

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 13TH JANUARY, 2022

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER DN1 3BU on THURSDAY, 13TH JANUARY, 2022, at 9.00 a.m.

PRESENT:

Chair – Dr David Crichton (Vice-Chair in the Chair)

Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture & Planning
Councillor Andrea Robinson	Portfolio Holder for Adult Social Care
Councillor Cynthia Ransome	DMBC Conservative Representative
Phil Holmes	Director of Adults, Health and Wellbeing, Doncaster Council
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Lee Golze	Assistant Director of Partnerships, Early Interventions and Localities, Doncaster Council (substitute for Riana Nelson)
Cath Witherington	Chief Executive, Voluntary Action Doncaster
Chief Inspector Joe Hunt	South Yorkshire Police (substitute for Chief Superintendent Ian Proffitt)

Also in Attendance:

Councillor Sarah Smith	
Andy Maddox	Get Doncaster Moving Strategic Lead

35 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for the meeting were received from the Chair, Councillor Rachael Blake (Dr David Crichton in the Chair), Richard Parker, Lucy Robertshaw, Kathryn Singh, Chief Superintendent Ian Proffitt (Chief Inspector Joe Hunt deputised), Jackie Pederson, Riana Nelson (Lee Golze deputised), and Dave Richmond.

36 CHAIR'S ANNOUNCEMENTS

The Chair, Dr David Crichton, informed the Board that there had been a delay to the Health and Care Bill's progress through Parliament which had led to a revised timeframe with an extension for current NHS statutory bodies from 1 April to 1 July, 2022. The CCG's attendance at Health and Wellbeing Board meetings would continue during that time.

37 PUBLIC QUESTIONS

There were no questions received from the public.

38 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

39 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 11TH NOVEMBER 2021

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 11<sup>th</sup> November 2021, be approved as a correct record and signed by the Chair.

In response to a question from Councillor Nigel Ball in relation to minute no. 29 (Improving Access for Patients and Supporting General Practice), Dr David Crichton gave an update to the Board on the latest position as regards patient access to Primary Care services in the Borough. He explained that health services remained under huge pressure as a result of the additional challenges and demands brought by the Covid-19 pandemic. On 13<sup>th</sup> December, a national letter had called for prioritisation to be given to the vaccination programme and, as a result of this, Primary Care had been asked to free up services other than delivering urgent and emergency care, critical services and maintaining services for those people with cancer. That focus meant that some routine care such as blood tests and medication reviews had been stepped down. It was noted that there was no end date for this prioritisation, so it was expected that for the foreseeable future, access to routine care services would continue to be affected. In the meantime, Dr Crichton stated that people were asked to consider all possible avenues for accessing care, including local pharmacies, the NHS 111 service and online services.

40 COVID-19 PANDEMIC UPDATE

Dr Rupert Suckling gave an update to the Health and Well Being Board with regard to the present situation in the Borough regarding Covid-19 and its impact on the borough, health provisions and the local communities and what was being done moving forward.

Dr Suckling explained that since the Board's last meeting in November 2021, the latest wave of the virus had arrived in the form of the Omicron variant. Plan B measures had also been introduced, including guidance to work from home where possible, the mandatory wearing of face coverings in enclosed public spaces and an emphasis on the importance of people getting their 3<sup>rd</sup> booster dose of the vaccine.

On New Year's Eve, in response to seeing an increase in sickness absences across the emergency services, the Local Resilience Forum had declared a business continuity major incident, which was subsequently ratified by the Doncaster Tactical Co-ordination Group on 5 January. This enabled partner organisations to share intelligence and staff and to pool resources to help alleviate the situation.

Dr Suckling reported that while there were currently the highest rates of Covid-19 seen since the start of the whole pandemic, this had not translated into the high levels of hospital admissions seen in previous waves, with less than 5 people currently in ITU. However, it was noted that the biggest impact was now in relation to significant levels of sickness amongst NHS staff and this was having a serious impact on the ability to maintain staffing rotas and routine care for people. Dr Suckling explained that it was difficult to predict what would happen with Covid-19 rates over the coming weeks, but

he stressed that as a result of recent changes to testing, he expected to see significant under-reporting occurring.

In terms of next steps, Dr Suckling stated that there were plans to move from mass vaccination to a more targeted programme involving pop-up vaccination clinics for example in areas of low take-up. There would be an emphasis on keeping schools open as far as possible, together with continued reinforcing of the existing measures such as social distancing, hand washing and wearing face coverings in confined public spaces. Dr Crichton then updated the Board on the latest figures for the take-up of the vaccines amongst the various age cohorts of residents in the Borough.

After Drs Suckling and Crichton had answered questions on the targeted vaccination approach and on current levels of hospital bed occupancies, it was

RESOLVED that the update be noted.

#### 41 GET DONCASTER MOVING UPDATE

The Board received a detailed presentation by Andy Maddox, Get Doncaster Moving Strategic Lead (DMBC) which outlined in detail the progress of the Get Doncaster Moving (GDM) Strategy following a recent review. It was noted that GDM was a 10 year strategy to increase levels of physical activity through sport across the Borough and was aimed at achieving the vision of 'healthy and vibrant communities through physical activity and sport'.

In particular, the presentation covered the following key points:-

- The key findings of the GDM Strategy Review were summarised;
- The existing strategic framework was explained, together with the evidence from the existing Strategy for the Early Years (0-5 years), Children & Young People (5 – 18 years), Adults and Families, Older Adults and All Ages cohorts;
- The successes and challenges experienced in relation to stakeholder engagement;
- Evidence of what works, together with proposed actions in the shorter and longer terms (identified using system mapping);
- Key Performance Indicators were summarised, comparing the baseline 2015 figures with the ambition targets that it was hoped would be achieved by 2027;
- The key learning points and observations from the Strategy review were summarised, together with next steps.

During subsequent discussion, Board members asked questions and made comments on a range of issues highlighted by the presentation, including:-

- Phil Holmes stressed the importance of this work which he felt was not only central to health and wellbeing, but also to the Borough's economic and environmental ambitions and he gave an offer of support to help with amplifying the work being undertaken.
- In response to a question as to how the GDM work linked with the localities model, Andy Maddox explained that the Well Doncaster team acted as the advocates on the ground, listening to and working with the

local communities and bringing intelligence and knowledge back. He cited as an example the work carried out with Bentley Rugby Club, bidding for money to build a community resource which had resulted in the club facilities now being utilised as a wider community asset.

- Dr Rupert Suckling commented on the importance of taking a broad approach in order that the sports and physical activity initiatives driven by the Strategy could be embedded in all the domains of locality working. He added that this approach could also be applied to other strategic areas, such as Arts, Culture and Heritage.
- Councillor Cynthia Ransome suggested that making activities fun and diversifying away from the traditional sports/exercise activities might motivate and encourage the less active people to participate in certain activities, such as helping on community allotments and litter picking. In response, Andy Maddox explained that understanding what motivated people was the key to success and he confirmed that initiatives involving allotments and walking/litter picking groups were being undertaken in parts of the Borough.
- Speaking from a health service perspective, Dr David Crichton explained that it was recognised that 'exercise on prescription' could play an important part in encouraging people to take up physical activities to help maintain and improve their general health and wellbeing. He added that it was also important that all partner organisations represented on the Board led by example in terms of encouraging and supporting their staff and the wider populace to be more active in various ways.

RESOLVED to:

- 1) Note the findings of the GDM Strategy Review;
- 2) Support the Strategy refresh process and request that the Strategy be brought back to a future meeting of this Board following the refresh exercise; and
- 3) Consider how the partner organisations on the Board can champion GDM as a means of improving the health and wellbeing of the Borough's communities and residents.

42 SOUTH YORKSHIRE CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2020-21

The Board received the South Yorkshire Child Death Overview Panel Annual Report for 2020-21. In outlining the background to the Annual Report, Dr Rupert Suckling explained that under the Children's Act 2004, certain partners including Health, the Police and the Council were required to have arrangements in place for reviewing child deaths. He explained that following a review of these requirements, it had been recognised that very few child deaths were due to safeguarding issues and were mostly related to medical conditions. This being the case, the national leadership for the Child Death Overview Panels had been moved from the Department of Education to the Department of Health. This had led to local arrangements being reviewed and as a result, it had been decided to switch responsibility for this function from the Safeguarding Board to the Health and Wellbeing Board, with this Board's Terms of Reference being amended accordingly.

Dr Suckling explained that it had been agreed across South Yorkshire to combine resources and to pool the information gathered into one South Yorkshire Report. This regional approach enabled partners to gain a greater understanding of what was happening across areas and provided more opportunities to intervene, where required. It also mirrored the current arrangements with health partners operating on a South Yorkshire basis, especially around maternity services.

Dr Suckling then summarised the salient points in the Annual Report in relation to the Doncaster cases and how these broke down according to the different age groups and primary category of death. He concluded by stating that there would be more in-depth reports in the future and that the intention was to align this Report with the Adults and Children's Safeguarding Boards' Annual Reports so that this Board received all 3 reports at the same time going forward.

During subsequent discussion, Dr Suckling answered questions and Board members made a number of observations on the following issues:-

- Dr Suckling confirmed that he Chaired the Child Death Overview Panel in Doncaster and that the Panel comprised representatives from Children's Services, the Police and from Doncaster and Bassetlaw Hospitals;
- With regard to any urgent priorities currently needing attention, Dr Suckling explained that 2 issues frequently came up in case reviews. The first related to support to families after a child's death, such as access to bereavement services. While there had been improvements in this area, the effectiveness of these measures had not been fully assessed yet. The second issue concerned the physical estates in acute hospitals and A&E departments, as there were issues around the availability of suitable facilities and rooms to talk to parents in A&E departments on occasions when a child had died.
- Lee Golze highlighted that there had been challenges in Doncaster around the provision of bereavement and counselling support for peers and school staff. He explained that while extra resources had been commissioned in this area in the past year, he stressed that this was only on the basis of short term funding.
- Cath Witherington informed the Board that Voluntary Action Doncaster had just started facilitating a network of counselling therapists in Doncaster and that she would feed back the points raised at this meeting to that Group.
- The Chair confirmed that lessons learned from individual child death cases were always picked up and embedded in the commissioning cycle and health services to ensure that improvements were made where these were identified.
- Councillor Andrea Robinson noted that the Doncaster report made reference to the operational demands of Covid having significantly reduced the frequency of CDOP meetings and she commented on the lack of detail compared to the reports from the neighbouring South Yorkshire areas and hoped that the next report for Doncaster would match the others in terms of detail.

It was then

RESOLVED to note the Annual Report.

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

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