

CITY OF DONCASTER COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 11TH JANUARY, 2024

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER on THURSDAY, 11TH JANUARY, 2024, 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

Councillor Cynthia Ransome

Fran Joel, Chief Operating Officer, Healthwatch Doncaster

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

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

Dr Nabeel Alsindi, GP and Place Medical Director, NHS South Yorkshire ICB

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)

Lucy Robertshaw, Health and Social Care Forum

Also in Attendance:

Councillor Glynis Smith

Councillor Leanne Hempshall

James Woods, CEO of Citizens Advice Doncaster

Clare Henry, Public Health Principal, City of Doncaster Council

Dr Susan Hampshaw, HDRC Doncaster Director, Public Health, City of Doncaster Council

Carys Williams, HDRC Doncaster Coordinator, Public Health, City of Doncaster Council

Marie Rogerson, Public Health Registrar, City of Doncaster Council

Natasha Mercier, HDRC Doncaster Public Involvement and Community Engagement (PICE) Lead

Louise Robson, Public Health Lead, City of Doncaster Council

Ruth Bruce, Doncaster Place Partnership

99

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, Riana Nelson, Dave Richmond, Ellie Gillatt and Toby Lewis.

The Chair welcomed James Woods, CEO of Citizens Advice Doncaster, to the meeting as an observer. She explained that James was not yet a formal member of the Board but would be joining in June, in recognition of the huge contribution that Citizens Advice made as an organisation to the Health and Wellbeing agenda.

## 100 CHAIR'S ANNOUNCEMENTS

The Chair, Cllr Rachael Blake, made the following announcement:

“As we go into 2024, I am very aware of the pressures that all organisations are facing but I am really hoping that all organisations will continue with the excellent partnership working that we have. When looking at the budgets that we have, it is always so easy to think about things such as prevention, supporting carers and the voluntary and community sector as something we don't always prioritise, but I would encourage everyone to carry on the excellent work we have done to date. Thank you also for your contributions to the Fairness and Wellbeing Commission. We now have a huge opportunity and responsibility this year to ensure that we start to take note of the Commission's recommendations and really see a step change in health and wellbeing and how people in Doncaster are supported to live the lives that they want to.”

## 101 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.

Councillor Leanne Hempshall made a statement concerning the healthcare received by her Mother prior to her death on this date 7 years ago. This had involved her being admitted into Doncaster Royal Infirmary 3 times during a 7-week period for treatment to lower her calcium levels, caused by her having a benign tumour on her parathyroid gland. Councillor Hempshall explained that the surgery that her Mum had so badly needed was considered 'elective surgery' and she had been told she had to wait for the head and neck surgeon to return from his 4 weeks' leave, and it had not been possible to obtain the surgery at any alternative locations. Councillor Hempshall stated that at the subsequent Inquest into her Mother's death, it had been concluded that the cause of death was a pulmonary embolism due to hyperparathyroidism, in simple terms, a blood clot caused from being inactive due to being bedridden for several weeks waiting for an elective surgery. In light of the above, Councillor Hempshall put the following 3 questions to Richard Parker:

1. “Do we still only have 1 head and neck surgeon covering Doncaster and Bassetlaw and if they went on leave, would it be covered?”
2. How many staff vacancies do we currently have at Doncaster Royal Infirmary and has this figure improved over the last 7 years?
3. Does Richard Parker agree with me when I say people have died due to austerity in Doncaster?”

In responding to the points raised by Councillor Hempshall, Richard Parker began by explaining that staffing levels varied across the different medical specialties in acute hospitals, and in order to manage workloads, the various levels of surgery were prioritised. Where there were issues in terms of capacity, the normal practice would be to see if other NHS partners could carry out the surgery elsewhere for a particular patient.

With regard to austerity, it was recognised that a wide range of challenging factors, both locally and nationally, had impacted negatively on the provision of services and on the general health of those living citizens living in deprived communities, but Richard stressed that the biggest impact had come from the Covid-19 pandemic in relation to its impact on NHS waiting times for patients.

Richard concluded by stating that he would be happy to look in more detail at aspects of the case described by Cllr Hempshall and provide a full response if Cllr Hempshall provided him with further details.

102 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

103 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 9TH NOVEMBER 2023

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9<sup>th</sup> November 2023, be approved as a correct record and signed by the Chair.

104 HEALTH AND WELLBEING STRATEGY - VERBAL UPDATE

The Board received a verbal update and presentation by Clare Henry on the development of a revised Health and Wellbeing Strategy. It was reported that Doncaster's Health and Wellbeing Strategy was overdue and required an update to reflect the significant events and changes that had taken place since its completion in 2016.

CDC & Doncaster ICB were collaborating on a comprehensive and integrated approach to addressing the health and wellbeing challenges in Doncaster. This would include the co-production of:

- a 5-year plan for Health and Care across Doncaster
- a new Health and Wellbeing Strategy

The presentation covered a range of points, including the background and journey so far in developing the strategy, the headlines and potential challenges in relation to findings from the data and the JSNA, resident voice (a summary of who had been consulted and engaged with, the methods of engagement and main findings), emerging themes, the six priority areas identified, potential report structure and next steps.

The Board noted the following timeline for developing the Strategy:

- 11<sup>th</sup> January update to HWBB on progress to date

- 15<sup>th</sup> January – Place Priority Session - CEOs
- 18<sup>th</sup> January – LGA – what can they offer, what do we want to achieve
- January - Gather “story behind the data” from colleagues
- 3rd & 24th Jan, 5th & 6th Feb - Resident writing panel
- 9<sup>th</sup> February Development Session to:-
  - Agree priorities, identify areas of focus or specific action
  - Start conversation about role of HWBB and potential for LGA support
- Plan socialisation of strategy
- Finalise report, design and approval process

With regard to the Board’s development session on 9<sup>th</sup> February, it was noted that the LGA would be approached to determine if they could provide some support to assist the Board in reviewing its role and how this might be developed in the future.

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

- In response to a question from Councillor Sarah Smith on the data behind the numbers of children killed or seriously injured on the roads, as highlighted in the presentation, Clare Henry explained that further information as to the details behind these statistics was needed, so they were intending to carry out a ‘deep dive’ of this issue. However, she confirmed that early indications were showing that the number of children being injured on roads in Doncaster was higher than the England average and those of CIPFA neighbour authorities. Councillor Smith pointed out that the ICP Strategy was also looking at the issue of young people injured on roads and she stressed the importance of ensuring that this strategic focus translated into tangible benefits and investment to help alleviate the situation in Doncaster. In response, Clare Henry stated that she was liaising with ICP colleagues to strengthen links and ensure that this work was joined up. In addition, the public health team worked closely with the Council’s road safety team in this area of work. Lee Golze stated that his team would pursue this issue from an education and schools perspective, including looking at the locations of school crossing patrols, to see if any improvements could be made.
- Rachael Leslie outlined the work being carried out by partners at a South Yorkshire level, including the Health Equity Advisory Panel, of which the 4 South Yorkshire Directors of Public Health were members, and she gave an assurance that steps were being taken to ensure that Doncaster was represented and focussed on, where required, in any joint working.
- Councillor Glynis Smith asked a question in relation to engagement with residents and whether those individuals living in the most deprived areas of the City had been consulted, given the wide disparities in life

expectancy figures across Doncaster. She also asked if figures for the resident engagement could be provided. In response, Clare Henry confirmed that engagement had been carried out by a wide range of partners across different communities and a wide range of residents, so it was difficult to provide precise information, but she stressed that every effort had been made to engage with residents from all backgrounds, including those living in the most deprived communities. Fran Joel stated that Heathwatch Doncaster had ensured that engagement carried out with residents was meaningful in terms of obtaining useful and deep information and speaking to the people whose voices needed to be heard. She added that details of numbers of people who had been engaged with could be provided to Councillor Smith.

- In looking ahead to the Board's development session in February, Board Members agreed that it would be a useful opportunity to revisit this Board's relationship with the Integrated Care Partnership and to consider the statutory role of the Board. It was also noted that the content of the Health and Wellbeing Strategy would be considered at that session, along with methods of delivering the Strategy outcomes.
- During discussion on the need to ensure linkages between the different strands of work being undertaken, and the various Boards in operation, the Chair highlighted the importance of Board members having those conversations within their various Boards and at the ICP meetings to ensure that this work was joined up, both at Place level and on a wider South Yorkshire level.
- In referring to some of the data highlighted in the presentation with regard to road safety (including children killed or seriously injured on roads) and safety in the home and in communities, the Chair stated that she wished to ensure that the Police and the Council's Director of Place were in attendance at the development session in February, to enable a meaningful discussion to be held. She also hoped to engage with the South Yorkshire Mayoral Combined Authority to enable a discussion regarding scope for improving the provision of public transport in Doncaster.

After the Chair had expressed the hope that the issue of the healthy life expectancy of women in Doncaster continued to be given priority going forward, and had also asked that the resident writing panel working on the Health and Wellbeing Strategy be encouraged to produce an easy-to-read and measurable document, it was

RESOLVED:

1. To note the update and the content of the presentation;
2. To endorse the proposals for the additional Board development session to be held on Friday 9<sup>th</sup> February 2024; and
3. That Board Members commit to attending the event on 9<sup>th</sup> February to ensure the session is useful in its purpose.

The Board received a presentation by Susan Hampshaw and Carys Williams on the Health Determinants Research Collaboration (HDRC), which provided a summary of the work done to date, the principles and approaches being taken and an overview of next steps.

It was noted that Doncaster's bid for funding towards the HDRC had been successful, with just over £5m having been received from the National Institute for Health and Care Research (NIHR). The NIHR funding represented 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, the aim was to reduce health inequalities and address the wider determinants of health through our work and approaches.

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

In welcoming the aims of this initiative, Councillor Sarah Smith stated that she was a huge advocate for embedding more research into local government, as although research work was being undertaken by officers, it often lacked the support structure to enable this work to progress to the next level. She also felt that the HDRC would have a positive impact in terms of fostering a culture of upskilling staff in research, which in turn could help to attract and retain staff and boost morale and ultimately benefit the Council as a whole and its residents. Councillor Smith also emphasised the importance of encouraging co-production with service users and residents in research projects, and also using fun methods of delivery, citing as an example breakfast learning research sessions which were an effective means of encouraging collaboration, connecting people, and of celebrating the work being undertaken by staff.

Phil Holmes felt that there was more that could be done by leaders to encourage their staff to take up the research opportunities that were being presented by the HDRC in order to ensure that the full benefits and potential of this initiative were obtained. He felt that this needed to be treated as a priority by leaders rather than taking a passive approach by simply encouraging and supporting those staff who showed an interest. In response, Susan Hampshaw explained that a staff survey had been conducted to identify where any training needs were in this sphere of work and confirmed that senior leadership could assist by actively championing research with staff via the Personal Development Review process. She added that it was also intended to carry out a research priority exercise through this Board and across the wider Council.

Dr Nabeel Alsindi queried whether the HDRC could be used as a resource to carry out some work around differential investment with a health inequalities lense, as this was an area of work that had not been fully pursued by the NHS. In reply, Susan Hampshaw stated that she would be happy to discuss this in more detail with Dr Alsindi outside the meeting with a view to identifying how the HDRC might be able to assist.

In summarising the potential benefits of the HDRC and resulting research work, Rachael Leslie highlighted that projects such as this often acted as a magnet in attracting additional funding and resource opportunities.

The Chair stated that she hoped that this research work would link into the priority areas that the Board and partners wanted to focus on, such as looking at life expectancy data, together with the outcomes identified by the Fairness and Wellbeing Commission. She felt that the HDRC was a great opportunity and that it therefore should be celebrated and utilised as much as possible by everyone. To this end, the Chair offered to write out to all partners encouraging them to take up this opportunity presented by the HDRC and to consider how research could assist their respective organisations. It was also suggested that Board members could give further consideration to the research opportunities at the Board's development session on 9 February.

RESOLVED that the Board agree to:-

- 1) Champion evidence informed and evidence supported decision making;
- 2) Ensure that the Health and Wellbeing Strategy for Doncaster is evidence informed;
- 3) Provide suggestions for opportunities to update members and other forums on the work of the HDRC and the support we can offer; and
- 4) Support a research priority exercise through the Board.

#### 106 HEALTH NEEDS ASSESSMENT: PEOPLE FROM AN ETHNIC MINORITY BACKGROUND

The Board received a presentation by Marie Rogerson and Natasha Mercier which gave an overview of the findings of the latest Health Needs Assessment for People from an Ethnic Minority Background and summarised the recommendations and next steps.

It was reported that the Minority Partnership Board was developing a new action plan. A stakeholder workshop was to be held in a few weeks (date to be confirmed) to develop the plan. In the meantime, Board members were asked to let Marie, Natasha or Jonathan Goodrum know the names of the leads from their respective organisations who would be attending this event. It was also proposed that oversight of the action plan would rest with the Health and Wellbeing Board, with regular updates being brought to the Board's meetings going forward.

During discussion, Dr Nabeel Alsindi queried whether there was scope for carrying out a more detailed breakdown and analysis of this data, if not done already, in order to look at the statistics according to age and gender of individuals to help identify any particular trends in areas such as healthy life expectancy and flu vaccination uptakes across specific genders, age groups or communities. In response, Marie explained that it was possible to break down the data relating to genders through the census data, however, officers did not have access to the other health service data and this was an area she hoped could be improved upon in conjunction with partners to enable this data to be analysed. Regarding flu vaccinations, it was acknowledged that there was less uptake amongst certain ethnic minority communities and work was ongoing

with those communities to offer assurances to help increase participation in the vaccination programme.

Phil Holmes stated that this was a very timely discussion in light of the Team Doncaster session held yesterday on anti-racist practice. He explained that partners at that session had committed to a 10 point plan to address promotion of anti-racist practice across their respective organisations and it was intended to reconvene on 20 March to report back on progress. He felt that the question now was how to connect these two areas of work together so that they reinforced each other. In reply, Natasha Mercier stated that she had also attended the Team Doncaster event and agreed that there were linkages. She advised that together with her colleague Arshad Khaliq, she would be able to look at both these pieces of work in order to strengthen the connections and ensure that they complemented each other.

Councillor Sarah Smith also spoke of the importance of ensuring that all the relevant strands of work were connected. She felt that much of this work was very data-based and therefore felt that it was also important to have a humanities, qualitative understanding of the issues and she suggested that this Board could play a role in overseeing the various pieces of work and ensuring that everything was joined together. In reply, Rachael Leslie explained that Dr Victor Joseph, who was unable to attend today's meeting, would be able to assist in ensuring that these areas of work were joined up.

The Chair stressed the importance of using the information from this report to understand where the gaps were in data and in service provision, such as access to translation services. She referred to recommendation 2 (see below) and emphasised that it was important that partners were honest about where data was still needed. She also highlighted the need for partners to ensure that the right people were engaged in this process, to enable the necessary system change and deliver on the actions identified. She felt that targets needed to be smarter and that assertive rather than passive recommendations were needed. She also expressed the view that a bold approach was needed in terms of partners having open and honest discussions in the future to ensure that success was measured effectively and that any shortfalls in meeting targets were addressed.

Subject to the above comments/actions, the Board noted the findings and

RESOLVED to endorse the following 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.

It was noted that next steps would be to discuss this further at the Board's development session in February, prior to receiving a further report at this Board's meeting on 7 March 2024.

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

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