

CITY OF DONCASTER COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 12TH JANUARY, 2023

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

PRESENT:

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

Councillor Nigel Ball, Cabinet Member for Public Health, Leisure, Culture and Planning

Councillor Cynthia Ransome, Conservative Group Representative

Dr Rupert Suckling, Director of Public Health, Doncaster Council

Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Phil Holmes, Director of Adults, Health and Wellbeing, City of Doncaster Council

Dave Richmond, Chief Executive of St Leger Homes of Doncaster

Riana Nelson, Director of Children, Young People & Families, City of Doncaster Council

Steve Shore, Chair of Healthwatch Doncaster

Lucy Robertshaw, Health and Social Care Forum Representative

Laura Sherburn, Chief Executive, Primary Care Doncaster

Also in Attendance:

Mr T Brown

Mrs R Job

Councillor Glynis Smith

Dr Nabeel Alsindi, GP and Place Medical Director, SY ICB

Laura Quinn, Public Health Improvement Co-ordinator, City of Doncaster Council

Mitchell Salter, Senior Policy and Insight Manager, City of Doncaster Council

Emily Adams, Policy and Insight Manager, City of Doncaster Council

Ruth Bruce, Doncaster Place Partnership

Rachael Leslie, Deputy Director of Public Health, City of Doncaster Council

Louise Robson, Public Health Lead, City of Doncaster Council

39 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

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

40 CHAIR'S ANNOUNCEMENTS

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

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

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

41 PUBLIC QUESTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

42 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

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

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

44 SOUTH YORKSHIRE INTEGRATED CARE STRATEGY

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

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

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

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

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

RESOLVED:

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

45 SOUTH YORKSHIRE CHILD DEATH OVERVIEW PANEL ANNUAL REPORT

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

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

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

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

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

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

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

RESOLVED to note the Annual Report.

#### 46 BREASTFEEDING - A PUBLIC HEALTH PRIORITY

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

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

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

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



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

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

RESOLVED to:-

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

47 DONCASTER ECONOMIC STRATEGY 2030

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

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

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

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

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

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

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

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

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

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

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

RESOLVED to:-

1. Recognise and endorse the Doncaster Economic Strategy 2030.

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

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

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