



Doncaster Council

Health and Wellbeing Board First Health Annual Report 2021/22

Date: 14th July, 2022

To the Chair and Members of the Council

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

EXECUTIVE SUMMARY

1. The 2021/22 Health and Wellbeing report Annual Report is the first annual report compiled by Louise Robson on behalf of Health and Wellbeing Board members.
2. This report provides an overview of the work received by the Health and Wellbeing Board and provides a flavour of the work undertaken between June 2021 and June 2022.
3. The report includes the roles and responsibilities of the Health and Wellbeing Board and its statutory duties: understanding Doncaster – the Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment and an update on the Health and Wellbeing Board as a system sponsor for research. Attendance at the Board has been challenging in 2020/21 as virtual meetings were replaced by statutory face to face meetings. Where individual Board members are unable to attend, they are allowed to send deputies. This may be difficult at short notice.
4. The report also provides an update on the course of the global COVID-19 pandemic in Doncaster in 2021 and a number of updates using the three life course approaches, Starting Well, Living Well and Ageing Well. The report also demonstrates ways of working including Get Doncaster Moving, compassionate approaches to weight, arts and health and the Well Doncaster area of work. Finally, the report points to the need to implement the new borough strategy Doncaster Delivering Together.
5. There are several key areas that were highlighted in the report including lessons to be learnt from the COVID -19 pandemic including
 - Doncaster people, families, communities, businesses, groups and institutions have all still pulled together really well. In the second year

of the pandemic, the numbers of people able to volunteer has reduced as people return to work, although many have found ways of continuing.

- The importance of 'Key workers' was reinforced during the first national lockdown, but abuse and aggression to key workers has increased as the pandemic as continued.
- Not everyone was impacted equally or is still being impacted equally. Existing inequalities, poverty and social exclusion were highlighted, and the following impacts were felt differently locally
 - Impacts directly from COVID-19
 - Long term physical and mental health impacts of COVID-19 infection (long COVID)
 - Impacts of overwhelmed health services and delays to treatment
 - Impacts of changes to health services
 - Impacts of lockdown and other measures
 - Impacts on particular communities and groups including women, people from ethnic minorities and carers
 - Ongoing impacts on accessing health and care services due to the initial disruption and now increased demand on health and care services (especially people with diabetes, or suffering with poor mental health, self-harm or depression).
- Many of the working practices that the health and care system developed at the start of the pandemic have continued, but workforce shortages and staff 'burnout' are bigger challenges for the system now than money.
- National decision makers are still too remote and lack the local knowledge needed for many decisions including the implementation and relaxation of lockdowns, supporting local schools and the return of elite sporting events.
- Pandemic preparation should still not be neglected. This includes better understanding of how local people live their lives, investment in health protection, establishing clear, agile, system leadership and supporting better data to aid management as well as increasing transparency. Local surveillance, responding to new threats (or variants), communication that avoids polarisation and politicisation, and planning on how to support people through 'infodemics' of overwhelming amounts of information all need review. This could involve health and media literacy, fact checking websites, critically looking at media sources and reviewing the role of the curriculum.
- Health and the economy are still intrinsically linked and the best way to address the pandemic is good for both health and the economy.

6. Other key areas highlighted in the report :
7. Starting Well – the importance of looking at mental health in children and young people is highlighted more so with the impact of covid-19; the children and young people’s strategy was presented at the board and the mental health in schools strategy. The importance of 1001 days has been a thread throughout and the vulnerable adolescents pilot the Child Death Overview Panel report with future recommendations and the endorsement of the annual safeguarding report for children and young people are also key areas for the Starting Well theme.
8. Living Well – many areas are covered in this section including the mental health transformation agenda (adults), the learning disability and autism strategy; substance misuse developments in the past and future years; homelessness and rough sleeping strategy and delivery plans; the carers charter including young carers; problem gambling and the endorsement of the annual safeguarding reports (adults).
9. Ageing Well – a number of areas are highlighted in the report including updates on the urgent community response, enhanced health care in care homes and anticipatory care. The report provides an update on the Dementia services and the Dementia Collaborative (which provides a voice for those with dementia and their carers); the Social Isolation Alliance with over fifty five members and age friendly Doncaster - a compassionate and positive approach to ageing across the borough.
10. Ways of Working – the report provides updates on different ways of working including the arts and health agenda and examples of creative work with a wide range of groups and a ten year vision for Doncaster, the compassionate approach to weight including development of resources and two public consultations; Physical activity and Get Doncaster Moving ; Well Doncaster including community centred approaches, community wealth builder; Be Well Doncaster; Appreciative Inquiry and Local Solutions Community Investment fund and finally the latest updates on the Better Care Fund.
11. The report concludes with seven next steps/recommendations for Doncaster Health and Wellbeing Board and partners:
 - (1) Address health inequalities, reviewing access to services including primary care, health outcomes by population groups and establish a Fairness and Wellness commission
 - (2) Continue to use the life course approach to coordinate activity and track progress. Agree a set of ‘Deep Dives’ within the life course approaches (e.g. children and young people’s mental health, homelessness, substance misuse and dementia)
 - (3) Increase the voice of local residents in the Health and Wellbeing Board and refresh the Health and Wellbeing strategy
 - (4) Develop effective working arrangements with the new health system structures and local Voluntary, Community and Faith groups

(5) Agree delivery responsibilities for Doncaster Delivery Together with the new Team Doncaster partnership structures

(6) Continue to build on the compassionate and community centred approaches seen in Get Doncaster Moving, Well Doncaster and the compassionate approach to weight and develop joint investment approaches to health and wellbeing.

(7) Continue to receive Children Safeguarding, Adult Safeguarding and Child Death Overview Panel Annual Reports.

EXEMPT REPORT

12. No

RECOMMENDATIONS

13. Council is asked to NOTE and PUBLISH the report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

14. The publication of this report demonstrates the council's commitment to its leadership duties with regard to health improvement, health protection and health and social care quality.

BACKGROUND

15. The Health and Wellbeing Board has a statutory duty to improve the health and wellbeing for the residents of Doncaster and reduce inequalities in outcomes; promote integration and partnership working between the local authority, NHS and other local services and to improve the local democratic accountability of health. This first annual report provides a flavour of that work and shows the range of partnership work already taking place.

OPTIONS CONSIDERED

16. No other options considered.

REASONS FOR RECOMMENDED OPTION

17. The recommendation fulfils the Health and Wellbeing Board's updated Terms of Reference to publish an annual report.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

18.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and	Good health and wellbeing is a contributor to increased productivity. Equally good quality work contributes to

	<p>prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>good health and wellbeing.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>All these wider determinants of health improve health and wellbeing. Combining universal and targeted investment could reduce health inequalities.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Good health and wellbeing is a contributor to improved learning outcomes. Equally good learning outcomes contribute to good health and wellbeing.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Universal and targeted prevention approaches can improve health and reduce burdens on health and care services.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer 	<p>A more connected council could support better health and wellbeing in Doncaster people and improved health and</p>

	<p>interactions</p> <ul style="list-style-type: none"> • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>wellbeing in the workforce could increase the effectiveness of the council.</p>
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RISKS AND ASSUMPTIONS

19. There are no specific risks associated with this report.

LEGAL IMPLICATIONS [Officer Initials SRF Date 20.06.22]

20. Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

FINANCIAL IMPLICATIONS [Officer Initials: HR Date: 20/06/22]

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

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date: 22/06/22]

22. There are no specific human resource implications with this report.

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 16/06/22]

23. There are no specific technology implications with this report.

HEALTH IMPLICATIONS [Officer Initials LR Date 21/06/2022]

24. There are no additional health implications in this report.

EQUALITY IMPLICATIONS [Officer Initials LR Date 21/06/2022.]

25. This report continues to identify reducing health inequalities and addressing fairness as one of five building blocks for health and wellbeing. Health varies across the Borough and is associated with deprivation, with those living in the most affluent parts of the Borough perceiving, experiencing and having better health than those living in the less affluent parts of the Borough.

CONSULTATION

26. The report has been shared with members of the Health and Wellbeing Board on 9th June 2022. No other formal consultation has been undertaken with this report.

BACKGROUND PAPERS

27. Doncaster Health and Wellbeing Board First Annual Report June 2021 – June 2022.

REPORT AUTHOR & CONTRIBUTORS

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