts of the health and care workforce, and how this can limit the cultural competency of a service. The Muslim Ladies Group also raised the importance for their community of being able to access female clinicians.

- **Transport and location of services**
  Public transport in areas away from the city centre was highlighted as a barrier to accessing services, which are often centrally located. Groups felt more community-based services would support those unable to travel into the city centre. Accessing primary care was also a challenge for asylum seekers housed in hotels, due to their isolated location and the cost of public transport.

Access to specific healthcare services

- **Primary care**
  Challenges in accessing GP appointments were raised by almost all groups. Barriers included the lack of appointments, complicated or frustrating appointment booking systems, discomfort discussing medical issues with receptionists, inconsistency between practices, and the lack of continuity of care from a specific GP.

- **Dentistry**
  The lack of access to NHS dentistry for adults and children, combined with the prohibitive cost of private dentistry, means people from across ethnic groups cannot access dental care unless it is an emergency.

- **Mental health**
  Mental health was the most significant concern raised by the asylum seeker groups. This included the prevalence of mental health conditions, the exacerbation that long-term isolation in hotel accommodation causes, and the lack of access to support.

- **Dementia services**
  The Chinese community highlighted that a lack of awareness around dementia support services for patients and carers was a barrier to access for their community.

Wider determinants of health

- **Public transport**
  Multiple groups raised the need for better public transport, and the impact this can have on access to public services, as well as leisure and recreational activities. The lack of transport for school pupils attending after-school activities was also a concern among the Polish community.

- **Housing and accommodation**
  Delays in addressing mould and damp issues in social housing can cause serious health issues, but it was felt that these are not adequately prioritised. Asylum seeker groups raised the detrimental impact that being housed in hotels for long time periods, or in dispersed rural accommodation, has on residents' mental and physical health.

- **Community groups and activities**
  Many of the groups would like more opportunities for community events, spaces and groups, both to support people within a given community, and to promote cohesion with the wider community, celebrating diversity and improving understanding of different cultures. Providing and promoting funding opportunities for community groups and activities is important; it was felt this had declined over recent years.

- **Employment and training**
  There was a desire for training in digital skills, and for local employers to undergo cultural awareness training and promote diversity in their workforce and recruitment. Asylum seeker groups face particular barriers: in the absence of being able to legally work they would like to be able to volunteer. They would also value support in getting their qualifications transferred to the UK and accessing training such as ESOL.

- **Accessibility and cultural awareness of other public services**
  Similar to the barriers in accessing healthcare services, many groups find it hard to interact with council systems, the education sector and other public services. Language barriers and the need for translated communications, as well as a lack of cultural understanding, were highlighted as particular challenges.

Recommendations

1. **Develop a refreshed ethnic minorities action plan that addresses the key themes arising from this HNA, with clear owners, timescales and indicators for each action.**

   Areas to address should include:
   - Access to services, including cultural competency, translations and support in navigating services.
   - Children and young people, including obesity, smoking, alcohol and drugs.
   - Targeted support for Gypsy, Roma and Irish Traveller communities and asylum seekers.

   Aimed at: Doncaster Council Public Health Team, overseen by the Minority Partnership Board and Health and Wellbeing Board.

2. **Continue to improve the collection, quality, reporting, sharing and linkage of ethnicity data relating to health and wellbeing, building on the learning and good practice developed during the COVID-19 pandemic.**

   Aimed at: all partners that provide or commission health and wellbeing services, including South Yorkshire ICB, RDaSH, DBHT, Primary Care Doncaster, NHS England, Child Health Information Services (CHIS), Doncaster Council Policy, Insight and Change team.

3. **Embed regular communication and engagement with local ethnic minority communities to ensure services are accessible, needs can be identified on an ongoing basis, and solutions can be co-produced.**

   Aimed at: South Yorkshire ICB, RDaSH, DBHT, Primary Care Doncaster, NHS England, Doncaster Council Public Health and Communities teams, Minority Partnership Board.

4. **Ensure the needs of ethnic minority communities are taken into account when developing the new Health and Wellbeing Strategy and Doncaster 5 Year Plan.**

   Aimed at: Doncaster Council Public Health Team, South Yorkshire ICB, Health and Wellbeing Board.

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Appendix 1. EEiC: What is ethnicity?

EEiC
Thinking Clearly

What is ethnicity?

A complex term with many meanings

Though the terms 'ethnicity' and 'ethnic group' are used frequently in Britain today, their meaning is not always clear. Indeed, 'ethnicity' can be used to mean a range of different things, and is measured in a variety of ways, making it a confusing and contentious concept.

A form of 'bio-social' identity

Ethnic identity draws on a range of social and biological characteristics often linked to notions of ancestry, heritage, culture and appearance – 'where you come from', 'what you believe', 'what you do' and 'what you look like'.

Flexible not fixed

Ethnic identities are not natural or fixed. The meaning and importance of ethnicity varies across space and time.

A product of social relations

Ethnic identities are a product of the societies in which we live. In each social context particular bio-social characteristics become important markers of individual and group identity. Societal structures and ideologies reinforce feelings of 'belonging to' and 'difference from' particular groups or communities. Ethnic identities are hierarchical and shape access to resources within society. Minority ethnic identities are commonly constructed as inferior and minority ethnic people may face significant discrimination and exclusion.

A proxy for factors affecting health

Because ethnicity is operationalised in society along the lines of physical features, ancestry, religion and so on, ethnicity can often be a useful proxy for factors that affect health including: access to health-promoting resources; exposure to health risks; and health-seeking behaviours.

Ethnic groups and categories

There is a popular misconception that groups categorised using ethnicity are homogenous with innate genetic differences or distinct cultures. In fact, there is much heterogeneity within ethnic groups. Nevertheless, such categories are not meaningless and can be useful when they identify groups of people who are at risk of particular disadvantage. The categories used by government agencies – such as the Census 2011 categories – undergo extensive testing for acceptability and relevance, and are revised over time to reflect changes in this fluid concept. Nevertheless, these categories will not always be useful and meaningful.

An important measure of need and access

Because social relations influence the provision of healthcare, and because biological and social characteristics influence health need, we often find significant inequalities between ethnic groups in health outcomes and healthcare access and experience. Ethnicity is therefore an important variable to consider in planning health and social care services.

Now see Thinking Clearly! What are the links between ethnicity and health?

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