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Doncaster Council

Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Notice is given that a Meeting of the above Panel is to be held as follows:

Venue: 007a and b - Civic Office

Date: Wednesday, 14th March, 2018

Time: **10.00 am**

Items for Discussion:

Item

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 23rd January, 2018. *(Pages 1 - 10)*

Jo Miller
Chief Executive

Issued on: Tuesday 6th March, 2018

Governance Services Officer for this meeting Caroline Martin
01302 734941

Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

5. Public Statements

[A period not exceeding 20 minutes for Statements from up to 5 members of the public onmatters within the Panel's remit, proposing action(s)which may be considered or contribute towards the future development of the Panel's work programme].

A. Items where the Public and Press may not be excluded

6. Substantial Variation - Barnburgh Surgery Contractual Changes. *(Pages 11 - 20)*

7. Adults Transformation (Community Led Support) and Quarter 3 2017/18 Performance Update. *(Pages 21 - 28)*

8. The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. *(Pages 29 - 36)*

9. Health Protection Assurance Annual Report for 2017/18. *(Pages 37 - 82)*

10. Joint Health Scrutiny Update. *(Pages 83 - 112)*

11. Health and Adult Social Care Overview and Scrutiny Work Plan Report 2017/18 Update. *(Pages 113 - 132)*

MEMBERSHIP OF THE HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Chair – Councillor Andrea Robinson
Vice-Chair – Councillor Cynthia Ransome

Councillors Linda Curran, George Derx, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith

Invitees:

Lorna Foster - Unison

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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

TUESDAY, 23RD JANUARY, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on TUESDAY, 23RD JANUARY, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith

ALSO IN ATTENDANCE:

Councillors Nigel Cannings, Kevin Rodgers, Neil Gethin and Nikki McDonald (observers)

Dr John Woodhouse, Independent Chair, Doncaster Safeguarding Adults Board
Angelique Choppin, Safeguarding Adults Board Manager
Jackie Pederson, Chief Officer, Doncaster Clinical Commissioning Group (CCG)
Caroline Ogle, Associate Director of Primary Care, DCCG
Kayleigh Wastnage, Primary Care Manager, DCCG
Richard Fawcett, Head of Children's Social Care Services (North) DCST
David Eckersley, Head of Service (Adults and Communities) DMBC
Gerry Kelly, Team Manager, Children with Disabilities Team DCST
Debbie John-Lewis, Assistant Director, Communities
Alan Wiltshire, Head of Policy and Partnerships.

APOLOGIES:

Apologies for absence were received from the Vice Chair, Councillor Cynthia Ransome and Councillors Linda Curran and Sean Gibbons.

		ACTION
61	DECLARATIONS OF INTEREST, IF ANY.	
	There were no declarations of the meeting.	
62	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 22ND NOVEMBER, 2017.	
	RESOLVED that the minutes of the Health and Adult Social Care	All to note

	Overview and Scrutiny Panel held on 22nd November, 2017 be approved as a correct record and signed by the Chair.	
63	PUBLIC STATEMENTS.	
	There were no public statements made at the meeting.	
64	DONCASTER SAFEGUARDING ADULTS ANNUAL REPORT 2016-17.	
	The Panel received the Doncaster Safeguarding Adults Annual Report 2016-17. It was reported that the Board had continued to pursue its engagement agenda with great focus through a 'Keeping Safe Campaign' helping communities to identify and respond to abuse and neglect. It was noted that it had worked with the Doncaster Keeping Safe Forum, a community based forum that has been supported by the Board to grow in capacity and membership with the primary aim of getting the message out in Doncaster that abuse will not be tolerated. Members were advised that in 2016, the Board had requested a stocktake review be undertaken to assess the Boards progress since the Peer Review undertaken in November 2015. The review proved positive overall with further recommendations identified to ensure the continuing development of the partnership. It was noted that the Board had continued to meet on a quarterly basis and had been well attended by a range of agencies with commitment to working in partnership to safeguard adults at risk. The Board had also had its annual away day in February to assess progress against its strategic objectives, refresh the strategic plan and revise the Board structure to ensure it is fit for the future. The day proved productive with a refreshed Strategic Plan 2016-19 outlining future direction. Dr John Woodhouse, the Independent Chair of the Safeguarding Board also wished to point out to the Panel in moving forward there was an increased need to reinforce making safeguarding personal and support the development of a robust front door. Following the presentation of the report, Members were afforded the opportunity to make comments and ask questions as follows:- • In relation to attendance of partners at the Board, an explanation was sought as to why attendance was low and what can be done to encourage partners to attend. It was noted that whilst some partners had found it difficult to attend some meetings, it was acknowledged there were justified reasons for this. It was also noted that it was encouraging to see that attendance by the prison service had improved and recently all 4 prisons had been represented.	

	• With regard to the reporting of safeguarding concerns, it was asked what the response rate was. It was reported that when a concern is raised these are screened and prioritised within 24 hours. The response rate would depend on the priority of the piece of work. Members also noted that work was continuing in relation to the arrangements for the review and strengthening of the front door and the suitability and effectiveness of the IT System which was also under review. • It was also noted that this would be a multi-agency response and whilst the team have the availability to respond on the same day, if there was an emergency, the Police as the emergency service would respond initially. It was emphasised that it was a much greater priority for people to be safe and there may be a number of reasons such as confidentiality as to why some cases take longer to respond to. • It was asked whether there were any concerns around capacity and resources to cope with the work. Members were advised that there were a number of agency staff within the team and a new recruitment process had been carried out giving the team sufficient resources to a carry out the roles required. It was stated that the service were in the process of considering devolving some responsibilities to partners as they foresee their role as a being more of a facilitator which will create more capacity within the team. • In relation to the achievements of the Board highlighted on page 22 and 23 of the report, clarification was sought as to why there were no time lines/targets presented. It was reported that the current progress is revised against the plan to ensure that each section is still strategic and robust timelines were in place although had not been carried forward into this report. These can be made available. • It was acknowledged by Members that they can't doubt the importance of safeguarding. However, it was felt that sometimes it can be seen as a barrier. Two examples were provided. In response to the cases mentioned it was clear that the measures put in place have to work for the person and also what is important for that person creating a good centre person planning process. Members were also advised that further work needed to be carried out in embedding the Mental Capacity Act. It was reported that in the 2 cases identified, the outcomes may have been the safest option at that time and this is expected by practitioners. • A query was raised with regard to homelessness and whether this would be included. It was reported that this specific issue was now managed through the complex lives project, which had	

	been in operation for 18 months of which Pat Hagen was the lead. Extensive work had been undertaken in identifying vulnerable people and engaging with them to provide the support needed to enable them to move forward. However there were still some engagement issues but the team were continuing in trying to provide that support. Members were advised of the introduction of the PSPO's within the town centre. It was suggested that a further report on this specific issue encompassing Veterans and the impact that PSPO's has had outside of the town centre be submitted to a future meeting of the Panel. RESOLVED that the Panel noted the progress achieved by the Doncaster Safeguarding Adults Board in the relation to the safeguarding adults agenda and noted the information within it.	Debbie John-Lewis All to note
65	SUBSTANCIAL VARIATION - MERGER OF THE PHOENIX MEDICAL PRACTICE AND THE FLYING SCOTSMAN HEALTH CENTRE	
	The Panel were presented with a report detailing the proposed transitional merger of The Phoenix Medical Practice (TPMP) and The Flying Scotsman Health Centre (FSHC). It was reported that the Primary Care Commissioning Committee had asked for a full options appraisal which was presented at its November's meeting and option 6, 'transitional merger' was approved. Legal and procurement advice was sought by the CCG regarding the risks previously identified and influenced the options paper considered. A copy of the options appraisal document was attached at Appendix A to the report along with the minute extract of the Committee's discussion attached at Appendix B. It was advised that the transitional merger was a stepped approach as follows:- • Step one – the FSHC joins Dr Khan in his PMS Agreement for TPMP • Step two – Dr Khan resigns from the PMS Agreement for TPMP and is employed by the FHSC as a salaried GP; and • Step 3 – the FHSC request to close TPMP surgery and the PMS Agreement. It was noted that all three steps will be undertaken in as short a timeframe as possible and each step is reliant on the previous step having been agreed and undertaken. Details of the risks associated with a stepped approach were outlined within paragraph 8 of the report. Members were advised that patients were very supportive of the merger.	

	Following the presentation of the report, Members were given the opportunity to make comments and ask questions. The Panel were pleased that patients were very supportive of the merger and didn't foresee any reasons why it shouldn't go ahead. Members were advised that whilst this practice didn't happen often, it was acknowledged that this would be the direction of travel in the future which provides a much more sustainable model. It was also noted that patients fully understood all the details. One query was raised with regard to the contract with the Flying Scotsman being up for renewal in 2020 and whether any concerns were envisaged with that. It was reported that whilst the contract would be up for renewal within that there was a clause attached which gave a further extension for 10 years. "The Chair concluded the discussion by making reference to the three options under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, whereby the Overview and Scrutiny Panel may make comments and recommendations on the proposal consulted upon. That if agreement could not be reached then the Overview and Scrutiny Panel could issue a report to the Secretary of State where: a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed; b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area. The Panel concluded that it supported the change and was satisfied on all three counts. <u>RESOLVED</u> that the report be noted	All to note
66	<u>TRANSITION FROM CHILDREN'S TO ADULT SOCIAL CARE.</u>	
	The Panel received a report providing information from Doncaster Children's Trust and Doncaster Adult Social Care in relation to the processes by which young people with disabilities who are in receipt of a service from the Trust are supported on their journey to adulthood in partnership. It was reported that it was crucial that when young people in care reach the age of 18 that they know what is happening regarding their future into adulthood.	

Members were presented with details regarding the Government's SEND reforms as follows. The Government's SEND reforms came into force in September 2014 and created the 0-25 Education, Health and Care Plan. The key principles that underpin these reforms and this protocol are:-

- Services are delivered based on up to date and where necessary, joint assessments of need;
- Services are delivered in a timely way with a minimal disruption at the point of transition;
- There should be good planning for transition that commences when the young person becomes sixteen;
- Families who are receiving a service should have access to a single, lead professional who can act as their single point of contact for all social care matters during the transition planning phase; and
- Responsibility for funding post-18 should be agreed early in the transition process.

Further details regarding the current service and operations within the team were outlined to Members. It was also highlighted that as well as safeguarding being the responsibility for all, the same needs to be said with regard to transition. It was reported that the people that work within the Children with Disabilities Team deal with some of the most complex young people and should be commended for what they do albeit there was still some way to go.

Following the presentation of the report, members were afforded the opportunity to make comments and ask questions including the following:-

- In reference to paragraph 33 of the report, clarification was sought as to who the Adults workers would be allocated within schools and whether this would be teacher at the school or a resource supplied by the team. It was reported that this matter would need further investigation and it wasn't foreseen that this person would be provided by the team, it may be a teacher or a perhaps a SENCO within the school who could be the link.
- It was felt that there wasn't sufficient provision for people with disabilities when they reach the age of 18 and above. It was reported that this can also be said for older people with disabilities and required specialist input also meant that they have to go out of the borough to find that support within a specialist all in one provision usually at a high cost, therefore not

	supplying a mixed choice. Members noted that Doncaster Children's Services Trust had received a Good from its recent Ofsted Inspection and it was stated that Leisure passes had been extended to all young people. It was felt that passes should also be given to those with extended needs. • A question was asked in relation to what happens to the young people post 25 particularly those who have little support. It was reported that it isn't the intension for that support to come to an end, support will be available through locality teams. It was noted that whilst some would enter employment or further education, there would be others which employment wouldn't be feasible due to severe disabilities. It was also reported that the Day Centre service offer was also under review to establish what people really want as a service and providing a service which was much more lifestyle focussed. Members also noted that a wider review of the strategy which will feed into Doncaster Growing Together. • Concern was raised in relation to the lack of providers of services in the market and therefore services are not always deliverable within the borough. It was suggested that the Localism Act be used as a tool for the Council along with its partners to create a market for this service. It was reported that within the Council there wouldn't be capacity for this but community partnerships could be formed to provide this service. Work was being undertaken with commissioning on how a market can be developed through the Doncaster Place Plan. It was also noted that there are well-being officers within communities and those discussions are taking place on what support is needed within each community. • With regard to paragraph 33 and the Schools being able to offer assistance, it was asked how this would work with academies. It was stated that engagement with academies will need to take place. • In relation to employment, it was stated that for those people with severe and profound disabilities employment would not be on the agenda. However, it appears that this is where the biggest gap in provision was. It was asked how these people would be supported. Members were advised that the Direct Payments scheme could be a way forward for some people. It was stated that for those with dependent high level needs a more building based provision is required. However, there is a requirement for buildings to be brought up to standard. Discussion also took place with regard to community assets and the need to consult with Planning regarding better use of S106 agreements.	

	• A query was made in relation to paragraph 32 of the report regarding the new build accommodation within Norton. It was reported that negotiations and clarity was still being undertaken to identify the most suitable location for the new build development and the Panel would be notified upon that decision. RESOLVED that the report be noted and officer be thanked for their attendance and contributions to the meeting.	All to note All to note
67	HEALTH AND WELL BEING STRATEGY UPDATE - OUTCOMES FRAMEWORK FOR HEALTH AND WELL BEING BOARD.	
	The Panel considered a report which provided an update on the potential outcomes framework for the Health and Wellbeing Board. The Outcomes Framework, once agreed, will allow the board to drive delivery and be sighted on key information identified as important for the board. It will also allow the board to understand and delegate where appropriate to other parts of the Team Doncaster partnership leaving the board to focus on the key areas that don't have the same level of focus. It was advised that the outcomes framework had been developed with the Health and Wellbeing Board Steering Group and also discussed at a Health and Wellbeing Board workshop in October 2017. It was noted that the outcomes framework needs to connect to other parts of the Team Doncaster Partnership to ensure there is no duplication but also to maximise the reach and impact the board can have on improving people's quality of life in Doncaster. Following the presentation of the report, Members were given the opportunity to make comments and ask questions as follows:- • Clarification was sought with regard to benchmarking and who had the Council used. It was reported that a number of different groups were able to be benchmarked such as CIPFA authorities. However, national benchmarks had been used for this report but it was recognised that liaison with other similar authorities to Doncaster should take place. • Discussion took place in relation to whether there was any duplication of work. It was reported that the outcomes framework was a long term project and requires all partners to work collaboratively over a 20-30 year timeframe. Members expressed that they appreciated the traffic light system which had proved useful when obtaining data for their ward duties. It was also suggested that rather than using colour, symbols be used in future reports. • It was asked how the Health and Well-being Board would	Alan Wiltshire

	monitor the progress. It was reported that the information would be provided to the Board as part of an update report. RESOLVED that the Panel note the proposed Outcomes Framework for 2018-2021 and thanked the officer for their contributions to the meeting.	All to note
68	THE INSPECTION AND REGULATION OF ADULT SOCIAL CARE - IN HOUSE COMMUNITY SERVICES.	
	The Panel considered a report and presentation on the Inspection and Regulation of Adult Social Care with a particular focus on Doncaster Council's In house Community Provision and summaries:- • Introduction to the inspection and regulation framework applied to In-House Community Provision; • Key findings from CQC's inspection reports on the compliance and quality of all services; • Key findings from DMBC's Contract Monitoring Audit reports on the performance and quality of services; • Specific focus on the CQC Inspection report from September 2017 for Steps and Night Visiting Service; and • Planning to secure continuous improvement. A copy of the presentation slides were attached at Appendix A to the report. Discussion took place in relation to the Contract Inspection results for 2017 at page 110 of the report stating that whilst for Amersall Court and Eden Lodge the initial rating was given as partially compliant, following the action taken the final rating was given as complaint. It was stated that the reason for the initial rating were issues around the insufficient recording of information, which had now been resolved. In addition, the picture for Doncaster was very positive and this was reflected in the comments made by the service users. Further details were also provided to Members on the STEPS service. Following the presentation of the report, members made the following comments:- • The Panel commended the report and was pleased to see the encouraging comments made by service users on the in-house service provision. • Discussion took place with regard to Day Centre Services and the sustainability of this provision. It was reported that the service was under review and a move to a more community led provision was envisaged. It was advised that Mexborough already had a good example of this type of provision and a	

	similar model was being looked at within Rossington, which will be an inter-generational project. It was suggested that a report be submitted to a future meeting of the Panel. RESOLVED that the report be noted and the outcomes of each inspection and rating going forward are considered and included as part of the overall inspection and compliance report.	Debbie John-Lewis All to note
69	HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE.	
	The Panel received a report updating Members on the Panel work plan for 2017/18. A copy of the work plan was attached at Appendix A to the report taking into the issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on 21st June, 2017 and Overview and Scrutiny Management Committee he on 29th June, 2017. Members discussed the possibility of adding the following to the Panel's work plan for a future meeting. It was suggested that the options of how the items were to be added be presented to the Director and the Panel be advised in due course:- 1. Veterans Plan; and 2. Residential Care RESOLVED that:- (1) the Health and Adult Social Care Overview and Scrutiny work plan and update for 2017/18 attached at Appendix A to the report be noted; (2) the correspondence made since the last meeting of the Panel to the Executive be noted; and (3) noted that the work plan is a living document and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests.	Caroline Martin/ Damian Allen All to note All to note All to note

Doncaster Council

Date: 14th March 2018

To the Chair and Members of the Health and Adult Social Care Scrutiny Panel

SUBSTANTIAL VARIATION – Barnburgh Surgery Contractual Changes

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care	Sprotbrough Conisbrough Mexborough	None

EXECUTIVE SUMMARY

1. The purpose of the report is for Doncaster's Clinical Commissioning Group (CCG) to provide an opportunity to Scrutiny Members to be consulted on the contractual changes and potential for list dispersal of Barnburgh Surgery, Fox Lane, Barnburgh, DN5 7ET

EXEMPT REPORT

2. There is no exempt information contained in the report.

RECOMMENDATIONS

3. That the Scrutiny Panel considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy.

BACKGROUND

5. The CCG received notice to terminate the PMS Agreement for Barnburgh Surgery from Dr Karen Wagstaff on the 9th November 2017. Under PMS Agreement Regulations the notice period to terminate a PMS Agreement is 6 months; the agreed termination date for Dr Wagstaff's Agreement for Barnburgh Surgery is midnight on the 8th May 2018.

6. The CCG and Dr Wagstaff met initially at the end of November and have since

had regular updates to discuss the handover of services and any support requirements.

7. NHS England and the CCG drafted an options appraisal for the CCG's Primary Care Commissioning Confidential Committee (the Committee) to consider at their December meeting on the 14th December 2017. The options paper recommended discussion of 3 options:

    a. List dispersal of the registered patient list
    b. Procurement of the practice as a main site of GP services
    c. Procurement of the practice as a branch site of GP services

8. The Committee considered all 3 options and discussed the benefits and risks of each including the surrounding area and its rurality, potential patient concerns, impact on other GP services in the neighbouring areas and impact on other stakeholders who would be impacted by any decision being made.

9. The Committee agreed to recommend the dispersal of the patient list of Barnburgh Surgery to NHS England who are ultimately accountable for primary care medical services and would approve this decision.

10. It was agreed that a Task and Finish Group would be formed urgently and would meet weekly and provide weekly updates to the rest of the Committee.

11. The CCG began the consultation process writing to local MPs and Councillors for Sprotbrough Ward, the Local Medical Committee, Local Pharmaceutical Committee, Local Optical Committee, HealthWatch Doncaster, Doncaster and Bassetlaw Dental Committee, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Primary Care Doncaster, Rotherham, Doncaster and South Humber NHS Foundation Trust, Doncaster Metropolitan Borough Council, Barnburgh and Harlington Parish Council.

12. The CCG also made a press statement in the Free Press to raise public and patient awareness of the proposed changes in service. Both the CCG and HealthWatch Doncaster have engaged with the practice to support any patient queries or concerns that are raised. No public or patient feedback has been forthcoming to date.

13. As a result of initial consultation and conversation with local MPs and stakeholders it was subsequently felt that the CCG need to demonstrate that all potential options for the surgery had been further explored. It was therefore agreed that the market should be tested for any possible expressions of interest in taking over the practice and if necessary a procurement process should be initiated.

14. At the January meeting of the confidential Committee the Committee members were apprised of the change in process and agreed to initiate a procurement process and due to the timeframes run the potential practice list dispersal concurrently. The Committee also agreed for weekly updates and if a decision required by exception, then an Extra Ordinary Primary Care Commissioning Committee be convened as soon as possible.

15. An action plan was developed by the Task and Finish Group to reflect how best to communicate any decision made (Appendix A).

16. The CCG has continued to liaise with Dr Wagstaff and has instructed HealthWatch Doncaster to support Dr Wagstaff, the practice Patient and Participation Group (PPG), liaise with its counterparts in Rotherham and Barnsley and provide weekly updates of any public and patient feedback/comments received. The CCG public and stakeholder engagement programme is set out in the appended Communications Undertaken document (Appendix B).

17. The procurement process has now concluded and the CCG at the time of writing is in the standstill period, a further verbal update will be provided to the Panel at the meeting on the 14th March 2018. At the same time all practices within a 5 mile radius have been asked to confirm their capacity should list dispersal take place and the following responses have been received.

Practice	Indicated Capacity
Mexborough Health Centre	1200 patients
Conisbrough Group Practice	Patients within existing boundary with potential to extend further into Mexborough on a temporary basis
The Nayar Practice	None
The Scott Practice	Patients within existing boundary with potential to extent boundary on temporary basis
The Edlington Practice	No significant capacity
Petersgate Medical Centre	Unable to make a decision without knowing numbers
The Nelson Practice	None

REASONS FOR RECOMMENDED OPTION

18. There are no alternative options within this report as the Scrutiny Panel is required to be consulted on any substantial variation to a current service.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

19.

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objective
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

20. The specific risks and assumptions relating to this issue are set out in this report.

LEGAL IMPLICATIONS (KDW 2.3.18)

21. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.

22. The overview and scrutiny committee may review and scrutinise the health service within its area; it may make reports and recommendations to local NHS bodies, the secretary of state and the regulator; and it may consider and consult on local NHS matters as well as requiring the local NHS body to attend committee to answer questions.

23. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 places an obligation on the local NHS body to consult with the Overview and Scrutiny panel where they are considering any proposal for substantial developments or substantial variations to health services other than where a decision must be made as a result of the risk to safety or welfare of patients or staff.

24. Under the Regulations, the Overview and Scrutiny panel may make comments and recommendations on the proposal consulted upon. If those comments and/or recommendations are not agreed with by the local NHS body, then both the Overview and Scrutiny panel and the local NHS body have to try to reach a practicable agreement. If agreement cannot be reached then the Overview and Scrutiny panel can issue a report to the Secretary of State where:

    a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;

    b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or

    c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area.

FINANCIAL IMPLICATIONS (DCCG 28.02.18)

25. The financial implications are set out in this report. There are no direct financial implications for the Council from this report.

26. (DMBC 01/03/2018) There are no direct financial implications for the Council arising as a result of this report.

HUMAN RESOURCES IMPLICATIONS (DCCG 28.02.18)

27. Specific implications are referred to in this report.

28. There are no apparent HR implications arising from this Report (DMBC - BT 28.2.18)

TECHNOLOGY IMPLICATIONS (DCCG 28.02.18) (PW 28/02/18)

29. There are no technology implications arising from this report.

30. There are no DMBC technology implications arising from this report.

HEALTH IMPLICATIONS (VJ 2.3.18)

31. Health and Social Care service has the potential to contribute to 20% of population health. For affected patients on the practice list at Barnburgh Surgery, the proposed change has potential health implications due to effects on how they will access health services. As the matter is still under consideration, it is uncertain what option will eventually be taken. The Commissioner will need to monitor the long-term health impact of this change on the affected practice population. Advice on this can be obtained from public health.

EQUALITY IMPLICATIONS (DCCG 28.02.18)

32. There are no significant equality implications associated with this report. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

33. Consultation is outlined in this report. This is Overview and Scrutiny's opportunity to contribute to the proposed GP Practice closure.

BACKGROUND PAPERS

34. None

REPORT AUTHOR & CONTRIBUTORS

Damian Allen
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NHS Doncaster CCG

Carolyn Ogle
Associate Director – Primary Care
NHS Doncaster CCG

Kayleigh Wastnage
Primary Care Manager
NHS Doncaster CCG

Appendix A – CCG Programme Action Plan

Procurement and list dispersal in parallel

Activity	By Whom	December		January					February				March				April					May			
		Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
		18th	25th	1st	8th	15th	22nd	29th	5th	12th	19th	26th	5th	12th	19th	26th	2nd	9th	16th	23rd	30th	7th	14th	21st	28th
Planning & Process																									
Weekly Task and Finish Group Meetings	Kayleigh Wastnage																								
Update Primary Care Commissioning Committee	Carolyn Ogle																								
Develop Project Plan	Kayleigh Wastnage																								
Develop Communication & Engagement Plan	Kayleigh Wastnage																								
Instruct HealthWatch Doncaster	Carolyn Ogle						23rd																		
Develop comms materials as detailed in Plan	Ian, Carolyn, Kayleigh																								
Meet with Practice and advise of Project & Comms Plan	Carolyn Ogle																								
Support to practice staff & contractor on close down	HealthWatch, Carolyn Ogle																								
Inform BSA of close down	Carolyn Ogle, Kayleigh Wastnage																								
Inform IT of close down	Carolyn Ogle, Kayleigh Wastnage																								
Arrange collection of IT equipment	Kayleigh Wastnage, Wendy Lawrence																								
Inform utilitiy companies of close down	Dr Wagstaff																								
Reconcile final payments from CCG & NHSE	Genna Miller, Caroly Ogle																								
Procurement process																									
Advert Published	Claire Burns				12th																				
ITT Published	Claire Burns				12th																				
ITT Clarification Question Deadline	Claire Burns							2nd																	
ITT Closing date	Claire Burns								9th																
ITT Opening and Initial Review	Claire Burns																								
Individual Evaluation	Claire Burns									16th															
Clarification questions to providers	Claire Burns																								
Clarification Interviews	Claire Burns																								
Consolidation and Moderation Meeting	Claire Burns										20th														
Recommended and Reserve Bidder identified	Claire Burns										21st														
Approval of Recommendation	Claire Burns										21st														
Standstill Period	Claire Burns										21st														
Debrief Unsuccessful Bidders	Claire Burns												5th												
Award	Claire Burns												5th												
CONTRACT																									
Contract Clarification discussions	Claire Burns / Caroyln Ogle																tbc								
Contract Signature	Claire Burns / Carolyn Ogle																tbc								
Contract Award Notice (OJEU & Supply2health)(48 Days)	Claire Burns / Carolyn Ogle																								
MOBILISATION AND IMPLEMENTATION - 3 MONTHS																									
Mobilisation	Claire Burns / Carolyn Ogle																					tbc			
Contract Commencement	Claire Burns / Carolyn Ogle																					10th			
Stakeholders																									
Meeting with Dr Wagstaff	Carolyn Ogle						25th																		
Inform MP's	Jackie Pedersion, Dr Crichton					Letter						letter													
Inform Councillors	Jackie Pedersion, Dr Crichton					Letter						letter													
Inform Public Health	Anthony Fitzgerald					Letter																			
Inform DMBC	Carolyn Ogle					Letter																			
Inform Parish Council	Jackie Pedersion, Dr Crichton					Letter	26th							14th											
Share comms plan with DMBC	Anthony Fitzgerald																								
CCG engage with Barnsley & Rotherham CCG	Carolyn Ogle																								
CCG engage with all neighbouring Practices	Carolyn Ogle						letter																		
CCG engage with all neighbouring Local Authorities	Carolyn Ogle																								
Inform all 3rd Party stakeholders e.g. LMC, DBTH, LPC, RDASH	Carolyn Ogle																								
CCG ascertain what capacity neighbouring Practices have and what service offer by Practice is	Carolyn Ogle, Kayleigh Wastnage																								
Evaluation of Stakeholder responses	Ian Carpenter, HealthWatch, Kayleigh Wastnage																								
Overview and Scrutiny Committee Consideration	Anthony Fitzgerald													14th											
Patients & Public																									
Practice Staff Engagement by Contractor	Dr Wagstaff																								
Meet with PPG	HealthWatch, Ian Carpenter																								
Develop patient and public questionnaire	Rachel Mather																								
Develop Patient and public Leaflet etc.	HealthWatch, Ian Carpenter																								
Arrange Public and Patient meeting	HealthWatch, Ian Carpenter																								
Questionnaire sent to registered patients	PCSE, Carolyn Ogle																								
Distribute patient materials	HealthWatch, Ian Carpenter																								
Alternative arrangements for feedback for patients & stakeholders unable to complete questionnaire	HealthWatch, Ian Carpenter																								
Develop Press release / statement	Ian Carpenter																								
Press release issued	Ian Carpenter																								
Evaluation of Public and Patient feedback	Ian Carpenter, HealthWatch, Kayleigh Wastnage																								
Overview and Scrutiny Committee Consideration	Anthony Fitzgerald													14th											
Implement recommendations / actions from OVS Committee	Carolyn Ogle, Kayleigh Wastnage																								
PCSE Deadline for Patient Letter as need 6 week lead in time	Carolyn Ogle, PCSE																								
Patient letter to all registered patients with details of other GP Practices	Carolyn Ogle, PCSE																								
Ensure all patients have re-registered or declared intention not to register elsehwere	Carolyn Ogle, PCSE																								

Appendix B – CCG Communications Undertaken

Barnburgh Communications Undertaken/Planned

Date	Communication
04.01.18	Contractor communicated to Barnburgh Surgery staff that she has given notice to terminate her contract
05.01.18	CCG telephoned Ed Miliband MP to explain the issue. Ed Miliband asked if any attempt had been made to secure a replacement GP
11.01.18	CCG informed Director of Public Health for information at Health and Wellbeing Board.
11.01.18	CCG informed Chair of the LMC via phone.
12.01.18	CCG spoke to Ed Miliband MP again by phone.
12.01.18	CCG spoke to HealthWatch Doncaster by telephone to apprise of the situation and to seek support.
15.01.18	CCG met with Doncaster Free Press
15.01.18	Letter to stakeholders sent.
15.01.18	Email to Primary Care Leads at Barnsley and Rotherham CCGs to inform of situation.
17.01.18	CCG informed the Chief and Chair of Rotherham CCG.
17.01.18	Email response from Parish Council following stakeholder letter.
19.01.18	John Healey MP Office called CCG checking that Barnsley CCG had been informed about the issue in addition to Rotherham CCG. CCG confirmed this was the case.
19.01.18	CCG spoke to John Healey's Office.
22.01.18	Letter to neighbouring practices sent.
22.01.18	CCG shared practice letter with Primary Care Leads in Barnsley and Rotherham CCG.
25.01.18	CCG met the Contractor.
26.01.18	CCG met Barnburgh Parish Council.
29.01.18	CCG spoke to Ed Miliband's Office Manager.
29.01.18	CCG spoke to Primary Care Leads for Barnsley CCG and Rotherham CCG and asked them to inform their local authorities and local councillors of the situation.
29.01.18	CCG shared action plan with DMBC communication team.
29.01.18	Barnsley and Rotherham CCG have confirmed they have written to GP practices in their areas that may be impacted by the potential list dispersal.
01.02.18	CCG spoke to Richard Wells, Superintendent for Weldricks.
05.02.18	CCG updated Contractor and will include Contractor in all future weekly updates.
06.02.18	CCG informed the Chair of the Health and Wellbeing Board.
07.02.18	CCG was approached by the Contactor at TARGET session.
09.02.18	CCG spoken to Cynthia Ransome.
19.02.18	HealthWatch updated on support provided to the Contractor and the practice PPG.
14.03.18	CCG attending Barnburgh Parish Council Meeting.
14.03.18	CCG attending DMBC Overview and Scrutiny Committee.

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Doncaster Council

Report

Date: 14 March 2018

To the Chair and Members of the Health and Adult Social Care Scrutiny Panel

Adults Transformation (Community Led Support) and Quarter 3 2017/18 Performance Update

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachael Blake Portfolio holder for Adult Social Care	All	No

EXECUTIVE SUMMARY

1. This report provides Members with an update on Community Led Support as a part of the Adults Transformation Programme and also details key Adults Health and Wellbeing performance results as at quarter 3 2017/18.
2. There will be a presentation at the meeting to illustrate the objectives of and progress on Community Led Support.
3. Performance highlights are set out within the report.
    a. Despite increasing pressure on Adults Health and Wellbeing (AHWb) services and the challenging time of the year, overall performance has been positive in quarter 3.

PERFORMANCE HIGHLIGHTS

Delayed Transfers of care

4. The council has invested significant effort and commitment into reducing delays in hospital discharges during quarter 3. Working closely with NHS colleagues, Doncaster's joint health and social care resources have been used to improve services and better understand care and support needs, in order to get people home from hospital quickly when they are medically fit and it is safe to do so.

5. Latest figures from NHS England demonstrate that Doncaster has reduced delays by almost 50% between August and November 2017. Days delayed per 100,000 population have improved from 11.5 (860 actual days) in August to 6.4 (461 actual days) in November. This represents a reduction of 399 individual days delayed and is better than the target of 7.1 days set by the Better Care Fund.

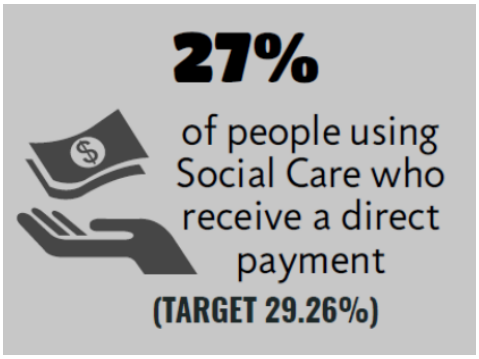
6. Doncaster is now amongst the top quartile performers nationally, having previously been ranked in the bottom quartile. Furthermore, Doncaster is highlighted as a "beacon site" for improving Delayed Transfers of Care in the monthly iMPOWER DTOC index.

Residential Care

7. There were 20 more admissions to residential care in quarter 3 than anticipated, but the rate of admission for the full year is still consistent with expectations (293 admissions between April and December). The actual number of adults living in residential care has continued to reduce and now stands at 1,342, which is a reduction of 101 from the same time last year. Residential placements are managed through a robust panel process that puts the emphasis on helping people to continue to live at home where this is the most appropriate setting.

8. Residential care is being monitored closely, since the reductions largely relate to people who pay for their own care. This means that although numbers are reducing the cost of care is not reducing in a proportionate way.

Direct Payments



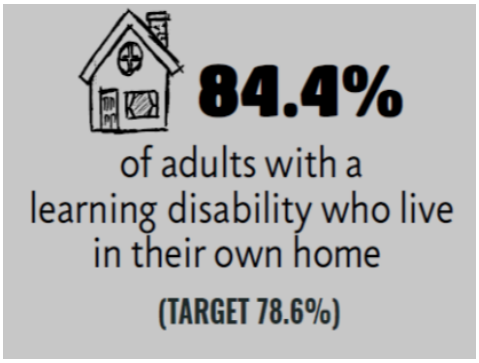
9. There was a very small reduction in the number of people receiving a direct payment for their care and support. At the end of quarter 3 there were 752 (27%) people with a

direct payment, whereas in Quarter 2 there were 766. (27.5%). This is against a target of 29.3%. Numbers are beginning to increase once again in January and February and currently stand at 761.

10. The reduction in direct payments is in part due to a lower number of new direct payments for homecare as a result of the improvements in DTOC. This is because, in order to get people home from hospital, home care is being arranged more quickly using a wider range of providers, without the requirement to have a direct payment.

11. Targets for direct payments are currently being stabilised to make sure that administration arrangements are able to facilitate the increased demand.

Learning Disabilities



12. There has been a big increase in the proportion of adults with learning disabilities who live in their own home or with their family, from 56.1% in 2015/16 to 84.4% in 2016/17. This is now better than target and higher than national and regional averages.

NHS Health Checks

13. In the 3 months that make up quarter 3, 2,002 people aged 40-74 took advantage of an NHS health check, making 7,132 for the year to date. After a slight decline in uptake in recent months, numbers are steadily increasing as a result of a new promotional campaign during the early part of 2018.

People Feeling Safe and Secure

14. The number of people who say that services have made them feel safe and secure has steadily increased since 2013 to the current level of 87.3%. This is better than the target level and also higher than regional and national averages.

Continuous Improvement

15. Work is currently underway to implement a new performance management framework in Adults Health and Wellbeing. This will include a reconciliation of all AHWb performance measures to better reflect the directorate's objectives, including the Transformation Programme.

EXEMPT REPORT

16. This report is not exempt

RECOMMENDATIONS

17. The Chair and Members of the Health Adult Social Care Scrutiny Panel are asked to note and comment on the Community Led Support presentation and the quarter 3 performance information.

OPTIONS CONSIDERED

18. There are no alternative options as this report merely provides the Committee with an opportunity to note and comment upon information provided.

REASONS FOR RECOMMENDED OPTION

19. Not applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

20.

	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 prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish	The work of Overview and Scrutiny has the potential to have an impact on all the Council's key outcomes.

	• Inward Investment	
	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; • 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	
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • 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	
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • 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	
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • 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	

RISKS & ASSUMPTIONS

21. There are no specific risks arising from this report.

LEGAL IMPLICATIONS (SRF 02/03/18)

22. There are no specific legal implications arising from this report.

FINANCIAL IMPLICATIONS (CC 02/03/18)

23. There are no specific financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS (DD 02/03/18)

24. There are no human resource implications arising from this report.

TECHNOLOGY IMPLICATIONS (NR 02/03/18)

25. Technology is used within many of the initiatives included in this report. ICT must always be involved via its governance model where technology-based procurements, developments or enhancements are required. This ensures all information is safe and secure and the use of technology is maximised providing best value.

HEALTH IMPLICATIONS (RS 02/03/18)

26. Community led support (cls) has the potential to improve and protect health. Scrutiny panel members will want to consider the opportunity cost of this model, how health impacts and health equity impacts are measured, if the service is matched to need and if there any unintended consequences of the current model.

EQUALITY IMPLICATIONS (SC 28/02/18)

27. There are no specific equality implications associated with this report. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

28. Not applicable

BACKGROUND PAPERS

29. Not applicable.

REPORT AUTHORS AND CONTRIBUTORS

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Damian Allen
Director of People
Learning and Opportunities: Children and Young People / Adult Health & Wellbeing Directorates

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Doncaster Council

Report

Date: 14th March 2018

To the Chair and Members of the Health and Adult Social Care Committee

The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care

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

EXECUTIVE SUMMARY

1. This report compares the published Care Quality Commission (CQC) ratings as at 19th January 2018 comparing Doncaster performance with national and regional averages.

   In addition, the report outlines any current contract monitoring activity that is supporting providers with inadequate ratings.

EXEMPT REPORT

2. No

RECOMMENDATIONS

3. That the report is noted and that future reports comparing Doncaster providers' performance and contract monitoring activity will be presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The CQC ratings for Adult Social Care (ASC) provision within the Doncaster Borough demonstrate a largely positive picture with Doncaster generally comparing favourably to both national and regional benchmarks.

BACKGROUND

5. The findings within this report derive from the performance information provided directly by the CQC extracted from the CQC database and relate to published CQC ratings for Adult Social Care services as at 19/01/2018.

5.1 The content and organisation of the data is determined by the CQC. Consequently the national comparative data does not differentiate between types of care provision. However, we have worked with the CQC and adapted the format of the data to provide greater intelligence. So that the Yorkshire and Humberside comparative data and South Yorkshire sub-data, differentiate performance between residential, nursing and community based services. This is clearly set out in the table descriptions.

COMPARATIVE DATA

6. Table 1 - The number, percentage and outcome of all active Adult Social Care Services by CQC Region.

Number of Active Rated Locations, by Latest Overall Rating						
Location Region	**Outstanding**	**Good**	**Requires improvement**	**Inadequate**	**No published rating**	**Total Active Locations**
East Midlands	34	1,656	341	20	375	**2,426**
	(1.4%)	(68.3%)	(14.1%)	(0.8%)	(15.5%)	(100%)
East of England	43	1,992	340	49	451	**2,875**
	(1.5%)	(69.3%)	(11.8%)	(1.7%)	(15.7%)	(100%)
London	27	1,852	400	26	646	**2,951**
	(0.9%)	(62.8%)	(13.6%)	(0.9%)	(21.9%)	(100%)
North East	23	794	165	11	131	**1,124**
	(2.0%)	(70.6%)	(14.7%)	(1.0%)	(11.7%)	(100%)
North West	48	1,920	569	83	419	**3,039**
	(1.6%)	(63.2%)	(18.7%)	(2.7%)	(13.8%)	(100%)
South East	122	3,146	673	54	619	**4,614**
	(2.6%)	(68.2%)	(14.6%)	(1.2%)	(13.4%)	(100%)
South West	97	2,153	458	37	343	**3,088**
	(3.1%)	(69.7%)	(14.8%)	(1.2%)	(11.1%)	(100%)
West Midlands	37	1,962	430	45	431	**2,905**
	(1.3%)	(67.5%)	(14.8%)	(1.5%)	(14.8%)	(100%)
Yorkshire and The Humber	27	1,530	459	42	302	**2,360**
	(1.1%)	(64.8%)	(19.4%)	(1.8%)	(12.8%)	**(100%)**
Total	**458**	**17,005**	**3,835**	**367**	**3,717**	**25,382**
	(1.8%)	**(67.0%)**	**(15.1%)**	**(1.4%)**	**(14.6%)**	**(100.0%)**

NB - Percentages may not total 100 due to rounding

6.1 The table shows that Yorkshire & The Humber have the highest percentage of providers that requires improvement and are below average on good or outstanding.

7. Table 2 - The number, percentage and outcome of all active Adult Social Care Services by South Yorkshire Authorities.

Number of Active Rated Locations, by Latest Overall Rating						
Location (District Level)	**Outstanding**	**Good**	**Requires improvement**	**Inadequate**	**No published rating**	**Total Active Locations**
Barnsley	1	53	28	1	21	**104**
	(1.0%)	(51.0%)	(26.9%)	(1.0%)	(20.2%)	(100.0%)
Doncaster	1	90	20	1	21	**133**
	(0.8%)	(67.7%)	(15.0%)	(0.8%)	(15.8%)	(100.0%)
Rotherham	2	90	23	1	19	**135**
	(1.5%)	(66.7%)	(17.0%)	(0.7%)	(14.1%)	(100.0%)
Sheffield	1	133	40	5	38	**217**
	(0.5%)	(61.3%)	(18.4%)	(2.3%)	(17.5%)	(100.0%)
Total	**5**	**366**	**111**	**8**	**99**	**589**
	(0.8%)	**(62.1%)**	**(18.8%)**	**(1.4%)**	**(16.8%)**	**(100.0%)**

NB - Percentages may not total 100 due to rounding

7.1 The table shows that Doncaster has the highest percentage of providers who are rated as good and the lowest percentage who requires improvement when compared against the District Level.

8. Table 3 - The number, percentage and outcome of Community Adult Social Care Services by South Yorkshire Authorities**.**

Number of Active Rated Locations, by Latest Overall Rating						
Location (District Level)	**Outstanding**	**Good**	**Requires improvement**	**Inadequate**	**No published rating**	**Total Active Locations**
Barnsley	0	15	6	1	10	**32**
	(0.0%)	(46.9%)	(18.8%)	(3.1%)	(31.3%)	(100.0%)
Doncaster	0	24	8	0	12	**44**
	(0.0%)	(54.5%)	(18.2%)	(0.0%)	(27.3%)	(100.0%)
Rotherham	1	21	6	0	17	**45**
	(2.2%)	(46.7%)	(13.3%)	(0.0%)	(37.8%)	(100.0%)
Sheffield	0	46	17	2	33	**98**
	(0.0%)	(46.9%)	(17.3%)	(2.0%)	(33.7%)	(100.0%)
DMBC contracted providers	0	18	6	0	4	**28**
	(0.0%)	(64.3%)	(21.4%)	(0.0%)	(14.3%)	(100.0%)
Total	**1**	**124**	**43**	**3**	**76**	**247**
	(0.4%)	**(50.2%)**	**(17.4%)**	**(1.2%)**	**(30.8%)**	**(100.0%)**

8.1 The table shows Community Services which consists of domiciliary, supported living and extra care services.

8.2 To provide a further comparison on the Doncaster community services, we have included DMBC contracted community services.

8.3 The table shows that whilst DMBC does not have any services rated as outstanding they do have the highest percentage who are rated as good.

8.4 They also have the highest percentage who are rated as requires improvement, with one recently being inspected and found to be good. One has an embargo in place and the other 4 are actively being worked with to help improve their services.

9. Table 4 - The number, percentage and outcome of Residential & Nursing Care Homes in Adult Social Care Services by South Yorkshire Authorities**.**

Number of Active Rated Locations, by Latest Overall Rating							
Location (District Level)	**Type of home**	**Outstanding**	**Good**	**Requires improvement**	**Inadequate**	**No published rating**	**Total Active Locations**
Barnsley	Nursing	0	9	6	0	4	**19**
		(0.0%)	(47.4%)	(31.6%)	(0.0%)	(21.1%)	(100.0%)
	Residential	**1 (1.9%)**	**29 (54.7%)**	**16 (30.2%)**	**0 (0.0%)**	**7 (13.2%)**	**53 (100.0%)**
Doncaster	Nursing	0	14	4	0	7	**25**
		(0.0%)	(56.0%)	(16.0%)	(0.0%)	(28.0%)	(100.0%)

	Residential	**1**	**52**	**8**	**1**	**2**	**64**
		(1.6%)	**(81.3%)**	**(12.5%)**	**(1.6%)**	**(3.1%)**	**(100.0%)**
Rotherham	Nursing	0	17	5	1	2	**25**
		(0.0%)	(68.0%)	(20.0%)	(4.0%)	(8.0%)	(100.0%)
	Residential	**1**	**52**	**12**	**0**	**0**	**65**
		(1.5%)	**(80.0%)**	**(18.5%)**	**(0.0%)**	**(0.0%)**	**(100.0%)**
Sheffield	Nursing	1	25	17	2	2	**47**
		(2.1%)	(53.2%)	(36.2%)	(4.3%)	(4.3%)	(100.0%)
	Residential	**0**	**62**	**6**	**1**	**3**	**72**
		(0.0%)	**(86.1%)**	**(8.3%)**	**(1.4%)**	**(4.2%)**	**(100.0%)**
Total	Nursing	**1**	**65**	**32**	**3**	**15**	**116**
		(0.9%)	**(56.0%)**	**(27.6%)**	**(2.6%)**	**(12.9%)**	**(100.0%)**
	Residential	**3**	**195**	**42**	**2**	**12**	**254**
		(1.2%)	**(76.8%)**	**(16.5%)**	**(0.8%)**	**(4.7%)**	**(100.0%)**

9.1 The table provides a breakdown of Nursing and Residential across the District Levels.

9.2 There is no need to provide a comparison for DMBC contracted providers as all of the providers included in the Doncaster ratings hold a contract with DMBC.

9.3 Doncaster now has a residential home that has achieved an outstanding rating by CQC.

9.4 The figures show that our residential homes achieve above average on being rated as good. Whilst only above half of our nursing homes are achieving good there are a high number that have no published ratings which could have an impact on this result.

9.5 Doncaster does have the lowest number of nursing homes that CQC rate as requiring improvement and our residential homes are close to the lowest.

9.6 Doncaster does show to have the highest percentage of residential home rated as inadequate but this does equate to only one home and that home has no residents and is under a notice of decision by CQC.

9.7 Doncaster Council Current Contract Monitoring and Improvement Activity supporting providers with inadequate ratings.

9.8 Residents who did reside at the inadequate home were supported to find alternative accommodation of their choice.

9.9 The tables show there are 20 Doncaster Adult Social Care Services rated as requires improvement, 18 of those have a contract with DMBC. To support those services in improving they have all received some level of contract monitoring and improvement activity.

9.10 To provide some context to the level of support carried out since April 2017

there have been 16 audits undertaken with 81% of them being carried out after the CQC ratings publication date and 62 response or follow up visits carried out with those 18 Social Care Services.

OPTIONS CONSIDERED

10 None applicable

REASONS FOR RECOMMENDED OPTION

11 None applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

12

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	Quality social care provision is a component of a thriving and resilient economy
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	Quality social care provision promotes safeguarding and independence
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	Quality social care provision promotes a strong and consistent workforce, that results in a value service for the people of Doncaster
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Quality social care provision support families to thrive.
	Council services are modern and value for money.	

	Working with our partners we will provide strong leadership and governance.	The Council works well with CQC, CCG and other professional colleagues to promote and develop quality social care provision.

RISKS AND ASSUMPTIONS

13 The generally positive CQC ratings for social care provision within the Doncaster Borough when compared with national and regional data derive from a pro-active contract monitoring and management function within the Council. It is assumed that the Council will want to continue investing at current levels in view of the generally favorable outcomes achieved

LEGAL IMPLICATIONS [Officer Initials: ND **Date:** 01/03/2018]

14 There are no specific legal implications associated with this report. The Council includes Contract Monitoring provisions within its adult social care services contracts and this service has a vital role to play in improving care standards of providers and ensuring that appropriate services are provided to Doncaster's service users.

FINANCIAL IMPLICATIONS [Officer Initials: PW **Date:** 19/02/2018]

15 There are no financial implications arising directly from this report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials: KW **Date:** 09/02/2018]

16 There are no Human Resources Implications.

TECHNOLOGY IMPLICATIONS [Officer Initials: ET **Date:** 08/02/2018]

17 There are no direct technology implications in relation to this report.

PROCUREMENT IMPLICATIONS [Officer Initials: HW **Date:** 02/03/2018]

18 There are no Procurement implications

EQUALITY IMPLICATIONS [Officer Initials: T D-K **Date:** 23/01/2018]

19 There are no specific equalities implications contained within this report.

HEALTH IMPLICATIONS [Officer Initials: VJ **Date:** 02/03/2018]

20 Health and Social Care Service contributes to 25% of factors that can determine the health status of population. The quality of social care services in Doncaster, as per Care Quality Commission report has implication on the health of the residents in care homes. It is good to note the rating of care homes that are considered "Outstanding or good". On-going monitoring and support for those considered to be "Requiring Improvement or Inadequate" is required.

CONSULTATION

21 Not applicable

BACKGROUND PAPERS

22 CQC - 20180119 ASC and PMS Ratings and Breaches for SYorks and Regions IR10423 v2

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Doncaster Council

Date: 14 March 2018

To the Chair and Members of the

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2017/18

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball	All	Yes

EXECUTIVE SUMMARY

1. This is the annual report on health protection assurance in Doncaster covering the financial year 2017/18.

2. There has been sustained progress in ensuring that the health protection assurance system in Doncaster is robust, safe, effective, and meets the statutory duty placed on local government to protect the health of the people of Doncaster. This has been achieved through effective health protection governance structures and service plans.

3. This report has been developed taking into account best practice and guidance on health protection, including evidence from:

   - The Public Health Outcomes Framework, Public Health England;
   - Local Air Quality Management Policy Guidance 2016, Department for Environment, Food and Rural Affairs;
   - NICE Guideline: NICE guideline [NG70] Published date: June 2017, Air Pollution, Outdoor air quality and health; and
   - Health Protection reports to Doncaster Health Protection Assurance Group and the South Yorkshire Screening and Immunisation Oversight Group.

4. This report gives recommendations to the Overview and Scrutiny Panel; it provides relevant background information; and outlines the progress made from 2016/17 to 2017/18.

EXEMPT INFORMATION

5. None

3. RECOMMENDATIONS

6. The Overview and Scrutiny Panel is asked to:

   a. Note the progress made from 2016/17 to 2017/18 on addressing health protection matters in Doncaster.

   b. Support recommendation to continue work with local partners and to monitor immunisation update, in particular flu vaccinations and MMR.
   c. Support the work of Doncaster Active Travel Alliance, acknowledging the importance of encouraging residents to cycle and walk short journeys plays in addressing not only Doncaster's Health and Wellbeing key challenges but the wider benefits to the economy, communities and environment; and addressing air quality.

   d. Support work on tackling the reduction of smoking in Doncaster.

   e. Support continued work in monitoring and reporting on progress on broader health protection functions in the borough.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. There is an effective system in place to protect the health of the people of Doncaster. Health Protection outcomes in general are very good, although there are areas of challenges being addressed.

BACKGROUND

8. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

   The scope of health protection includes:

   - Emergency preparedness, resilience and response (EPRR)
   - Management of communicable (infectious) diseases, including managing of outbreaks.
   - Management of other health protection Incidents e.g. environmental hazards
   - Infection prevention and control (IPC) in health and social care, including healthcare acquired infections (HCAI), communicable disease and infection prevention and control standards in community settings;

- Screening
- Vaccines and immunisation including routine and targeted programmes
- Contraception and Sexual Health
- Surveillance, alerting and tracking
- Port Health (e.g. airport health)

There are areas of health improvement that overlap with health protection. They include the following:

- Suicide prevention
- Drugs and substance misuse (in relation to infection with blood-borne viruses)
- Smoking (protection of the public from harm of tobacco).

The Responsibilities for Local Authorities in relation to Public Health

9. The responsibilities of Local Authorities for Public Health functions (including health protection) since 1 April 2013 are underpinned by legislation under the Health and Social Care Act 2012. There are also associated Regulations - Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006. This is in addition to the existing health protection functions and statutory powers delegated to Local Authorities under the Public Health (Control of Disease) Act (1984), the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990).

10. The Secretary of State (SoS) for Health has the overarching duty to protect the health of the population. This duty is generally discharged by the SoS to Public Health England (PHE).

11. According to the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, the Local Authority Director of Public Health (DPH) has responsibility for strategic leadership of health protection in a unitary/upper tier authority. This should be exercised by:

    - Chairing a local Health Protection Committee (accountable to the Health and Wellbeing Board);
    - Preparing a multi-agency health protection agreement and forward plan.

12. The DPH, on behalf of their Local Authority, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately.

Who else is responsible for health protection?

13. In addition to the Local Authority, there are a number of agencies which exercise health protection functions in relation to the borough either as a commissioner or provider. The key agencies include:

- Public Health England: Communicable disease control, Infection prevention and control, environmental, chemical, biological, radiological, nuclear, terrorist hazards/incidents; health improvement, and healthcare Public Health.
- Doncaster Clinical Commissioning Group: Infection prevention and control (in hospitals), immunisation, communicable disease control, and screening.
- NHS England Local Area Team: Screening and Immunisation Programmes.
- Health care providers; General practice, pharmacies, Doncaster and Bassetlaw NHS Foundation Trust, Rotherham Doncaster and South Humberside NHS Foundation Trust.

14. The 6C Regulations require each Local Authority to;

"….provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements, or the participation in such arrangements by that person or body".

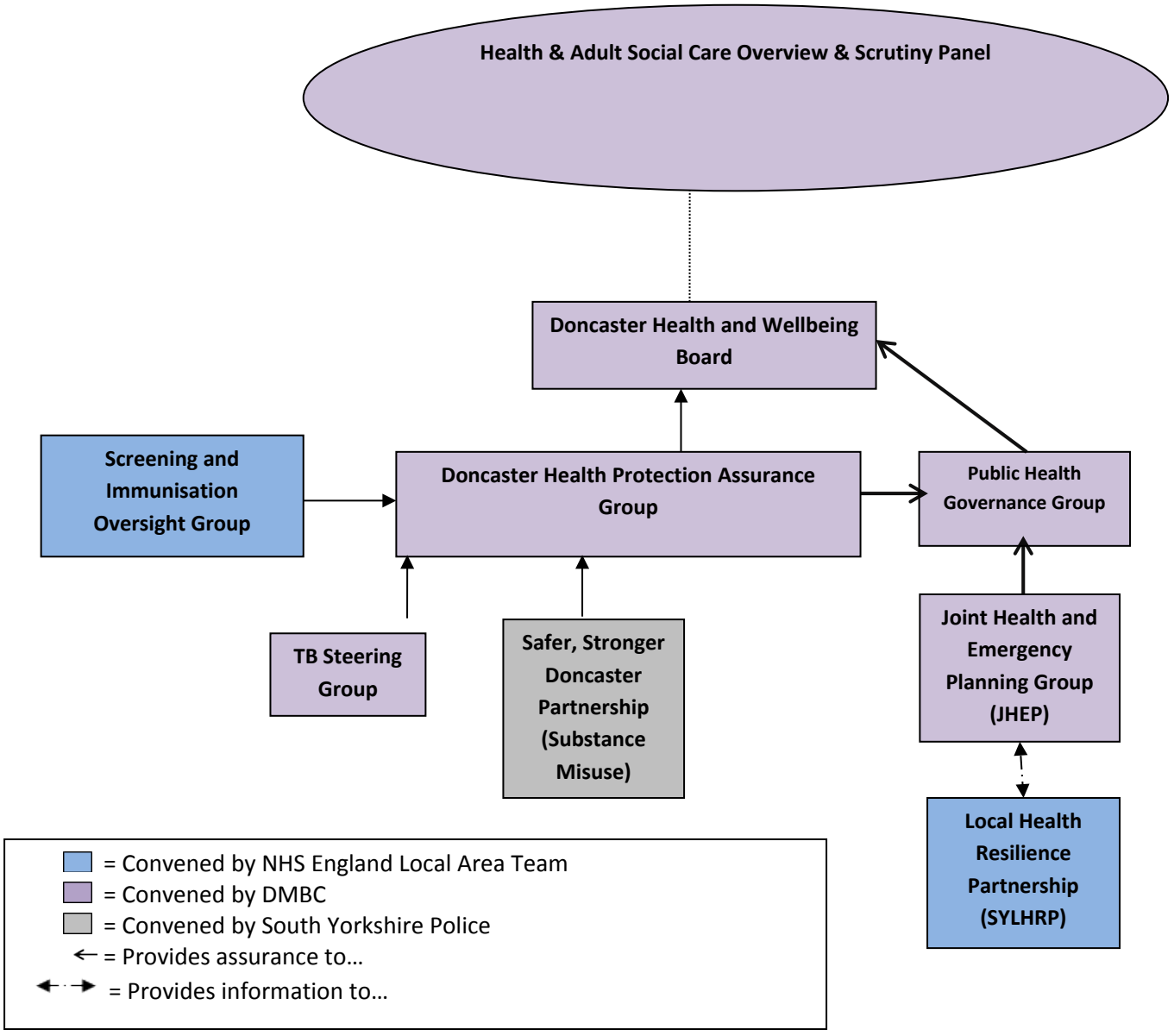
Monitoring and Assurance

15. At a national level, within the Public Health Outcomes Framework (PHOF), there is a health protection domain. Within that domain there are indicators on immunisations, screening and infectious disease which allow for comparisons with other areas and the England average. Doncaster's performance is highlighted in this report.

16. At a local level, the Health Protection Assurance Group (HPAG) reports to the local Health and Wellbeing Board. Health Protection reports are also submitted to the Public Health Governance Group (within the Public Health Team in DMBC) on a regular basis. The Health Protection Assurance Group meets quarterly and is chaired by a Consultant in Public Health and it has agreed terms of reference.

17. Overview and Scrutiny of health protection functions in DMBC is provided by the Health & Adults Social Care Overview and Scrutiny Panel on an annual basis.

Figure 1: Governance Structures for Health Protection in Doncaster



Progress on recommendations made in 2016/17 annual report

18. The health protection annual report in 2016/17 recommended a number of actions for 2017/18 and progress on these is summarised in Table 1 below.

Table 1: Progress on recommendations in 2016/17 Health Protection Report

RECOMMENDATIONS FOR ACTIONS IN 2017/18	PROGRESS
Public Health to work with Environmental Health colleagues to look at the up to-date Air Quality Data and variations across Doncaster.	Report on 'Screening of air quality data (2017/18) and identifying the Air Quality Management Areas (AQMA) across Doncaster'. The main points are: • Air quality monitoring figures in Doncaster indicate a 27% reduction between 2010 and 2017, which compares favourably with the National Objective for England of a 15% reduction across the period of 2010/2020; national modelling suggests that concentrations are low across Doncaster; • The Pollution Section has provided training on air quality issues to members of the Planning Committee and also to the members of the Parish Councils' Joint Consultative Committee. • A successful bid to the Air Quality Grant Scheme has been made and funding of £100,000 awarded to publicise the benefits of Ultra Low Emissions Vehicles (ULEV). • Doncaster Council has formulated a new Air Quality action plan in place. For detail, see **Appendix 1**
Continue to strengthen and develop existing joint working between Public Health & Environmental Health as a whole.	• Public Health is working closely with partners through Air Quality Steering Group and is actively progressing with the council's air quality action plan. • Public Health Lead has Air Quality as part of their remit. The Public Health Lead reports on Public Health Plan and Active Travel Initiative. For details, see **Appendix 2**
Address air quality in Doncaster wards.	• Doncaster Metropolitan Borough Council (DMBC) submits to Defra, and publishes an annual air quality report in line with its statutory duties. Current measures from DBMC Air Quality plan are tabulated in **Appendix 1** • Public Health Impact is now included in all Council's corporate reports.
Monitor the uptake of Flu vaccinations for Doncaster. (Doncaster –	Public Health collated an up to date data on Flu vaccination and conducted local analysis in terms of inequalities in uptake of Flu Vaccination, across

under performing in 3 Flu vaccination indicators under Public Health Outcome Framework. **(Appendix 3).**	Doncaster which is presented in **Appendix 3.** Multi agency work has been done since. A Task and Finish Group was convened and worked closely with the care homes across the area; as well as exploring improvement of uptake of flu vaccination in primary care. 'Planning for seasonal Flu' (Doncaster Metropolitan Borough Council) Initiative aimed at care homes indicates the following results on flu vaccination: For care home staff: • Care homes - (50 out of 50 responded) 409 staff out of 1961 *(AVE)* (21%) • Learning disability care homes - (26 out of 27 responded) 524 staff out of 2185 *(AVE)* (24%) • Community Care and Support at Home (CCASH) – (13 out of 13) 146 staff out of 574 *(AVE)* (25%) • Supported Living- (5 out of 5 responded) 49 staff out of 676 *(AVE)* (7%) • Extra Care - (4 out of the 4 providers responded) 15 out of 93 (AVE) (16%) For residents of care homes: • Care Homes - 1227 out of 1609 *(AVE)* (76%) • LD - 128 out of 259 *(AVE)* (49%) • Supported Living - 321 out of 490 *(AVE)* (66%) • Extra Care - 90 out of 180 *(AVE)* (50%) Population coverage: aged 65 and over • Doncaster achieved 71.8% vaccine uptake across all GP practises over the winter season 2016 to 2017. This was above the national uptake level of 70.5% but below the National Goal of 75%. • There has been a predominantly downwards trend in percentage coverage of this indicator in Doncaster since 2011/12 where a peak uptake of 73.8% was reached.
Monitor the uptake of 2 doses of MMR vaccination by 5 years.	Public Health collated an up to date data on 2 doses MMR vaccination and conducted local analysis in terms of inequalities in uptake, across Doncaster. Overall, performance indicates that MMR uptake (at 2 doses) remained lower in Doncaster (86.7%) compared to England (87.6%). The national target is 95%> See details in **Appendix 4**.
To work with local partners as well as NHS England to improve the areas of performance where Doncaster is not meeting national targets.	A local Task and Finish Group was convened and partners have been working closely to achieve the national goal. This includes profiling uptake by GP practice in order to identify areas of lower uptake in order to improve performance. Work continues with NHS Immunisation/Screening area coordinator in identifying any specific population groups

	with particularly low uptake and strategies to improve this.
HORIZON SCANNING OF HEALTH PROTECTION FUNCTIONS	**ASSURANCE**
Systems in place to provide assurance to the DPH, on behalf of the local authority, that arrangements to protect the health of the people of Doncaster are robust and being implemented.	Health Protection Assurance group which is chaired by a Consultant in Public Health, ensures coordinated action across all sectors to protect the health of the people of Doncaster from health threats, including incidents, emergencies and any infection prevention and Control (IPC) issues. A number of Steering Group reports to the Health Protection Assurance Group e.g. Doncaster TB Steering Group, Substance misuse Group, and Suicide Prevention Group. Assurance for the emergency planning function/ coordinated approach to incidents and emergencies is through the (Joint Health Emergency Planning (JHEP) Group and Local Health Resilience Partnership (LHRP).
Mass Treatment Plan for Doncaster	Multi-agency outbreak and mass treatment plans have been signed off through Joint Health and Emergency Planning (JHEP) Group. Multi-agency table top exercise (Exercise Larissa) was undertaken to test plans in November 2017. Post-exercise report in draft and post-exercise review of both plans is currently in progress.
Reviewing contingency plan as appropriate according to national and local guidance and testing response arrangements.	The following contingency plans were reviewed in 2017/18: • Doncaster Council Pandemic Flu contingency plan • Doncaster Council Heatwave contingency plan • Doncaster Council Public Health cold weather contingency plan • Doncaster multi-agency outbreak plan • Doncaster multi-agency mass treatment plan The following multi-agency plan is in development for sign off through the Joint Health Emergency Planning (JHEP) and System Resilience Group: • Doncaster Local Health Economy Major Incident Tactical Coordination plan In 2017/18 a number of exercises have taken place that Doncaster Council has

	participated in, including: • Exercise Larissa (multi-agency table top outbreak and mass treatment exercise planned and delivered by Public Health – November 2017) • Doncaster Council corporate exercises (Senior public health participation in Council wide response – November 2017) • Exercise Seven Hills (South Yorkshire Local Health Resilience Partnership (LHRP) Mass Casualty Exercise – October 2017) Briefings and training to increase awareness of public health emergency planning arrangements amongst senior public health staff and upskill has also been provided, with further opportunities in development. An audit of health protection capabilities for Doncaster has also been undertaken and an action plan is in progress.
Infection prevention and control (IPC) in health and social care, including healthcare acquired infections (HCAI), communicable disease and infection prevention and control standards in community settings.	Regular quarterly report on Infection Prevention and Control (IPC) service for Rotherham Doncaster and South Humber NHS Foundation Trust (Doncaster area) is presented to the Health Protection Assurance Group (HPAG). As well as contract monitoring process with the provider.
Vaccines and immunisation including routine and targeted programmes.	NHS England (North) South Yorkshire & Bassetlaw Screening & Immunisation Oversight Group (SIOG). Bi-annual report is received and discussed at HPAG.
Contraception and sexual Health.	Work in this area is reported to the HPAG through relevant Public Health Lead.
Port Health (e.g. airport health)	Port health is managed by Public Health England and assurance is provided via the local HPAG.
Drugs and substance misuse (in relation to infection with blood-borne viruses)	Substance Misuse Harm Reduction Strategy objectives are monitored by the Harm Reduction Strategy Group. This group is a sub group of and reports to the Substance Misuse Theme Group. Progress report is also fed to the Health Protection Assurance Group. Progress so far: • 16 pharmacies and 1 specialist needle exchanges in operation. • Pathways in place between drug services and blood-borne virus (BBV)

	treatment services • Methadone storage boxes provided to all service users with children Supervised consumption policy is in place for opiate substitution therapy.
Smoking (protection of the public from harm of tobacco)	The Doncaster's prevalence for 2016 is 19.8% and the England prevalence for 2016 15.5%. In 2018/19 the smoking cessation service model will target groups which have higher smoking prevalence: routine and manual workers, mental health clients, prisoners on release and people with long term conditions. A programme for helping patients to quit smoking whilst they will be in the hospital is due to be implemented in Doncaster & Bassetlaw Teaching Hospital as from April 2018; while it is already in place at Rotherham and Doncaster South Humber (RDASH) Foundation Trust.

Progress on Public Health Outcome Indicators for Health Protection: 2015/16 to 2016/17

Vaccines and Immunisations (Area of Focus)

19. Doncaster generally performs well in relation to vaccines and immunisations but there is scope for improvement. Doncaster is better or similar to national targets in 14 out of 18 indicators. Four indicators require significant improvement; these are in relation to flu vaccination (over 65s, 2-4 years old and at risk individuals) and MMR (uptake of 2 doses at 5 years old). Details of the performance against the relevant health protection indicators of the Public Health outcome framework (PHOF) are shown in Table 2 overleaf.

20. Assurance process is in place for Doncaster, through the South Yorkshire and Bassetlaw Immunisation/Screening Oversight Group. Public Health is working closely with NHS England immunisation and Screening Area Coordinator to understand the inequalities in immunisation uptake across Doncaster and strategy to improve it. A multi-stakeholder task and finish group has been convened to consider the issue and potential problems and work is ongoing.

21. The four indicators where Doncaster is not meeting the national target for immunisation are:

a) MMR (uptake of two doses at 5 years old): Doncaster achieved 86.7% against a national target of 95% (European region of the WHO target). This is based on 2016/17 data in the Public Health Outcomes Framework. It is worth noting that the rate for 1 MMR dose before the age of 5 years exceeds the 95% target. However the 86.7% coverage rate for (two doses) 2016/17 is below target and in need of improvement. It is not a significant change from the previous year's rate. However this has been slight improvement from 2015/2016 uptake rate of 86.5%.

b) Flu (aged 65+): Doncaster achieved 71.8% against a national target of 75% (WHO target). This is based on 2016/17 data in the Public Health Outcomes Framework. The 71.8% coverage rate for 2016/17 is a decrease on the coverage rate of 72.3% that Doncaster achieved in 2016/17.

c) Flu (at risk individuals): Doncaster achieved 50.7% in 2016/17 against a national target of 55%. This is an improvement from 2015/16 however still a decrease on the coverage rate of 51.4% achieved in 2014/15.

d) Flu (aged 2-4 year olds): Doncaster achieved 37.5% in 2016/17 against a national target of 65%. This is an improvement on uptake data compared to 35.4 in 2015/16.

Table 2: Public Health Outcomes Framework Immunisation Indicators [1]

22.

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – Hepatitis B (1 year old) - %	2014/15	100*	N/a	N/A
Population vaccination coverage – Hepatitis B (2 years old) - %	2014/15	0**	N/a	N/A
Population vaccination coverage – DTAP/ IPV / HiB (1 year old) - %	2015/16	94.4*	93.6	*95%*
Population vaccination coverage – DTAP/ IPV / HiB (2 years old) - %	2015/16	95.7*	95.2	95%
Population vaccination coverage – MenC (Group C Meningooccal vaccine) %	2015/16	96.5*	N/A	95%
Population vaccination coverage – PCV	2015/16	94.2*	93.5	*95%*

1. Source (Based on Published PHOF by Public Health England, 7th February 2018): http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000017/iid/30301/age/30/sex/4

(pneumoccal conjugate vaccine) %				
Population vaccination coverage – Hib / MenC booster (2 years old) %	2015/16	90.8	91.6	*95%*
Population vaccination coverage – Hib / MenC booster (5 years old) %	2015/16	93.6	92.6	*95%*
Population vaccination coverage – PCV booster %	2015/16	91.1	91.5	*95%*
Population vaccination coverage – MMR for one dose (2 years old) %	2015/16	90.8	91.9	*95%*
Population vaccination coverage – MMR for one dose (5 years old) %	2015/16	96.0	94.8	*95%*
Population vaccination coverage – MMR for two doses (5 years old) %	2016/17	86.7	88.2	*95%*
Population vaccination coverage – HPV %	2014/15	89.1	89.4	*90%*
Population vaccination coverage – PPV (Pneumococcal Polysaccharide Vaccine) %	2015/16	72.0	70.1	*75%*
Population vaccination coverage – Flu (aged 65+) %	2015/16 2016/17	72.3 71.8	71.0 70.5	*75%*
Population vaccination coverage – Flu (at risk individuals)	2015/16 2016/17	46.8 50.7	45.1 48.6	*55%*
Population vaccination coverage – Flu (2-4 year olds)	2015/16 2016/17	35.4 37.5	34.4 38.1	*65%*
Population vaccination coverage – Shingles (70 years old)	2015/16	53.6	54.9	*60%*

*Value estimated from former primary care organisations covered by the LA.
**Value suppressed for disclosure control due to small count

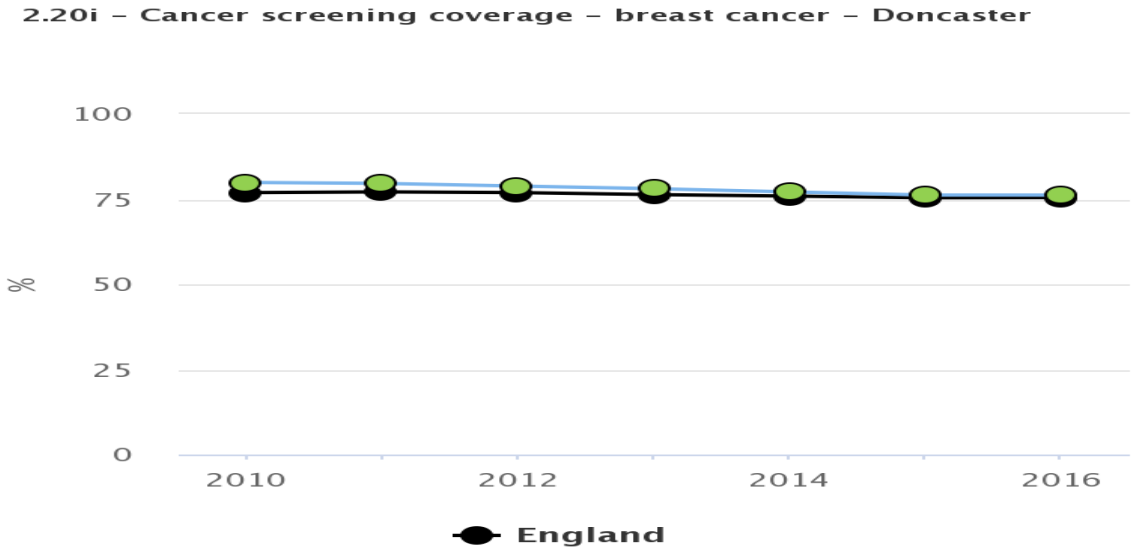
Screening

22. Doncaster has performed well compared to the England average in measures for cancer screening and Abdominal Aortic Aneurism or AAA screening. Performance on new born screening indicators shows improvement from last year and is not statistically different from the England average; see Table 3 and Figure 2 below.

Table 3: Public Health Outcomes Framework Screening Indicators

Indicator	Period	Doncaster value	England value	Target
Cancer screening coverage – breast cancer - %	2016	76.2	75.5	Significantly better than England average
Cancer screening coverage – cervical cancer - %	2016	75.0	72.7	Significantly better than England average
Cancer screening coverage – bowel cancer - %	2016	60.7	57.9	Significantly better than England average
New born bloodspot screening coverage - %	2015/16	95.6	95.6	Significantly better than England average
New born hearing screening coverage - %	2013/14	98.5	98.7	Significantly better than England average
Abdominal aortic aneurysm Screening - %	2014/15	84.2	79.9	Significantly better than England average

Figure 2: Breast cancer screening coverage in Doncaster: 2010-2015



Smoking

23. Smoking is a major Public Health problem in Doncaster. Currently 19.8% of adults aged 18 years and over, smoke in Doncaster (2016) compared 15.5 % in England. This is slightly higher than in 2015 (19.6%). Further work is required to reduce the rate below the England rates; see Table 4.

24. Whilst Doncaster is significantly higher than the national average figure for women smoking at the time of delivery this figure, 12.9%, is a significant improvement and demonstrates sustained reductions from previous years,

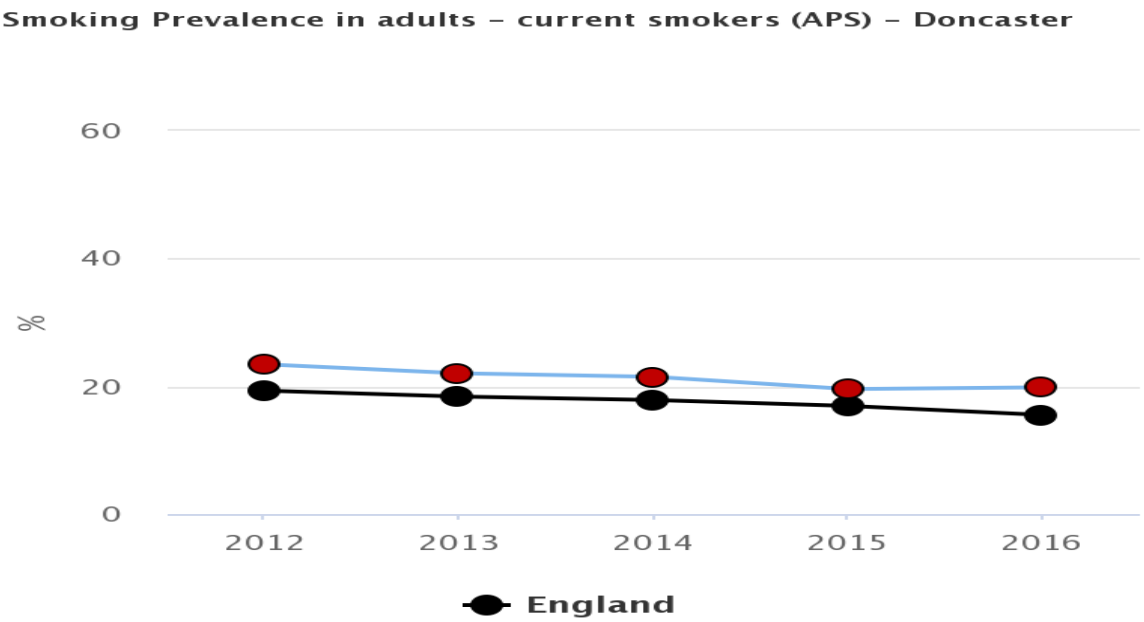
20.5% in 2014/15, 22.1% in 2013/14 and 22.5% in 2012/13.

25. Doncaster has undertaken a self-assessment on tobacco control and an action plan has been developed. A refresh of the Doncaster Tobacco Strategy in line with National Strategy for tobacco control in England has been refreshed. Doncaster has agreed an ambitious target of reducing smoking prevalence among adults to 10% by 2022.

Table 4: Public Health Outcomes Framework Smoking Indicators

Indicator	Period	Doncaster value	England value	Position against England
Smoking status at time of delivery - %	2015/16	12.9	10.6	Significantly worse than England average
Smoking prevalence at age 15 - current smokers (WAY survey) - %	2014/15	8.9	8.2	Not statistically different from the England average
Smoking prevalence at age 15 - regular smokers (WAY survey) - %	2014/15	6.8	5.5	Not statistically different from the England average
Smoking prevalence at age 15 - occasional smokers (WAY survey) - %	2014/15	2.1	2.7	Not statistically different from the England average
Smoking prevalence adults- %	2015	19.6	16.9	Significantly worse than England average
Smoking prevalence – routine and manual	2015	26.5	26.5	Not statistically different from the England average

Figure 3: Smoking prevalence 18+yrs - % of current smokers in the Annual Population Survey for England.
(Source - PHE, Local Tobacco Control Profiles. Updated December 2017)



Period		Count	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2012		-	23.4	21.1	25.8	21.9	19.3
2013		-	22.0	19.7	24.4	20.5	18.4
2014		-	21.5	19.1	23.8	19.9	17.8
2015		-	19.6	17.2	21.9	18.6	16.9
2016		-	19.8	17.5	22.2	17.7	15.5

Source: Annual Population Survey (APS)

Other Health Protection Indicators

Air Quality

26. Fraction of mortality attributable to particulate air pollution in Doncaster is 4.5 % which is lower than England but slightly higher than Yorkshire and Humber.

27. The % of deaths attributable to $PM_{2.5}$ is highlighted below and currently stands at 4.5% which is just below the England value (Source: Public Health England (2017).

Indicator	Period	Doncaster value	England value	Target
Fraction of mortality attributable to particulate air pollution ($PM_{2.5}$), (%)	**2013**	**5.7**	**5.3**	***N/A***
	2014	**5.5**	**5.1**	
	2015	**4.5***	**4.7**	

***Note: 4.5% of all deaths (3,014) in Doncaster equates to 136 deaths.**

Chlamydia

28. Chlamydia detection rate (15-24 years old) per 100,000 population in Doncaster, has not met the national target for detection. This rate is low compared to 2105. See table 5.

HIV

29. Proportion of people presenting with HIV at a late stage of infection is quite high (47.9%) compared to target which is less than 25%.

Tuberculosis

30. Doncaster's incidence of TB is low, and as such it is considered as a low incidence area compared with other areas in England.

Antibiotic prescribing

31. Prescribing of antibiotics is a new indicator. Doncaster's prescribing rate is more than the England rate. This is an area of work for the CCG and local GP practices.

Table 5: Public Health Outcomes Framework Other Health Protection Indicators

Indicator	Period	Doncaster value	England value	Target
Fraction of mortality attributable to particulate air pollution (PM2.5)	2015	4.5	4.7	*N/A*
Chlamydia detection rate (15-24 year olds) (per 100,000)	2015 2016	2549 2229	1887 1882	*>2300*
HIV late diagnosis - %	2013 -15	47.9	40.3	*<25*
*Treatment completion for TB - %	2014	76.7	*84.4*	*Target is >90th percentile of LAs. Doncaster is <50th percentile*
Incidence of TB (rate per 100,000)	2013-15 2014/16	7.3 6.6	12.0 10.9	*<10th percentile of LAs. Doncaster is between 10th and 50th percentile.*
NHS organisations with a board approved sustainable development management plan - %	2014-15	40.0	56.5	*N/A*
Adjusted antibiotic prescribing in primary care by the NHS	2015 2016	1.25 1.13	1.1 1.08	*<England 2013/14 prescribing rate*
Suicide rate – age standardised per 100,1000 population (persons)	2013-15 2014-16	10.1 10.1	10.1 9.9	*No target*

OPTIONS CONSIDERED

32. **Option 1:** support the recommendations proposed so as to continue with the work to protect the health of the people of Doncaster.

Option 2: Do nothing, which puts the health of the people of Doncaster at increased risk.

REASONS FOR RECOMMENDED OPTIONS

33. The reason for the recommended option is to continue with the work to protect the health of the people of Doncaster.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

34.

	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 prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	Health is a resource for life, and economic productivity. Healthy people contribute to the economy, and health protection functions aims to protect the health of the population, including those who are current and potential workforce.
	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; • 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	By addressing air quality we are encouraging active travel therefore contributing to an increase in physical activity levels in the borough.
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • 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	
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • 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	Health protection impacts on how we keep our population safe from certain diseases, which are preventable by vaccination (e.g. MMR) and conditions that could be identified early by screening so that appropriate treatment can be given. Health protection is also about protecting the health of our people from risks and hazards related to major emergencies and incidents.
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • 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	Health Protection contributes to healthy families and their ability to thrive and realise their full potentials.

RISKS AND ASSUMPTIONS

34. The Health Protection Assurance system in Doncaster is a risk management system. The areas for development identified in this report will further strengthen Doncaster Council's ability to manage health protection risks. Risks are reviewed by Health Protection Assurance Group, and reported to Public Health Governance Group on quarterly basis.

LEGAL IMPLICATIONS [ND: 05/03/2018)

35. Section 1 Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.

36. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area, this includes health protection.

37. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 states that 'the Council shall provide information and advice ….. with a view to promoting the preparation of appropriate local health protections arrangement….'

38. Further legal advice and assistance will be given, if required, to support effective health protection.

FINANCIAL IMPLICATIONS (Officers initials HJW Date 01/02/2018)

39. There are no financial implications arising as a direct result of this report. The Financial Management Team supports the Public Health Functions on an on-going basis to ensure effective financial assurance. Key decisions or Officers decision. Records form part of the Councils governance arrangements and Finance are an integral part to the decision making process.

HUMAN RESOURCES IMPLICATION (Officer initials BT Date 02/03/2018)

40. There are no obvious HR implications as far as this Report is concerned as the Theme Leads within Public Health team establishment consulted and implemented last year co-ordinate all such aspects within Health Protection on behalf of the authority. Any necessary changes to the Structure will be dealt with in HR's regular liaison meetings with the Director Public Health and /or his 2 Senior Management.

TECHNOLOGY IMPLICATIONS (Officers initials PW Date 28/02/18)

41. There are no technology implications in relation to this report.

HEALTH IMPLICATIONS [VJ: 02/03/2018]

42. Health Protection, which is one of the three pillars of public health, has significant implication of the health of the people of Doncaster. Ensuring local health protection system are in place and working closely to address health protection challenges is important, while continuously reviewing the prevailing risks and monitoring progress. Public Health Assurance Group provides the system for assurance, including monitoring health protection status in the borough.

43. Below is the PHE fingertips for air pollution and the modelled data for fine particular matter, comparing Doncaster and other local authorities in Yorkshire and the Humber; and England. The impact of our aspirations to be a logistics hub need to be considered in line with our air quality especially as the government has been asked to take a more formal approach to those areas that were not considered as part of the original clean air zones.

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
3.01 - Fraction of mortality attributable to particulate air pollution	2015	4.7	4.3	4.0	4.2	3.7	4.5	4.8	4.8	3.9	4.3	5.7	4.8	4.0	4.4	4.1	4.2	3.9
Percentage of adults who do any walking, at least once per week	2014/15	80.6	79.2	73.9	78.2	81.3	77.3	78.6	80.6	78.5	81.8	77.4	70.4	83.1	74.6	80.7	74.4	85.5
Percentage of adults who do any walking, at least five times per week	2014/15	50.6	50.0	47.7	50.4	52.0	46.0	50.3	57.8	48.0	48.6	47.0	42.7	52.7	45.4	53.8	47.1	53.3
Percentage of adults who do any cycling, at least three times per week.	2014/15	4.4	4.2	2.0	2.3	3.1	3.8	4.6	6.9	2.1	4.5	6.3	4.4	4.3	4.8	2.2	3.9	14.8
Percentage of adults who do any cycling, at least once per month	2014/15	14.7	13.7	7.3	6.8	14.0	15.4	20.6	18.0	9.6	9.8	19.9	12.9	16.3	15.3	12.3	11.6	34.2
Air pollution: fine particulate matter	2015	8.3	7.5	7.0	7.4	6.5	8.0	8.4	8.4	6.8	7.5	10.0	8.5	6.9	7.8	7.2	7.4	6.9
Access to Healthy Assets & Hazards Index	2016	21.2	22.2	0.7	12.5	1.8	5.7	57.2	90.0	3.4	17.5	84.7	63.1	18.9	8.5	18.4	10.6	5.1

EQUALITY IMPLICATIONS

44. The report has equality implications as health protection covers a range of population characteristics, includes various ages, sex, and vulnerable groups such as homeless, and new arrivals. There are indicators that help us to monitor impacts on some of the above groups; however, others have limitation of no national indicators. The task is for local partners to work towards addressing gaps in information, while using existing data to carry out equity audit.

CONSULTATION

45. There is a mechanism in place for on-going consultation with stakeholders through HPAG and the various subgroups that report to it.

BACKGROUND PAPERS

Appendix 1: Screening of air quality data (2017/18) and identifying the Air Quality Management Areas (AQMA) across Doncaster.

Appendix 2: Doncaster Active Travel Alliance

Appendix 3: Flu Vaccination Uptake in GP Patients in Doncaster: Winter Season 2016/17

Appendix 4: Measles, Mumps, Rubella (MMR) Vaccination Uptake in GP Practice Population in Doncaster; (2016/17)

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Date: 14 March 2018

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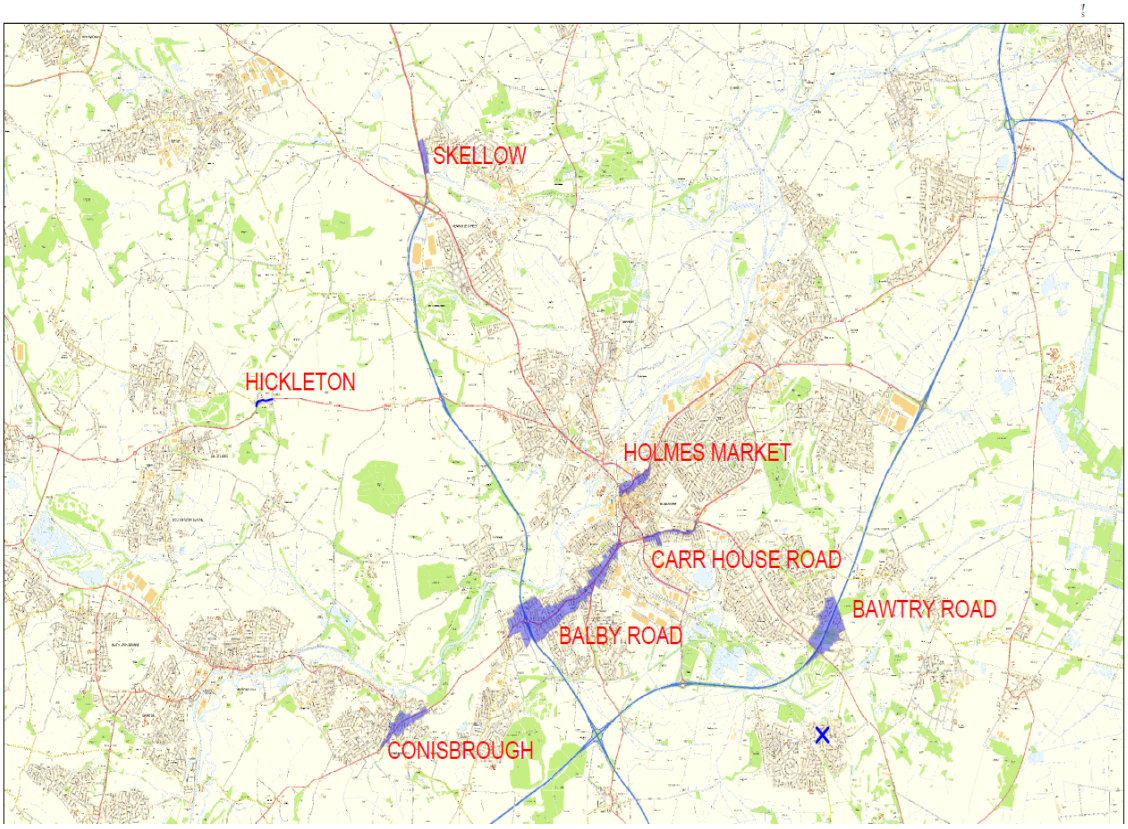
APPENDIX 1

Screening of air quality data (2017/18) and identifying the Air Quality Management Areas (AQMA) across Doncaster.

Air quality across much of the Borough of Doncaster is good, however there are a few relatively small areas where air quality is above the objectives and have been designated as Air Quality Management Areas (AQMAs). In total there are seven of these areas in Doncaster, all are declared because of emissions from road transport.

Map of Doncaster AQMAs



Details of the AQMAs can be found at https://uk-air.defra.gov.uk/aqma/local-authorities?la_id=80.

The pollutant which is of most concern is nitrogen dioxide but from a public health perspective particulate matter is also important. All Doncaster's AQMAs are caused by an exceedance of the annual mean nitrogen dioxide objective; in addition AQMA7 also exceeds the nitrogen dioxide 1-hour mean objective.

Doncaster Council submits, to Defra, and publishes an annual air quality report in line with its statutory duties.

As detailed in Policy Guidance LAQM.PG16 (Chapter 7), local authorities are expected to work towards reducing emissions and/or concentrations of $PM_{2.5}$ (particulate matter with an aerodynamic diameter of 2.5µm or less). There is clear evidence that $PM_{2.5}$ has a significant impact on human health, including premature mortality, allergic reactions, and cardiovascular diseases. The current situation in Doncaster is;

No monitoring data is available locally and no national monitoring is carried out within the Borough. As previously reported, due to the significant capital, revenue and operational implications no decision has been made with respect to the direct monitoring of PM2.5.

PM_{10} data can be used to estimate $PM_{2.5}$ following guidance in TG(16). A national ratio can be used in the absence of a suitable local site; applying this ratio to PM_{10} monitoring in Doncaster (Market Place) produced $PM_{2.5}$ results for the years 2010 and 2017 as follows;

2010:- Average 14.5 ug/m^3 (TEOM)

2017:- Average 10.5 ug/m^3 (TEOM)

These figures indicate a 27% reduction which compares favourably with the National Objective for England of a 15% reduction across the period of 2010/2020. Although these figures are for one location they nevertheless do appear to generally agree with national modelling. Indeed national modelling suggests that concentrations are low across Doncaster with the highest concentration of 13.79µg/m3 being found close to an A2 industrial process and busy roads, in the Wheatley/LongSandall area.

Since the last report, the Pollution Section has provided training on air quality issues to members of the Planning Committee and also to the members of the Parish Councils' Joint Consultative Committee.

With have provided fence line banners to primary schools as part of the idle engines mean harmful air campaign.

A successful bid to the Air Quality Grant Scheme has been made and funding of £100,000 awarded to publicise the benefits of Ultra Low Emissions Vehicles (ULEV).

Doncaster Council has formulated a new action plan to replace our original, while there are a great number of measures from the 2003 plan still ongoing they have not be included in the current plan for clarity in reporting, however the impacts of those measures will continue.

The current measures are tabulated below, this is a working document and the Air Quality Action Plan Steering Group meets quarterly to update actions and make additions as necessary. The group includes representatives from Public Health, and the Air Quality Team attends the DATA group lead by Public Health.

Clean Air Day will take place on Thursday 21st June 2018, resources are available at www.cleanairday.org.uk for communities, schools, healthcare professionals and workplaces to take part.

Measure No.	Measure	EU Category	EU Classification	Organisations involved and Funding Source	Planning Phase	Implementation Phase	Key Performance Indicator	Reduction in Pollutant / Emission from Measure	Progress to Date	Estimated / Actual Completion Date	Comments / Barriers to implementation
1	Fuelling Change Campaign	Public Information	Via other mechanisms	Doncaster Council (Defra Funded)	April - June 2017	July 2017 - March 2018	No. of views of video and webpages	Low	New measure	March 2018	Procurement and Supplier Issues
2	ECO stars Fleet Recognition Scheme	Vehicle Fleet Efficiency	Fleet efficiency and recognition schemes	South Yorkshire Steering Group (Access Fund)	pre-2016	July 2017 - March 2020	No. of scheme members.	Low	As at April 2017 142 members with 10956 vehicles.	March 2020	Funding ceasing.
3	Air Quality Planning and Technical Guidance	Policy Guidance and Development Control	Air Quality Planning and Policy Guidance	Doncaster Council (Environmental Protection Budget)	April 2017 - June 2017	July 2017 - June 2020	% of applications with air quality mitigation included.	Low	Draft guidance under trial use.	June 2020	Buy-in from Development Control
4	Clean Air Plans	Promoting Low Emission Transport	Low Emission Zone (LEZ)	Defra/ Doncaster Council (Defra Funded)	August 2017 - December 2019	Dec-20	TBC	High	n/a	December 2020	Subject to funding and need.
5	Sustainable Travel Access Fund Projects	Promoting Travel Alternatives	Promotion of cycling	SCR (Access Fund)	Pre- April 2017	May 2017 - March 2018	TBC	Low	n/a	March 2018	Subject to funding
6	Investigate emission standards via taxi licensing	Promoting Low Emission Transport	Taxi Licensing conditions	Doncaster Council - Licensing (Doncaster Council Funded)	July 2017 - July 2018	April 2019	% increase in Euro VI and ULEV licesned taxis	Medium	n/a	April 2020	Financial impacts.
7	Future Transport (Fleet) Policy	Promoting Low Emission Transport	Public Vehicle Procurement - Prioritising uptake of low emission vehicles	Doncaster Council - Transport (Doncaster Council Funded)	April 2017 - April 2018	May 2018 - March 2020	% Fleet as Diesel, Petrol, ULEV and Hybrid.	Medium	Inaugural meeting held April 2017. Terms of reference defined and initial actions carried out.	Policy in place Summer 2018	Funding availability and availability to appropriate technology.
8	20mph Speed Limits	Traffic Management	Reduction of speed limits, 20mph zones	Doncaster Council - Safer Roads Team (Doncaster Council Funded)	June 2017	July 2017 - March 2020	Speed Survey Results	Low	Prioritisation of sites and budget allocation set.	March 2020	Funding secured for current phase.

9	Co-ordination of road works on key routes	Traffic Management	Other	Douncaster Council - Highways (Doncaster Council Funding)	July 2017 - September 2017	October 2017 - December 2017	Reduction in journey time on key routes	Low	IGB Approval, initiating procurement phase	March 2020	Introduction of enhanced coordination software and dissemination of disruption to road user.
10	Cycling Strategy	Promoting Travel Alternatives	Promotion of cycling	Doncaster Council - Transportation (Doncaster Council Funded)	Adopted 2013	2013 - 2020	• numbers of people cycling •number of journeys by bicycle • improve health by increasing cycling as part of everyday life	Low	Active Travel Alliance Meetings Formed	March 2020	Funding and uptake
11	Quality Bus Partnership	Promoting Low Emission Transport	Other	Doncaster Council (Bus Operator Funding)	Doncaster Council- Transportation	2016	•Reduce and limit traffic congestion and thereby air through investment in higher Euro Engine specifications • Provide high quality choice for those with use of a car • Reduce environmental impact	Low	Improve several key routes in Borough	March 2020	Partnership maintains commitments. Funding. Accessibility and profitability issues.
12	Investigate green barriers	Other	Other	Doncaster Council – Environmental Protection	January – December 2018	n/a	n/a	Medium	n/a	June 2020	Evidence to support impact being available. Funding and resources.

APPENDIX 2: Doncaster Active Travel Alliance

The purpose of the Doncaster Active Travel Alliance (DATA) is to bring together partners to work collectively to increase and promote active travel across Doncaster. It has enabled conversations between Doncaster Council teams and we have fostered a partnership approach to the delivery of active travel. Joint work over the last 12 months has included:-

- Co-commissioning of Sustainable Travel Access Fund programmes
- Delivery of More Minutes and Love to Ride Campaigns
- Organisation of the Trans Pennine Trail Event
- Ongoing development of the Walking Strategy
- Design of a Community Street Audit to be used to identify key challenges and opportunities to increase active travel
- A Get Doncaster Cycling Report produced highlighting key cycling based activity
- Walking and cycling audit of the Local Plan policies to ensure that sustainable travel is considering in future developments
- Established a group consisting of key providers of walking and cycling services to working an coordinated way to share resources

The Alliance has recently reviewed it's terms of reference and developed an action plan for the next 12 months. DATA aims to:-

1. Develop and implement a Walking Strategy for Doncaster
2. Review and refresh Doncaster's Cycling Strategy
3. Review the policies of the emerging Local Plan to ensure that active design principles are considered.
4. Develop a healthy place Supplementary Planning Document for the newly developed Local Plan
5. Deliver a community based active travel pilot project to test ways of increasing the awareness and participation in Active Travel.
6. Develop a calendar of shared Active Travel marketing activity including the Trans Pennine Trail, Clean Air Day, road safety
7. Develop a number of activities to support the iPort to encourage employees to access work by active travel; linking into the new infrastructure
8. Develop a robust Travel Plan for the Civic Office which can be used as an example of best practice

We have identified that measuring the impact of our work is a key focus to enable us to build on the local evidence base.

APPENDIX 3

Flu Vaccination Uptake in GP Patients in Doncaster

Winter Season 2016/17

Dr A Ray
September 2017

Background

This report is in response to the Health Protection Assurance Annual Report 2016/17 for the Health and Adult Social Care Overview and Scrutiny Panel. As part of this report it was highlighted that Doncaster is not meeting the national goals for immunisations on four indicators. These indicators and goals are listed below in Table 1 along with the values achieved by England as a whole.

Table 1- Underperforming Public Health Outcome Indicators for Immunisation in Doncaster

Public Health Outcomes Framework Indicator		Period	Doncaster value (%)	England value (%)	National Goal (%)
3.03x	Population vaccination coverage - MMR for two doses (5 years old)	2015/16	86.5	88.2	95
3.03xiv	Population vaccination coverage - Flu (aged 65+)	2016/17	71.8	70.5	75
3.03xv	Population vaccination coverage - Flu (at risk individuals)	2016/17	50.7	48.6	55
3.03xviii	Population vaccination coverage - Flu (2-4 years old)	2016/17	37.5	38.1	65

Source of Table: (Based on Published PHOF by Public Health England, 6th September 2017)[1]: http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000017/iid/30301/age/30/sex/4

Overall Doncaster is successfully meeting the majority of its targets on immunisation. However in view of these 4 underperforming areas the aims brought forward from the overview and scrutiny committee were;

1) To work with local partners to monitor uptake of vaccinations, particularly flu and MMR
2) Work with NHS England to improve areas of performance where Doncaster is not meeting national targets

Aims of this report

- Using available data examine the trends of vaccination uptake across GP practises in Doncaster against the four key underperforming areas
- Identify the GP practises which require most support in achieving immunisation targets

Flu Vaccination Uptake Rates

The data on flu vaccination for 2016 to 2017 covers the period from the 1st September 2016 to the 31st January 2017. This data expressed below on the 3 Flu Vaccination targets was taken from;

- Public Health Outcomes Framework[1]
- The Department for Health *ImmForm* website[2]
- Public Health England's Seasonal Influenza vaccine uptake report 2016-2017[3]

The data that has been collated from *ImmForm* represents 85.0% of all GP practices participating in the sentinel GP Flu Survey in England. No data was available for five GP practises within the CCG. The most recent data available has been used to generate these findings on flu vaccination.

Flu Vaccination for those aged 65 years and over

Doncaster achieved 71.8% vaccine uptake across all GP practises over the winter season 2016 to 2017. This was above the national uptake level of 70.5% but below the National Goal of 75%.

There has been a predominantly downwards trend in percentage coverage of this indicator in Doncaster since 2011/12 where a peak uptake of 73.8% was reached. This is a trend that is also reflected in the national data (see Table 2 below).

Table 2- Trends in Flu Vaccination of 65+ years in Doncaster since 2011

Period	Doncaster Trend	Doncaster Count	Doncaster Value (%)	Yorkshire and the Humber Value (%)	England Value (%)
2011/12	▲	38,762	73.8	74.8	74.0
2012/13	▼	40,922	73.5	74.3	73.4
2013/14	▼	41,836	73.0	74.2	73.2
2014/15	▲	42,761	73.4	74.1	72.7
2015/16	▼	42,846	72.3	72.4	71.0
2016/17	▼	39,484	71.8	71.9	70.5

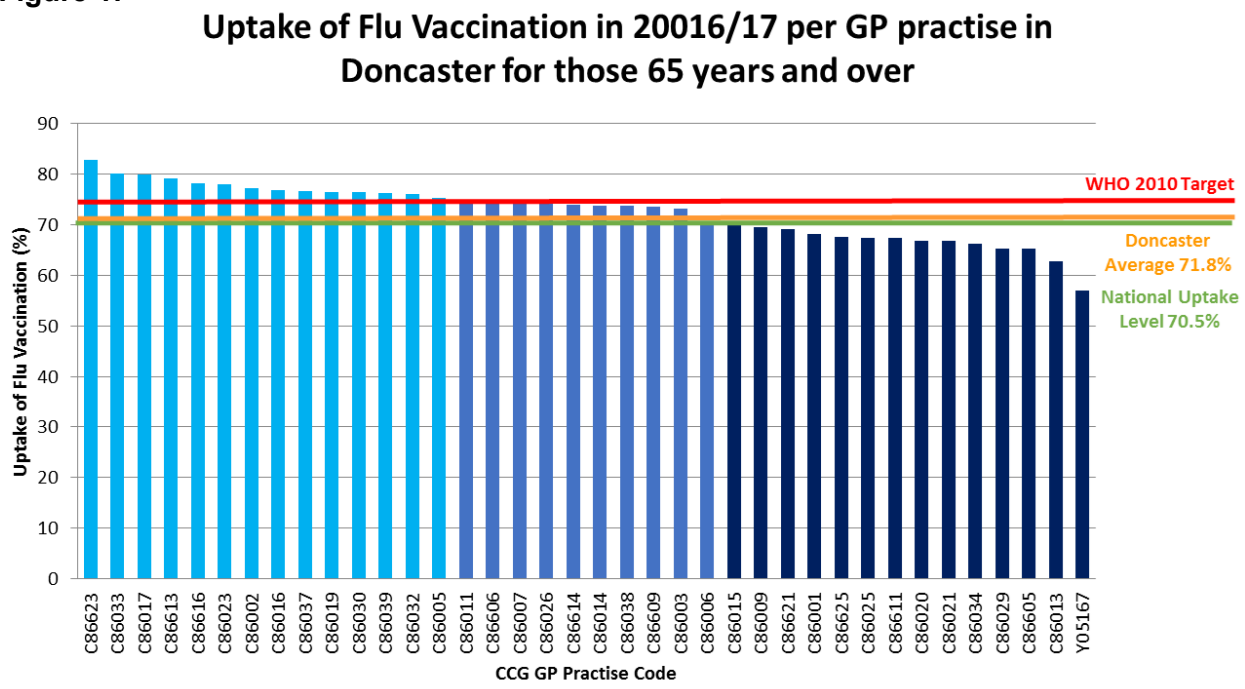
Source: Based on trends table from Public Health Outcomes Framework website[1]

Of the 38 GP practises that submitted data to *ImmForm;*

- 14 practises were achieving uptake levels equal or above the national goal of 75%
- 10 practises were achieving better than the national uptake of 71.9% but below the national goal
- 14 practises achieved uptake rates below *both* national levels and the national goal.

These results are displayed in Figure 1.

Figure 1:



Flu Vaccination for at Risk Individuals (aged 6 months to 65 years)

Doncaster achieved a 50.7% uptake of Flu vaccination in at risk individuals between the ages of 6months and 65 years. This was above the national uptake level of 48.6% but below the national goal of 55%. Uptake in 2016/17 has been an improvement from 2015/16. The trend in uptake is displayed below in Table 3.

Table 3- Trends in Flu Vaccination of 'at risk' individuals in Doncaster Since 2011

Period	Doncaster Trend	Doncaster Count	Doncaster Value (%)	Yorkshire and the Humber (%)	England (%)
2011/12	▼	11,629	50.9	51.5	51.6
2012/13	▲	17,564	51.7	51.4	51.3
2013/14	▼	17,588	51.4	51.8	52.3
2014/15	↔	19,036	51.4	50.6	50.3
2015/16	▼	20,033	46.8	45.6	45.1
2016/17	▲	17,408	50.7	48.1	48.6

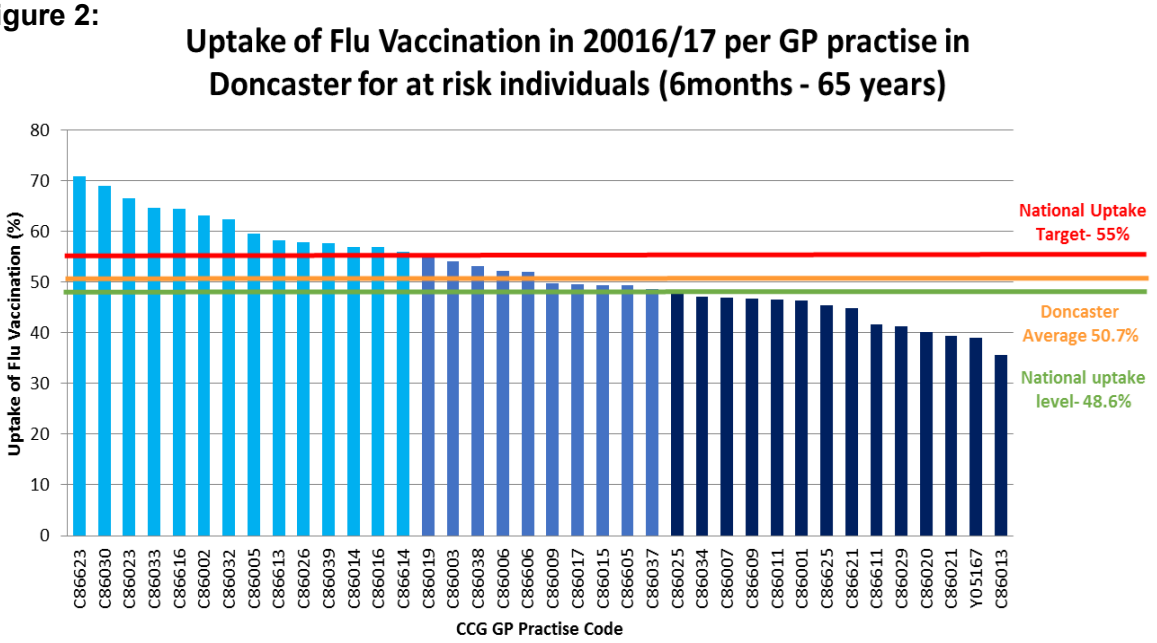
Source: Source: Based on trends table from Public Health Outcomes Framework website[1]

Of the 38 GP practises that submitted data to *ImmForm;*

- 14 practises were achieving uptake levels equal or above the national goal of 55%
- 10 practises were achieving better than the national uptake of 48.6% but below the national goal
- 14 practises achieved uptake rates below *both* national levels and the national goal.

These results are displayed in Figure 2.

Figure 2:



Flu vaccination for Children Aged 2-4 years

This indicator has only been part of the public health outcomes framework since 2015/16. Doncaster achieved 37.5% coverage of 2-4 year olds, behind the overall national achievement of 38.1% and the national goal of 65%. However this is an improvement on last year's coverage of 35.4%.

Due to how this data is reported on ImmForm, these age groups will be analysed separately as individual indicators.

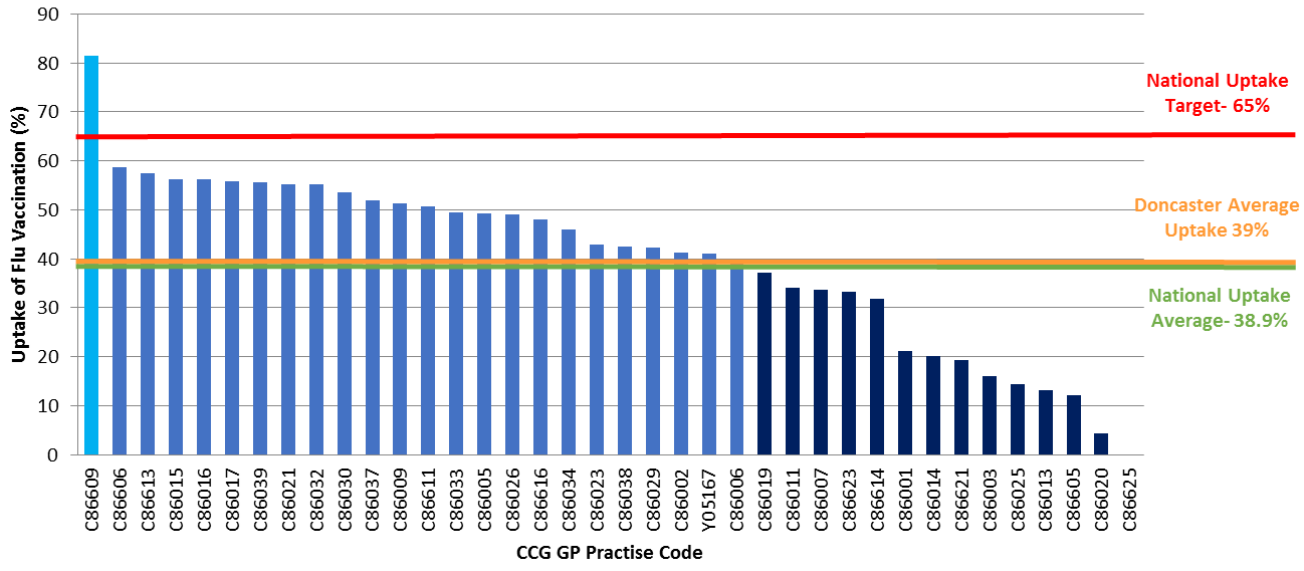
Flu Vaccination in Children Aged 2 years

Of the 38 GP practises that submitted data to *ImmForm;*

- Only 1 practise achieved uptake levels equal or above the national goal of 65%
- 23 practises were achieving better than the national uptake of 38.9% but below the national goal
- 14 practises achieved uptake rates below *both* national levels and the national goal.
- Unlike vaccination of 65 plus and at risk individuals, there is a much broader range of vaccination uptake levels for this outcome. One practise achieved over 80% coverage compared to 9 practises achieving less than 20% coverage.

This data is displayed graphically below in Figure 3.

Figure **Uptake of Flu Vaccination in 20016/17 per GP practise in Doncaster for Children Aged 2 (Born: 01/09/2013 - 31/08/2014)**



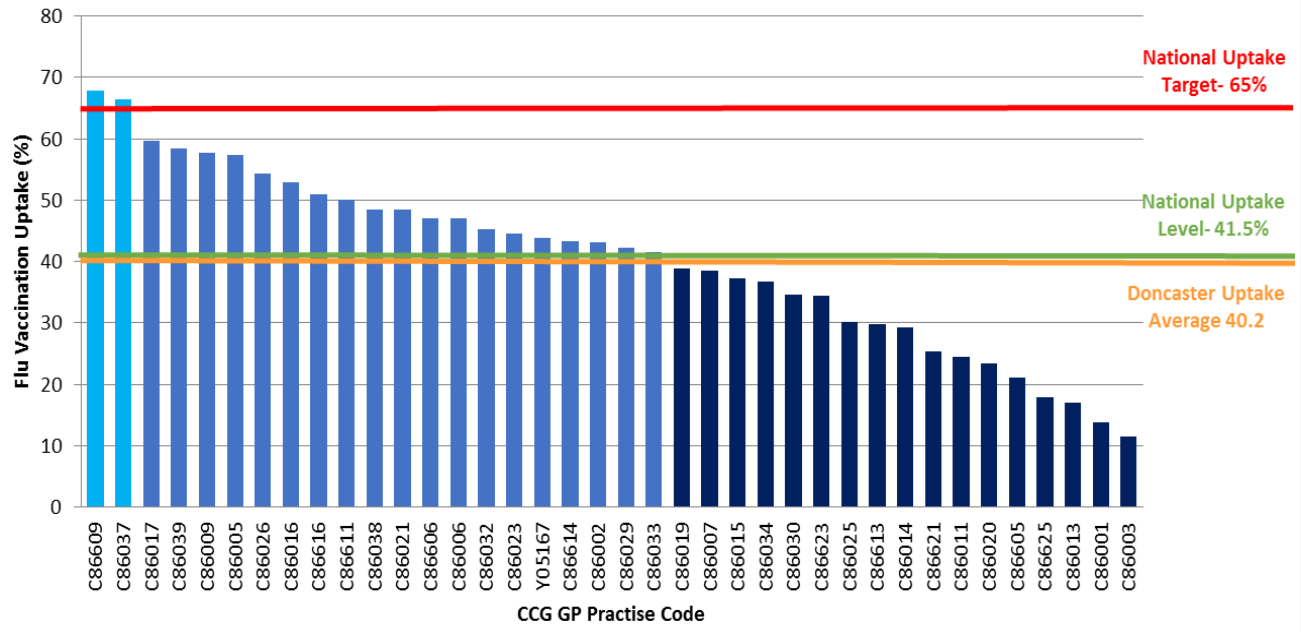
Flu Vaccination in Children Aged 3 Years

Of the 38 GP practises that submitted data to *ImmForm;*

- 2 practises achieved uptake levels equal or above the national goal of 65%
- 19 practises were achieving better than the national uptake of 41.5% but below the national goal
- 17 practises achieved uptake rates below *both* national levels and the national goal.
- There is a broad range of vaccination uptake levels for this outcome from 67.9% to 11.6%.

This data is displayed graphically below in Figure 4.

Figure **Uptake of Flu Vaccination in 20016/17 per GP practise in Doncaster for Children Aged 3 (Born: 01/09/2012 - 31/08/2013)**



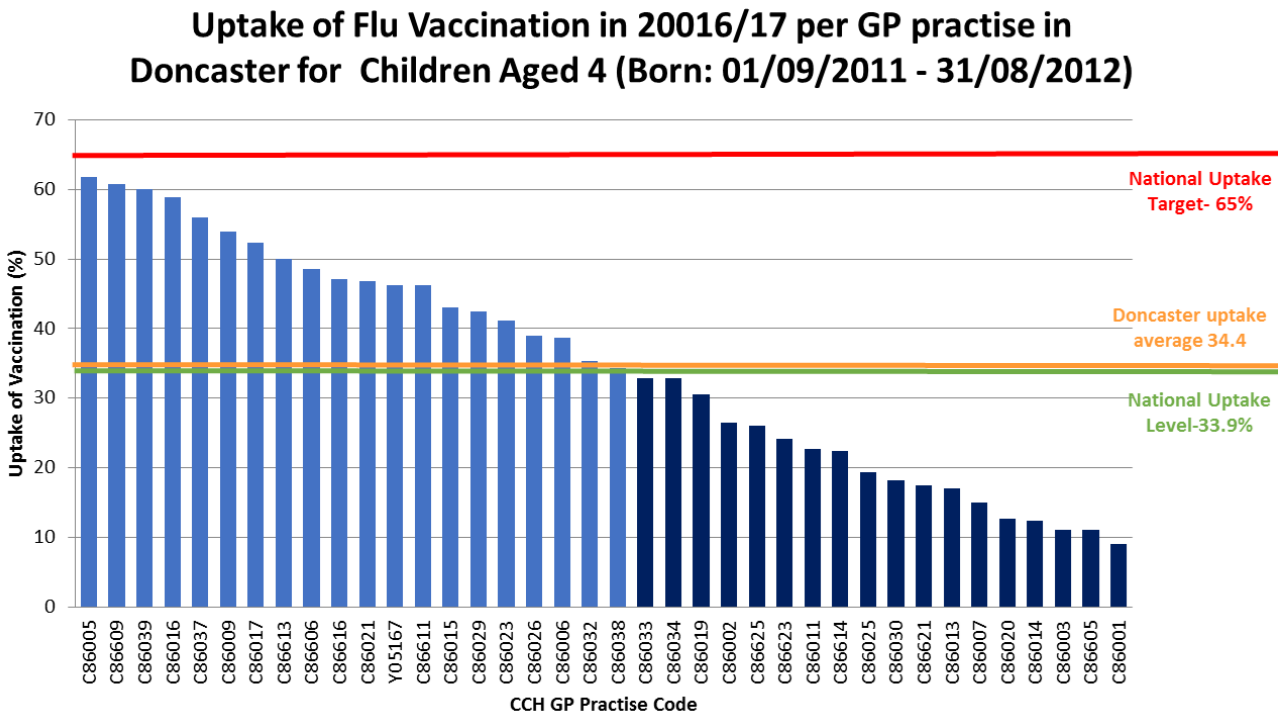
Flu Vaccination in Children Aged 4 Years

Of the 38 GP practises that submitted data to *ImmForm;*

- No practises achieved uptake levels equal or above the national goal of 65%
- 20 practises were achieving better than the national uptake of 33.9% but below the national goal
- 18 practises achieved uptake rates below *both* national levels and the national goal.
- There is a broad range of vaccination uptake levels from 61.8% to only 9% coverage.

This data is displayed graphically below in Figure 5.

Figure 5:



Performance of GP practises in Flu Vaccination

In order to better target GP practises that need additional support in reaching higher rates of Immunisation for Flu, the data from the above analysis has been examined further.

Out of the 38 Doncaster GP practises included in this data set, 18 of them met at least one national goal. 14 practises met 2 national goals, but no practise met more than two. Only two practises met any goal relating to 2, 3 and 4 year old Flu vaccination.

20 practises did not meet any national goal. To further examine the practises that are struggling to reach targets, Table 4 (below) categories practises according to their vaccination levels compared to the national uptake levels.

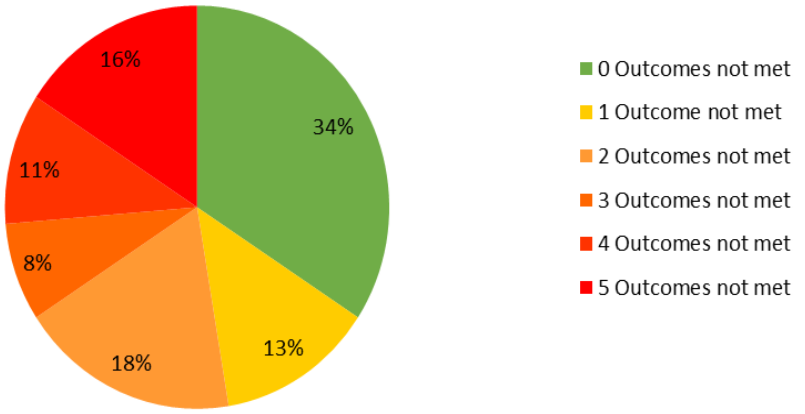
There is a group of 9 practises that performed above the national goals on one or two indicators and achieved above national uptake levels on all indicators. These practises have been highlighted in table 4 in yellow.

Table 4- Performance of GP Practises against key vaccination outcome indicators

Number of Key Flu Outcomes <u>below</u> national uptake level	CCG GP Practise Code	Number of GP Practises performing at this level
0	C86003, C86005, C86006, C86616, C86017, C86023, C86032, C86037, C86038, C86039, C86606, C86616, C86026	13
1	C86002, C86009, C86033, C86609, C86613	5
2	C86015, C86021, C86029, C86030, C86611, C86614, Y05167	7
3	C86014, C86019, C86623	3
4	C86007, C86011, C86034, C86605	4
5	C86001, C86013, C86020, C86025, C86621, C86625	6

Figure 6 further explores this data in graphical form. It highlights that just over a third of GP practises have Flu vaccination uptake levels better than the National levels on **all** Flu indicators we have explored (aged 65+, at risk, 2, 3 and 4 year olds). 27% of practises (10 GPs) are performing poorly and not achieving national uptake levels on four or all five of the indicators.

Figure 6: **Proportion of GP practises in Doncaster not meeting 5 key Flu Vaccination Outcomes**



Conclusions

Flu vaccination of 2, 3 and 4 year olds is the most recent addition to the public health outcomes framework. This perhaps explains that almost no practises are reaching national vaccination goals and many practises are performing far below the national uptake levels and goals. Improving vaccination uptake for these outcomes is likely to be particularly challenging given the broad range in coverage currently being achieved. Improvement efforts should pay particular attention to the practises achieving far below national goals.

This analysis has identified the ten poorest performing practises based on not meeting national uptake levels or national targets (see table 4). It would be sensible that these practises would be the starting point for any interventions focussed on improving vaccination uptake. There are likely to be multiple reasons for this under performance, which may need to be examined further. These could potentially be practise issues (i.e. availability of staff for clinics) or perhaps a high population of hard to reach groups within the practise.

Lessons can be learnt from the 9 best performing practises identified by this analysis. Any examples of good practise from these GPs could be used as learning for other practises to help improve vaccination uptake across the whole of Doncaster.

References

1. Public Health England; Public Health Outcomes Framework. Accessed September 2017. *http://www.phoutcomes.info/public-health-outcomes-framework*

2. Department of Health, Public Health England and National Health Service, ImmForm Website. Accessed September 2017. *https://portal.immform.dh.gov.uk/Home.aspx*

3. Public Health England; Seasonal Influenza Vaccine Uptake in GP patients: Winter season 2016 to 2017, Final data for 1 September 2016 to 31 January 2017. Published May 2017, PHE Publications.

APPENDIX 4

Measles, Mumps, Rubella (MMR) Vaccination Uptake in GP Practice Population in Doncaster (2016/17)

Dr Shazia Ahmed

Background

This report is in response to the Health Protection Assurance Annual Report 2016/17 for the Health and Adult Social Care Overview and Scrutiny Panel. As part of this report it was highlighted that Doncaster is not meeting the national goals for immunisations on four indicators. One of these indicators (Population vaccination coverage - MMR for two doses (5 years old) is presented below in table 1, in comparison with values achieved by England average and national target.

Table 1- Underperforming Public Health Outcome Indicators for Immunisation in Doncaster

Public Health Outcomes Framework Indicator	Period	Doncaster value (%)	England value (%)	National Goal (%)

3.03x	Population vaccination coverage - MMR for two doses (5 years old)	2016/17	86.7	87.6	95

Source of Table: (Based on Published PHOF by Public Health England, 18th September 2017)[1]:

http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000017/iid/30301/age/30/sex/4

MMR is a safe and effective combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. The full course of MMR vaccination requires 2 doses.
Measles, Mumps and Rubella are highly infectious conditions that can have serious, and potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby, and can lead to miscarriage.
Since the MMR vaccine was introduced in 1988, it's rare for children in the UK to develop these serious conditions. However, outbreaks happen and there have been cases of measles in recent years, so it's important to ensure that you and your children are up-to-date with the MMR vaccination.

MMR vaccine for babies and pre-schoolers

The MMR Vaccine is given on the NHS as a single injection to babies as part of their routine vaccination schedule, usually within a month of their first birthday. They will then have a second injection of the vaccine before starting school, usually at 3 years and 4 months.

Overall Doncaster is successfully meeting the majority of its targets on immunisation. However in view of underperforming areas for MMR vaccine uptake the aims brought forward from the overview and scrutiny committee were;

3) To work with local partners to monitor uptake of vaccinations, particularly flu and MMR
4) Work with NHS England to improve areas of performance where Doncaster is not meeting national targets

Aims of this report

- Using available data examine the trends of vaccination uptake across GP practises in Doncaster against the key underperforming areas
- Identify the GP practises which require most support in achieving immunisation targets

MMR Vaccination Uptake Rates

The data has been collated by NHS England and for this report has been analysed at GP Practice level - Out-turn data 2016/17 (18th Sept 2017).

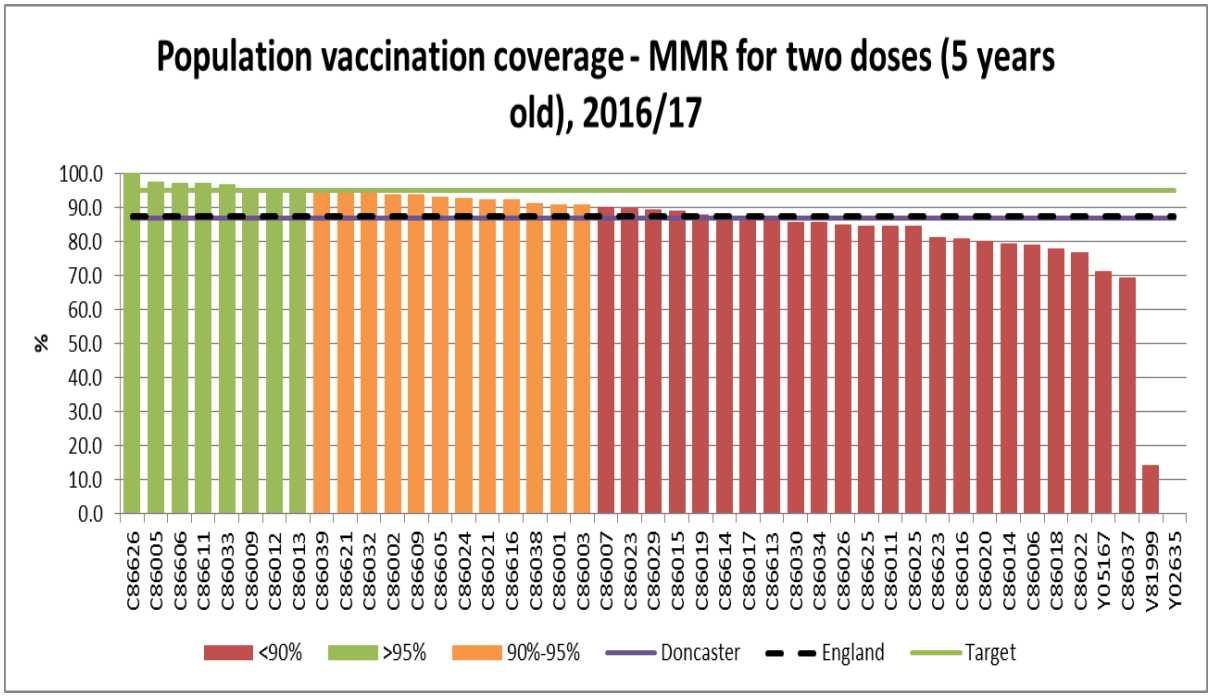
This data is published annually irrespective of data quality concerns. General Practices are published based on the NHS England Commissioner team areas, NHS Region, CCG and Local Authority District geography.

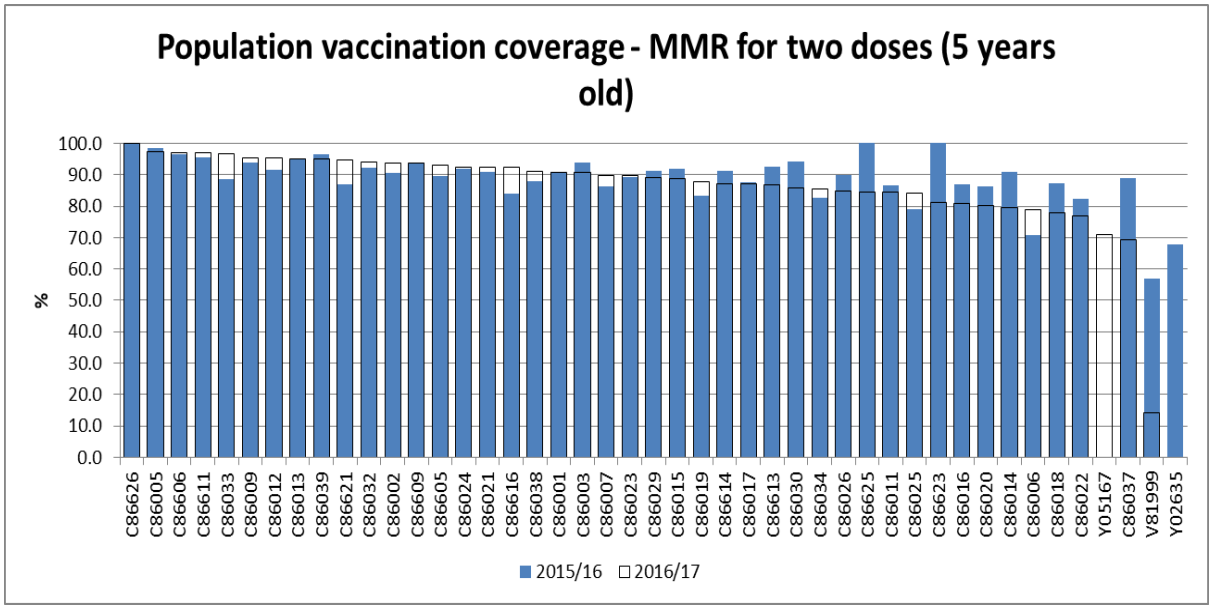
GP practices where there has been no data submitted are included in the publication.

https://digital.nhs.uk/catalogue/PUB30178

http://bit.ly/Child_Imms_Coverage_CCG_GP

These results are displayed in the following figs:




Population vaccination coverage - MMR for two doses (5 years old)
%
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
C86626
C86005
C86606
C86611
C86033
C86009
C86012
C86013
C86039
C86621
C86032
C86002
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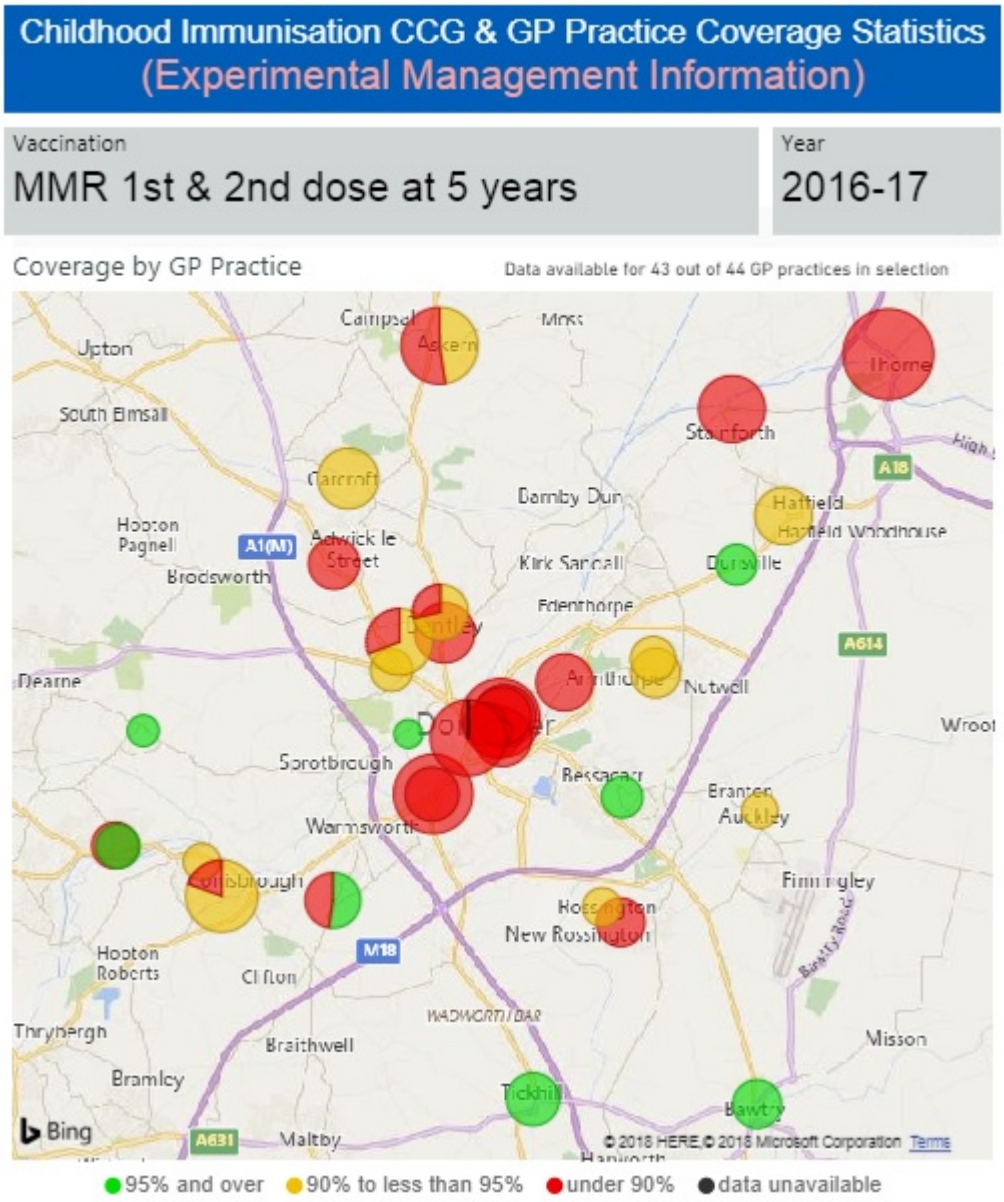
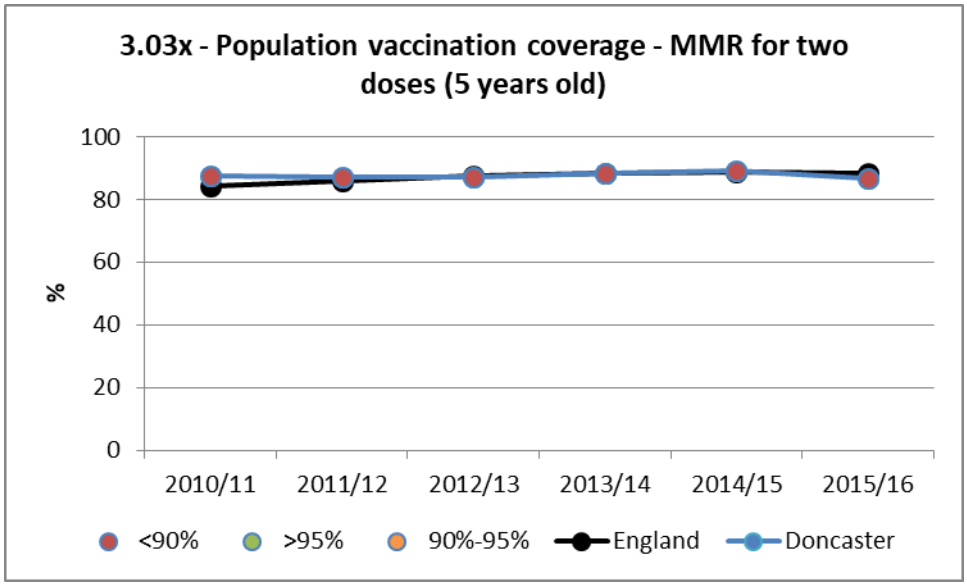
C86030
C86034
C86026
C86625
C86011
C86025
C86623
C86016
C86020
C86014
C86006
C86018
C86022
Y05167
C86037
V81999
Y02635
2015/16
2016/17



Trends over time



Period	Count	Doncaster	Lower CI	Upper CI	England	diff	<90%
2010/11	3107	87.4	86.3	88.4	84.2	3.2	87.4
2011/12	3170	87.2	86.1	88.3	86.0	1.2	87.2
2012/13	3310	86.9	85.7	87.9	87.7	-0.8	86.9
2013/14	3412	88.2	87.2	89.2	88.3	-0.1	88.2
2014/15	3442	89.0	88.0	89.9	88.6	0.4	89.0
2015/16	3361	86.5	85.4	87.6	88.2	-1.7	86.5

Doncaster Council

Date: 14th March, 2018

To the Chair and Members of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

JOINT HEALTH SCRUTINY UPDATE

i. Joint Health Scrutiny Overview and Scrutiny Yorkshire and Humber
ii. Commissioning Working Together Joint Health Overview and Scrutiny Doncaster, Sheffield, Rotherham, Barnsley, Wakefield Derbyshire and Nottinghamshire

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care Councillor Nigel Ball – Cabinet Member for Public Health, Leisure and Culture	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to consider the minutes of the Joint Regional Overview and Scrutiny Committees for Health.

EXEMPT REPORT

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to consider the action taken by the Joint Overview and Scrutiny Committees for Health

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the

Council's key objectives by holding decision makers to account, reviewing performance and developing policy. The Overview and Scrutiny of health is an important part of the Government's commitment to place patients at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, local authorities can assist to reduce health inequalities and promote and support health improvement. The Health and Adult Social Care Overview and Scrutiny Panel have been designated as having responsibility of carrying out the health scrutiny function.

BACKGROUND

5. Overview and Scrutiny has a number of key roles which focus on, which should be borne in mind throughout the work undertaken and reported on, as detailed below. Health Scrutiny committees are responsible for ensuring that local community needs are addressed when any major changes to health services are introduced.

- Holding decision makers to account
- Policy development and review
- Monitoring performance (both financial and non-financial)
- Considering issues of wider public concern.

Joint Health Overview and Scrutiny Committee Yorkshire and Humber

6. This Committee was originally established in 2009 following a request by the NHS Medical Director to consider a review of Children's Congential Heart Services in England, with associated issues still being considered. The Committee has met twice this civic year on 5th July, 2017 and 12th January, 2018. Minutes from the meetings are attached at appendices A and B.

Commissioning Working Together Joint Health Overview and Scrutiny Doncaster, Sheffield, Rotherham, Barnsley, Wakefield Derbyshire and Nottinghamshire

7. The NHS Clinical commissioning Groups (CCGs) providing health services in South Yorkshire, North East Derbyshire and Bassetlaw in Nottinghamshire formally requested that the local council's responsible for health scrutiny across these areas set up a Joint Health Scrutiny Committee to oversee the implementation of the CCGs Working Together Programme (CWT). This programme brings together a number of health and social care partners to facilitate the efficient joint provision of services.

8. The meetings are held approximately every 3 to 6 months when the CCGs have issues they need to raise with the Committee.

9. This Committee has met twice this civic year on 31st July 2017 and 29th January, 2018 and minutes are attached at appendices C and D. The Panel is also asked to note that the meeting held on 29th January, was originally due to meet on 11th December, but had to be rearranged due to inclement weather.

10. Issues that have been considered include a proposed hospital services review, children's non specialised surgery and anaesthesia and hyper acute stroke services.

OPTIONS CONSIDERED

11. There are no specific options to consider within this report as it provides an opportunity for the Committee to review the work it has undertaken and proposes for the remainder of 2017/18 civic year.

REASONS FOR RECOMMENDED OPTION

12. There is no recommended option.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

15.

	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 prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and policy development through robust recommendations, monitoring performance of the Council and external partners, services and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.
	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; • 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	
	Doncaster Learning: Our vision is for learning that prepares all children,	

	young people and adults for a life that is fulfilling; • 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	
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • 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	
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • 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	

RISKS AND ASSUMPTIONS

10. To maximise the effectiveness of the Overview and Scrutiny function it is important that the work undertaken is manageable and that it accurately reflects the broad range of issues within its remit. Failure to achieve this can reduce the overall impact of the function.

LEGAL IMPLICATIONS [Officer Initials HMP…… Date 23.2.18……..]

14. There are no specific legal implications.

FINANCIAL IMPLICATIONS [Officer Initial: LR - Date: 07/02/2018]

15. There are no specific financial implications attached to this report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials: DLD Date: 09.02.18]

16. There are no specific human resource implications arising directly from this report.

TECHNOLOGY IMPLICATIONS [Officer Initials PW - Date 7th February, 2018.]

17. There are no specific technology implications within this report.

HEALTH IMPLICATIONS [Dr Victor Joseph Date: 26.02.2018]

18. Access to health services impacts on 25% of health status of population. The work on scrutinising the future of how health services will be delivered in Yorkshire and the Humber and surrounding areas related to the care of patients with congenital heart diseases, children's non-specialised surgery, anaesthesia, and stroke services. Seven local authority areas will be potentially affected in these changes, and they include Doncaster, Sheffield, Rotherham, Barnsley, Wakefield, Derbyshire, and Nottinghamshire. Each of the areas scrutinised has potential implications on health and health inequalities in the respective local authority areas. The proposed health service areas under review will require separate detailed assessment of health impacts, if not already done. The long-term impact of hospital services review will need to be monitored by the commissioners of health services.

EQUALITY IMPLICATIONS [CDR - 18th January, 2018]

19. This report provides an overview on the work programme and there are no significant equality implications associated with the report. Within it's programme of work Overview and Scrutiny gives due consideration to the extent to which the CWT and NHS has complied with its public equality duty and given due regard to the need to eliminate discrimination, promote equality for opportunity and foster good relations between different communities.

CONSULTATION

20. There is no consultation required for this report, consultation is undertaken by the CWT or NHS on each individual issue prior to it being considered by the Joint Scrutiny Committees.

BACKGROUND PAPERS

21. Agendas for the meetings held on:

5th July, 2017 -
http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=793&MId=8126&Ver=4

31st July, 2017
https://moderngov.rotherham.gov.uk/ieListDocuments.aspx?CId=1045&MId=14131&Ver=4

12th January, 2018
http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=793&MId=8156&Ver=4

29th January, 2018

https://www.derbyshire.gov.uk/images/2018.01.29%20JHOSC%20bookmarked%20set_tcm44-297131.pdf

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Assistant Director Legal and Democratic Services

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE & THE HUMBER)

WEDNESDAY, 5TH JULY, 2017

PRESENT: Councillor H Hayden in the Chair

Councillors Douglas, Marilyn Greenwood, Vanda Greenwood, Johnson, Betty Rhodes, Robinson and Liz Smaje

Apologies Councillors D Brown, J Clark, Dickerson, B Hall, Midgley, Mumby-Croft and Sansome

35 Opening remarks

In the first meeting as Chair of the Joint Committee, the Chair opened the meeting and welcomed all those in attendance.

Prior to commencing the formal business, the Chair invited those members of the Joint Committee in attendance to give a briefing introduction.

36 Late Items

A submission from Leeds Teaching Hospitals NHS Trust was submitted in relation to Item 7 – Proposals to Implement Standards for Congenital Heart Disease for Children and Adults in England – Consultation (Minute 40 refers).

The details had been made available to members of the Joint Committee and were available on Leeds City Council's website.

37 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests made at the meeting.

38 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received and were recorded as follows:

- Councillor D Brown – Hull City Council
- Councillor J Clark – North Yorkshire County Council
- Councillor M Dickerson – North East Lincolnshire Council
- Councillor B Hall – East Riding of Yorkshire Council
- Councillor P Midgley – Sheffield City Council

- Councillor H Mumby-Croft – North Lincolnshire Council
- Councillor S Sansome – Rotherham Metropolitan Borough Council

There were no substitute members in attendance.

39 Minutes of previous meetings - 25 November 2014 and 28 November 2014

The draft minutes of the meetings held on 25 November 2014 and 28 November 2014 were presented and agreed as accurate records.

There were no matters arising from the minutes identified at the meeting.

RESOLVED – That the draft minutes from the meetings held on 25 November 2014 and 28 November 2014 be agreed as a correct record.

40 Proposals to implement standards for congenital heart disease for children and adults in England - consultation

The Head of Governance and Scrutiny Support (Leeds City Council) submitted a report that introduced details of NHS England's consultation on its proposals to implement standards for congenital heart disease (CHD) services for children and adults in England.

The following details were appended to the report:

- The new review of Congenital Heart Disease in England – the Joint Committee's consultation response (December 2014);
- Proposals to implement standards for congenital heart disease services for children and adults in England – an NHS England consultation document (February 2017);
- Draft response to consultation on Congenital Heart Disease Services – Children's Heart Surgery Fund (July 2017)

A consultation response from Leeds Teaching Hospitals NHS Trust was also submitted to the meeting (Minute 36 refers).

The following representatives were in attendance for consideration of the item:

- Robert Cornall – Regional Director Specialised Commissioning (North), NHS England
- Ben Parker – Project Development Manager, CHD Programme, NHS England
- Debra Wheeler – General Manager, Yorkshire and Humber Congenital Heart Disease Network
- Dr Elspeth Brown – Consultant Cardiologist, Leeds Teaching Hospitals NHS Trust
- Dr John Thompson – Consultant Cardiologist, Leeds Teaching Hospitals NHS Trust

The Principal Scrutiny Adviser gave a briefing introduction and highlighted the information presented to the Joint Committee for consideration.

Representatives from NHS England were then invited to introduce the proposals in more detail, and proceeded to deliver a presentation covering the following areas:

- Aims of the discussion;
- Background to congenital heart disease and the agreed model of care;
- The rationale and case for change;
- An outline of the agreed service standards and associated implications;
- The process of assessment of current providers against the agreed service standards, and associated outcomes;
- Applying the agreed standards, the current proposals and associated impacts; and,
- Details of the consultation process, including confirmation that the deadline for consultation responses was midnight, Monday 17 July 2017.

The Joint Committee welcomed the range of information provided as part of the agenda papers and presented at the meeting.

The Joint Committee also confirmed its primary focus was on the potential impacts and implications of any proposals on the children, adults and their families across Yorkshire and the Humber; particularly in relation to the main questions being posed by NHS England around the proposed decommissioning of (level 1) surgical services from:

- Central Manchester University Hospitals NHS Foundation Trust (adult service);
- Royal Brompton and Harefield NHS Foundation Trust (services for adults and children); and,
- University Hospitals of Leicester NHS Trust (services for adults and children)

In considering these specific proposals, the Joint Committee did not feel it appropriate to comment on the impact of the proposals for the children, adults and their families from those areas most directly impacted by the proposed decommissioning of services.

In considering all the remaining information presented to the meeting, members of the Joint Committee raised and discussed a number of areas, including:

- Assurance about Leeds Teaching Hospitals NHS Trust progress towards meeting the agreed standards.
- Assurance about the implications of NHS England's proposals for children, adults and their families across Yorkshire and the Humber.
- Concerns around the current '…fragility of the Adult Congenital Heart Disease (ACHD) service in Manchester' and the specific implications for Leeds Teaching Hospitals NHS Trust and its patient population.
- Support the call from Leeds Teaching Hospitals NHS Trust for a 'rapid co-ordinated response' to ensure contingency plans can be put in place ahead of the planned transition of services to Liverpool.

- NHS England's position around services delivered in Newcastle not currently meeting the agreed service standards in terms of activity levels or co-location of specific services – with no robust plans to do so within the required timeframe.
- Newcastle's unique position in relation to delivering services and caring for patients with advanced heart failure (including heart transplantation and bridge to transplant).
- Concern that the future delivery of the highly specialised services currently delivered at Newcastle continued to be unresolved some 4 years after the original Safe and Sustainable review was halted.

Members of the Joint Committee also expressed a desire to be kept informed of the outcome of the consultation; its conclusions and NHSE's future decision-making arrangements and timescales regarding the future delivery of congenital heart disease services in England.

RESOLVED –

(a) That a response on behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) be drafted, setting out the main observations made at the meeting and reflecting the comments previously submitted during the development of the standards and subsequent consultation in 2014.

(b) That the response on behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) be submitted to NHS England by the revised consultation deadline of midnight on 17 July 2017.

41 Date and Time of Next Meeting

The date and time of the next meeting of the Joint Committee was to be determined.

Following conclusion of all the discussion, the Chair thanked all those present for their attendance and contribution to the meeting.

The meeting closed at 3:25pm.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE & THE HUMBER)

FRIDAY, 12TH JANUARY, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors Clark, Johnson and Smaje

Apologies Councillor Brown, Dickerson, Douglas, M Greenwood, V Greenwood, Hall, Midgley, Mumby-Croft, Rhodes, Robinson and Sansome

42 Late Items

There were no late items of business and no supplementary information submitted to the meeting.

43 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interest declared at the meeting.

44 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received and were recorded as follows:

- Cllr D Brown – Hull City Council
- Cllr M Dickerson – North East Lincolnshire Council
- Cllr H Douglas – City of York
- Cllr M Greenwood – Calderdale Council
- Cllr V Greenwood – Bradford MBC
- Cllr B Hall – East Riding of Yorkshire Council
- Cllr P Midgley – Sheffield City Council
- Cllr H Mumby-Croft – North Lincolnshire Council
- Cllr B Rhodes – Wakefield Council
- Cllr A Robinson – Doncaster MBC
- Cllr S Sansome – Rotherham MBC

It was noted that Cllr S Evans had replaced Cllr S Sansome as Rotherham MBC's representative on the Joint Committee. Cllr S Evans had also sent his apologies for absence.

There were no substitute members in attendance.

45 Minutes of the previous meeting - 5 July 2017

RESOLVED - That the draft minutes of the meeting held on 5 July 2017 be agreed as an accurate and correct record.

Draft minutes to be approved at the meeting
to be held on Date Not Specified

46 Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements

The Head of Governance and Scrutiny Support (Leeds City Council) submitted a report that presented details of NHS England's final decisions on the commissioning of congenital heart disease services for adults and children across England.

In following representatives were in attendance for consideration of the item:

- Julian Hartley – Chief Executive, Leeds Teaching Hospitals NHS Trust
- Dr Elspeth Brown – Consultant Cardiologist, Leeds Teaching Hospitals NHS Trust
- Debra Wheeler – General Manager, Yorkshire and Humber Congenital Heart Disease Network
- Jo Quirk – Lead Nurse, Yorkshire and Humber Congenital Heart Disease Network
- Dr Michael Gregory, Regional Clinical Director Specialised Commissioning (North of England)

The Joint Committee noted that the Chief Executive of Children's Heart Surgery Fund (CHSF) – Sharon Coyle – who had been due to attend the meeting, had sent her apologies due to illness. However, members of the Joint Committee wished to formally thank the Chief Executive for her support and contributions to the work of the Joint Committee, in addition to the work and on-going support provided by CHSF to children and families across Yorkshire and the Humber.

The representatives in attendance addressed the Joint Committee to summarise the information submitted to the meeting and provide an update on progress at Leeds Teaching Hospitals NHS Trust.

Some of the main points raised included:

- Confirmation that congenital heart disease services for adults and children remained an important issue for Leeds Teaching Hospitals NHS Trust.
- Leeds Teaching Hospitals NHS Trust's appreciation for the work undertaken by the Joint Committee.
- Leeds Teaching Hospitals NHS Trust's appreciation for the continued work and support provided by the Children's Heart Surgery Fund.
- Confirmation of Leeds Teaching Hospitals NHS Trust's commitment to meet all the service standards.
- A reminder of the turbulence that had affected congenital heart disease services for adults and children in recent years.
- Confirmation that NHS England's recent review of congenital heart disease services for adults and children had been thorough, fair and evidence based.
- Leeds Teaching Hospitals NHS Trust contribution and cooperation during NHS England's recent review of congenital heart disease services for adults and children.

- The importance of continuing to build and strengthen 'the network' of care for patients with congenital heart disease.
- The need to focus on staff training and development across the network.

The Joint Committee considered the progress updates and discussed the range of information submitted and presented at the meeting. Members raised a number of matters, including:

- The positive and successful outcome for patients across Yorkshire and the Humber following NHS England's recent decision on the future commissioning arrangements for congenital heart disease services for adults and children in England.
- NHS England's recent decision reflecting a number of matters raised and recommended by the Joint Committee as part of the original Safe and Sustainable review; including the joint consideration of services for adults and children; the significant focus on strong networks of care; and the retention of services at Leeds and Newcastle.
- Any potential impact of Accountable Care Organisations and Systems on congenital heart disease services and other specialised services – with NHS England confirming that only around 10% of the 200 specialised services its commissions may be suitable for commissioning as part of any future Accountable Care Systems arrangements; but congenital heart disease services did not fall into this category.
- The improved outcomes being achieved through the focus on service standards.
- Future arrangements for reviewing transplant services and the 'conditions' placed on Newcastle in order to continue to provide services in the longer-term.
- Assurance around Leeds Teaching Hospitals NHS Trust meeting all service standards by August 2018 and the need for a further report to be provided in this regard.
- The impact of Leeds Teaching Hospitals NHS Trust's desire to develop a distinctive Children's Hospital at the current Leeds General Infirmary site.

At the end of the discussion, the Chair thank those present for their attendance and contribution to the discussion.

RESOLVED

(1) That all the details presented at the meeting be noted.

(2) That, as part of its future commissioning arrangements for congenital heart disease services for adults and children across England, NHS England's decision to retain Level 1 services at Leeds Teaching Hospitals NHS Trust be welcomed.

(3) That, before December 2018, a further report be jointly provided by NHS England (as service commissioners) and Leeds Teaching Hospitals NHS Trust (as service providers) that provides:

a. Further assurance around and Leeds Teaching Hospitals NHS Trust's progress against all the service standards (including any that remain outstanding);
b. Details of the development of the Yorkshire and Humber Network (including its relationships with other network areas).
c. An update on the redevelopment of the Leeds General Infirmary (LGI) and any specific impact or implications on Congenital Heart Disease Services for Adults and Children.

47 The Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber): Summary of activity and the future role

The Head of Governance and Scrutiny Support (Leeds City Council) submitted a report that presented a summary of the Joint Committee's work, key activities and outcomes, since being formally established in 2011.

The Principal Scrutiny Adviser (Leeds City Council) introduced the report and highlighted the main information presented to allow members of the Joint Committee to formally review its work and consider its future role.

Members commented on the summary timeline of the Joint Committee's activity and other significant events since January 2011. Members also commented that the summary provided a useful reminder of the collaboration between the 15 top-tier Yorkshire and Humber local authorities and significant work undertaken by all those involved over an extended period of time.

While reflecting on the positive outcomes achieved through the work of the Joint Committee, members also recognised that, as NHS England's review of Congenital Heart Disease Services for Adults and Children had essentially concluded, so too had the work of the Joint Committee.

It was also recognised that:

- The local health and care landscape had changed significantly since January 2011, which included the development of Sustainability and Transformation Plans and associated Health and Care Partnerships across England, including Yorkshire and the Humber.
- Other joint health scrutiny arrangements were in place and being developed to reflect the changing health and care landscape.
- There had been a reduction in the overall level of resources available to support the work of scrutiny committees.
- Any residual matters, including the further report identified during previous item (minute 46 refers), could be considered by individual local authority health overview and scrutiny committees, and/or as part of the other emerging joint health scrutiny arrangements across Yorkshire and the Humber.

With no future meetings planned and the alternative health scrutiny arrangements discussed at the meeting, it was therefore proposed that the

Joint Committee would cease to be operational from the end of the current 2017/18 municipal year.

At the end of the meeting, the Chair paid tribute to the work of the Joint Committee, including past and present members, and the officer support provided over an extended period, primarily through Leeds City Council's attending Principal Scrutiny Adviser.

Other members of the Joint Committee, including original members from when the Joint Committee was initially established, echoed the Chair's comments, stating the work and outcomes achieved provided an excellent example of successful joint scrutiny arrangements.

RESOLVED

(1) That the work and the outcomes achieved by the Joint Committee, including the contributions of past and present members, be recognised as an excellent example of successful joint health scrutiny arrangements.

(2) That, with no future meetings planned and the alternative health scrutiny arrangements discussed at the meeting, the Joint Committee would cease to be operational from the end of the current 2017/18 municipal year.

(3) That the further progress and assurance report identified and requested by the Joint Committee (minute 46 refers), be circulated to each constituent health overview and scrutiny committee for appropriate consideration, as determined by the respective individual local authority.

The meeting closed at 11:35 am.

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Monday, 31st July, 2017

Present:- Councillor Simon Evans (Rotherham MBC) (in the Chair); Councillors Pat Midgley (Sheffield City Council), Cynthia Ransome (Doncaster MBC) and David Taylor (Derbyshire County Council)
Also in attendance:-

Scrutiny Officers:- Anna Marshall (Barnsley MBC), Christine Rothwell (Doncaster MBC), Roz Savage (Derbyshire County Council), Janet Spurling (Rotherham MBC), Emily Standbrook-Shaw (Sheffield City Council) and Andy Wood (Wakefield MDC)

NHS:- Steve Allinson (North Derbyshire CCG), Dr. Peter Anderton (Commissioners Working Together), Lisa Bromley (Bassetlaw CCG), Will Cleary-Gray (NHS England), Alison Knowles (NHS England), Kate Laurance (Sheffield CCG), Dr. Tim Moorhead (Sheffield CCG), Maddy Ruff (Sheffield CCG), Lesley Smith (Barnsley CCG), Helen Stevens (NHS England) and Professor Chris Welsh (Yorkshire and The Humber Clinical Senate)

Apologies for absence:- Apologies were received from Councillors Keith Girling (Nottinghamshire County Council), Wayne Johnson (Barnsley MBC), Andrea Robinson (Doncaster MBC) and Betty Rhodes (Wakefield MDC).

1. INTRODUCTIONS

The Chair welcomed everyone to the meeting and attendees introduced themselves.

An additional agenda item on the Hospital Services review had been agreed by the Chair, as this meeting was a good opportunity to present this information to Members at an early stage.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

Two questions had been received in advance of the meeting, with copies circulated to Members, including the introductory text for each question.

(1) Nora Everitt, Barnsley Save our NHS

As we feel that this Joint Health Scrutiny Committee do not currently demonstrate either consistency in the recording of its deliberations or independence in carrying out its scrutiny functions, in order to inspire the confidence of local people that they do fulfil their Statutory functions and demonstrates their statutory powers will they change their current practice/Terms of Reference by:

- Showing a clear independence from the NHS body attendees they invite to inform their scrutiny committee

- Clarifying, rather than confusing, the respective roles of the Scrutiny Committee and of the NHS bodies attending their Committee by request
- Reverting back to the name of their committee that describes the local authorities making up the Joint Committee and to cease using the new name that describes the NHS bodies that they scrutinise
- Meeting in Town Halls as is the accepted practice for scrutiny committees
- Clearly recording their deliberations, questions and decisions
- Considering live streaming their meetings '*to allow local people, particularly those who are not present at scrutiny-hearing meetings, to have the opportunity to see or hear the proceedings*' (Department of Health Local Authority Scrutiny 2014)?

Barnsley Save Our NHS were thanked for their timely question as the terms of reference were being reviewed and the points raised would be considered during the review.

(2) Doug Wright, Keep Our NHS Public Doncaster and Bassetlaw

I believe that the needs of local people are not considered when each core partner HAS to sign up to the South Yorkshire and Bassetlaw MOU, in order to receive the extra funding given to the new South Yorkshire and Bassetlaw Regional Accountable Care Systems. How can this this coercive approach be eliminated by this Committee in the proposed terms of reference to assist the core partners ensuring that the needs of local people .....?

Supplementary - Why are Mid Yorkshire and North Derbyshire Councils included in this terms of reference?

Keep Our NHS Public Doncaster and Bassetlaw were thanked for their question. It was clarified that the Joint Health Overview and Scrutiny Committee (JHOSC) had been established to scrutinise the Commissioners Working Together Programme that covered seven local authority areas including Wakefield and Derbyshire. The terms of reference referred to this workstream and not to the South Yorkshire and Bassetlaw (SY&B) Sustainability and Transformation Plan (STP) which had a different geographical footprint.

3. MINUTES OF THE PREVIOUS MEETINGS HELD ON APRIL, 2017

Due to membership changes the minutes of the previous meeting were noted.

4. DECLARATIONS OF INTEREST

There were no declarations of interest from Elected Members.

5. HOSPITAL SERVICES REVIEW

Professor Welsh, Independent Review Director for the SY&B Accountable Care System Hospital Services Review gave a brief verbal update on this workstream.

This was an independent review and would take ten months to April 2018. The first stage would be to define the criteria to help understand what a sustainable hospital service was. Then the review would be looking at services and defining those which were non-sustainable and advising on future models of delivery to ensure long term sustainability.

The work was at a very early stage with the team in place for four weeks. They had met with commissioners in SY&B, providers and clinical commissioning groups. A programme of public engagement would be running going into the autumn and with local Elected Members over the coming months.

Discussion and questions ensued covering the following points:-

- How would the review want to involve Elected Members and the JHOSC?
  There was a timetable of engagement with Elected Members into the autumn and it would be expected to return to the JHOSC in the future as the work progresses.

- For it to be positive it needed the clinical requirements now and for the public to be informed about what the review was aiming to achieve.
  It was to ensure high quality patient care in each place within SY&B. The review would make recommendations but the expectation would be that the majority of care would still be at people's local hospital, although some things were technology dependent or depended on high quality skills in the workforce.

  Very specific care may mean travel elsewhere, as now for example with coronary care. It was a case of getting people as quickly as possible to the place where they would receive the best high quality care, which might not be their local hospital.

It was suggested that further discussion was needed about how scrutiny may wish to be involved, including at different stages, possibly linked in with scrutiny arrangements for the SY&B STP below.

Resolved:- That the timescales for the consultation and the work on the hospital services review be provided at the next JHOSC meeting.

6. CHILDREN'S NON SPECIALISED SURGERY AND ANAESTHESIA UPDATE

Dr. Moorhead introduced a short briefing paper summarising the key issues regarding the proposals for children's non specialised surgery and anaesthesia. Attention was also drawn to the powerpoint slides attached to the minutes of the last meeting summarising the case for change, options, travel impact, and the consultation process and outcomes.

A unanimous decision had been made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children's non specialised surgery and anaesthesia on 28 June, 2017.

Approval of the preferred model enables the majority of surgery to continue to be delivered locally and the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield.

The decision means that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and will receive their treatment at one of the three hubs.

It is very early days in terms of implementation but a mobilisation plan is under development, including the ongoing designation process and development of a managed clinical network. It has been agreed to implement within existing commissioning and contracting arrangements and it is anticipated that implementation will commence from quarter four 2017/18 onwards.

Members sought clarification on hospital capacity in the case of a major incident such as a road traffic accident involving a large number of injured children. - The major trauma centre was located at Sheffield Children's Hospital and although the hospital had finite capacity if necessary it would assume the lead for overall co-ordination across local hospitals.

It was confirmed that plans for implementation would be in place by the end of December 2017 and that a further update could be brought to the Joint Health Overview and Scrutiny Committee (JHOSC) in two to three months.

Cllr Midgley informed the JHOSC that if Members were interested visits could be arranged to see the improvements made at Sheffield Children's Hospital.

Resolved:- (1) That the current position to progress the changes to children's non specialised surgery and anaesthesia be noted.

(2) That future updates on implementation be received by the Committee.

7. UPDATE ON HYPER ACUTE STROKE SERVICES

Lesley Smith introduced a short paper setting out the current position regarding the review of hyper acute stroke services and the development of the business case.

No decision had been made yet and it was likely to be October before the final decision was taken as work was still ongoing, particularly with the region's hospitals. Although the clinical case for change was strong it was in the context of a complex set of interactions and the full implications on all partners, staff and patients needed to be understood to enable an informed decision on the future of services.

Numbers and the pathway for people with suspected strokes needed to be considered further.

It was acknowledged there were potential risks with deferring the decision to reconfigure hyper acute stroke services and work would continue with hospitals to manage these to ensure existing services were supported. For example the stroke pathway for Barnsley had for a while seen thrombolysis carried out elsewhere.

Resolved:- (1) That the current progress with the hyper acute stroke services transformation be noted.

(2) That an update be provided to the Committee in October following the meeting of the Joint Committee of Clinical Commissioning Groups.

8. REVIEW OF JHOSC TERMS OF REFERENCE

There was a brief discussion with regard to formalising arrangements for receiving and responding to questions from members of the public. For example whether a specific length of time should be incorporated in the agenda and whether they should be submitted with a few days' notice, such as by the end of the Wednesday before the meeting, in order to facilitate the response.

No other suggestions were made at the meeting with regard to the principles, membership or working arrangements but it was agreed that more time was necessary for discussion.

In light of the issues around the current remit of the JHOSC and the different geographical footprints involved for various NHS workstreams, NHS

England highlighted the interconnectivity and commented that they would welcome one place for joint scrutiny.

Resolved:- (1) That the scrutiny officers and Elected Members work on the review of the terms of reference and amend them to take account of points made in the questions from the public.

9. DISCUSSION REGARDING SCRUTINY ARRANGEMENTS FOR THE SOUTH YORKSHIRE AND BASSETLAW SUSTAINABILITY AND TRANSFORMATION PLAN

It was suggested that it would be helpful to have or create a scrutiny committee for the SY&B footprint and that scrutiny officers could work with the Elected Members to determine when this would be appropriate.

NHS England commented that as patient flows crossed boundaries some changes would not be confined to the SY&B footprint but would also involve Mid Yorkshire and Chesterfield. They added that the current JHOSC membership would also work for the hospital services review.

This complexity might mean it would be a case of identifying the best memberships according to the workstreams.

Dr. Moorhead confirmed that 80% of the Sustainability and Transformation Plan (STP) was at a local level and there would be no need to replicate local scrutiny. The other 20% was wider and could potentially be scrutinised by this JHOSC.

Clarity was sought on the timescale for having a clear plan and programme for the STP, in particular the wider 20% beyond the individual place plans. – Proposals could be brought to the next JHOSC meeting to help identify future work.

Resolved:- (1) That this issue be discussed in conjunction with the review of the terms of reference.

(2) That the STP proposals be presented at the next meeting for Members' consideration.

10. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Joint Health Overview and Scrutiny Committee be held in October 2017, date and time to be confirmed.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Held at County Hall, Matlock on 29 January 2018

PRESENT

Councillors S Evans (Rotherham MBC), W Johnson (Barnsley MBC), P Midgley (Sheffield City Council) and A Robinson (Doncaster MBC)

Also in attendance:-

Scrutiny Officers:- Anna Marshall (Barnsley MBC), Caroline Martin (Doncaster MBC), Janet Spurling (Rotherham MBC), Emily Standbrook-Shaw (Sheffield City Council), Jackie Wardle (Derbyshire County Council) and Andy Wood (Wakefield MDC)

NHS:- Peter Anderton (SYB ACS), Curtis Edwards (Rotherham CCG/SYB ACS), Mariana Hargreaves (SYB ACS), Gareth Harry (Derbyshire CCG), Alexandra Norrish (SYB ACS), Jackie Pederson (Doncaster CCG/SYB ACS), Lesley Smith (Barnsley CCG) and Helen Stevens (SYB ACS)

Apologies for absence were received from Councillors Betty Rhodes (Wakefield MDC) and D Taylor (Derbyshire County Council)

As Councillor Taylor was unable to attend the meeting the Committee agreed that Councillor Johnson would take the Chair.

1 DECLARATIONS OF INTEREST

Cllr Johnson declared an interest in respect of references to maternity services at Barnsley Hospital contained in the Minutes of the previous meeting and insofar as discussions related to this agenda as his daughter worked there.

2 MINUTES OF THE PREVIOUS MEETINGS HELD ON 31 JULY 2017

With regards to Item 9 of the previous Minutes and that 80% of the changes would take place locally, the Committee asked if the additional resources from central government for this work would be distributed locally. The Committee was advised that work being done by the SYB team was being distributed equally amongst the areas involved.

The Minutes of the previous meeting were agreed.

3 QUESTIONS FROM MEMBERS OF THE PUBLIC

The following public questions had been submitted and the responses below were provided retrospectively for inclusion in the Minutes -

(1) Will in future all local authorities hosting this committee ensure that Public Questions are an agenda item?

Response - This was included in the Committee's revised Terms of Reference which were to be considered later at this meeting.

(2) Will all local authorities try and ensure that the public know when the Scrutiny meetings are going to take place?

Response - Each local authority published the papers on their local website which the public could access and sign up for notifications. It was proposed that dates would be set for future meetings over the next year (on a 4-monthly basis); dates to be decided and published in due course.

(3) In relation to Minute 5 on the Minutes (Hospital Services Review) - Can you explain what scrutiny arrangements are linked to SYB STP?

Response - Under the terms of reference agreed by the Committee, there was provision for the Committee to consider 'any other health related issues covering the same geographical footprint' and under these principles the Committee would determine whether it was appropriate to meet as new NHS work streams emerged, therefore, the Committee would sit as and when appropriate in relation to SYB STP.

(4) In relation to Minute 9 on the Minutes (Discussion Regarding Scrutiny Arrangements) - What is included in the 20% that could be potentially be scrutinised by the JOHSC?

Response - Dr Moorhead had been referring to services where the NHS knew they needed to rethink and reshape services so that they could meet the needs of the population in modern and sustainable ways. The independent review of hospital services was giving them an understanding of which services they needed to concentrate on. The services selected were: urgent and emergency care; maternity services; hospital services for children who are particularly ill; services for stomach and intestines conditions (gastroenterology), including investigations (endoscopy); and stroke (early supported discharge and rehabilitation). The decision to examine these five services followed conversations with senior clinicians, the public and detailed examination

of information about these services including patient and staff experience of the services and other underpinning data.

The following questions were asked about the JHOSC Terms of reference item to be considered later on the Agenda

(1) On the 5 Councils within the Accountable Care System "footprint" and asked if a separate JHOSC would be set up to consider this?

Response – In line with the Terms of Reference, as new NHS workstreams and potential service reconfigurations emerged, the JHOSC would determine whether it was appropriate for the Committee to jointly scrutinise the proposals under development.

(2) On the quorate figure of 3 Members contained in the Terms of Reference.

Response - This was in accordance with Local Government Administration guidance and the Terms of References of all the Councils

(3) On where details could be found of the governance for the JHOSC?

Response - The JHOSC was established in accordance with the Health Scrutiny Regulations 2013 which set out the remit and responsibilities of Health Scrutiny Committees and the obligations of Health service organisations to provide information to, and hold discussions with, Health Scrutiny Committees. The regulations stipulated that if a group of CCGs formally requested those Councils in whose areas their services were provided to form a Joint Committee to hold an overview on cross-border services, the Councils must comply. The link below provided the Government's guidance on the regulations, Section 3.1.16 refers to JHSCs.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

4 REVIEW OF THE TERMS OF REFERENCE OF THE JHOSC

In light of health service providers indicating that future work streams might result in service reconfigurations that would impact on part or all of the geographical footprint of the local authorities represented on the JHOSC, public questions seeking clarity of the Committee's name, scope and remit, Committee Members being cognisant of the demands placed on NHS resources and the desire to streamline attendance of NHS representatives, and the need to ensure that the meetings were

accessible to the public and that the Committee was in a positon to provide appropriate and timely responses to public questions, it was resolved at the previous meeting of the that the Terms of Reference for the Committee should be reviewed.

The proposed Terms of Reference were attached to the report; amendments were agreed following public questions raised earlier in the meeting.

RESOLVED that (1) the name of the JHOSC is revised to reflect the Local Authorities represented on the Committee. Therefore the name of the Committee will be the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield JHOSC;

(2) future JHOSC meetings are held in the Town Hall of the local authority hosting the meeting;

(3) meetings would be scheduled on a 4-monthly cycle;

(4) members of the public are encouraged to submit their questions 3 working days prior to the meeting to the Clerk of the hosting authority for inclusion on the agenda and to allow Committee Members time to consider the issues raised and provide an appropriate response at the meeting;

(5) public questions are included as a standard agenda item at future meetings and that time allowed on the day of the meeting for public questions is managed by the Chairperson, however, as a guide a maximum of three people will be allowed to speak for up to a total of five minutes per person.;

(6) quorum for the JHOSC meetings will be three Members from geographical areas directly affected by the proposals under consideration;

(7) as new NHS work streams and potential service reconfigurations emerge the JHOSC will determine whether it is appropriate for the Committee to jointly scrutinise the proposals under development. Each local authority reserves the right to consider issues at a local level. This decision will be based on information, provided by the relevant NHS bodies, setting out the scope and timeframes of future work streams and the geographical footprint that may be affected by the potential changes; and

(8) NHS witnesses attending the meeting will be limited to officers and/or health professionals presenting reports or information to

Members, plus any additional witnesses specifically requested to attend by Members.

5 IMPLEMENTATION OF HYPER ACUTE STROKE SERVICES RECONFIGURATION

The Committee received a detailed presentation on the proposals to change Hyper Acute Stroke Services in South and Mid Yorkshire, Bassetlaw and North Derbyshire. Information on the reasons for change, the options available and the preferred option of the "Commissioners Working Together" which went out for public consultation, were highlighted. Details of the outcomes of the public consultation and engagement, and an assessment of the emergent themes, was provided to the Committee, as was an analysis of how the CCGs proposed to address the themes identified in the consultation.

The Committee noted that, due to the scale of the change, phased implementation was proposed, with Rotherham being de-commissioned in the first phase and Barnsley to follow later.

Given the recent winter pressures on the NHS, the Committee challenged the availability of ambulance services to ensure HASU patients received treatment within the required time. The Committee was assured that times could be met and were given an explanation of the process for dealing with HASU patients as well as additional funding proposals to the ambulance service.

The Committee noted that, in those areas where there would no longer be a HASU that patients would be repatriated to their local hospital within 72 hours. However, as stroke services were included in the Hospital Service review could reassurances be given that this would still be the case? The Committee was advised that there were different discharge processes and for some, patients might be able to receive care in their local community. The outcomes of the Hospital Services review would be considered with regards to how they could best provide care to patients.

The Committee sought assurances that existing services at the proposed HASUs would not be compromised (eg scanning capacity) by the increased patient numbers resulting from reconfiguration. The Committee was advised that some capital investment and bed-based plans would be required, and that implementation would be phased, not going live until appropriate resources were in place.

A further question was asked on the potential risk for the non-specialist strokes centres in recruiting and retaining staff given the current

shortage of suitably trained and qualified staff. It was acknowledged that there were challenges around staffing and the CCGs were working to meet these challenges as part of the service reconfiguration.

The Committee would request updates on these issues as implementation progressed.

6 CHILDREN'S NON-SPECIALIST SURGERY AND ANAESTHESIA – PROGRESS ON IMPLEMENTATION

A brief update was given on the progress to implement approved changes to Children's Surgery and Anaesthesia services.

Approval of the preferred model enabled the majority of surgery to continue to be delivered locally and through the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield.

The decision meant that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, would no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would receive their treatment at one of the three hubs.

Implementation was now progressing with detailed work being undertaken to agree clinical pathways through the Managed Clinical Network, and a series of designation visits (to be completed by mid-February 2018). There had been some slippage from the anticipated due date of end Q4 2017-18, however, implementation was still expected in Q1 2018-19.

The Committee noted the progress made to enable the changes to children's non-specialist surgery and anaesthesia.

7 INDEPENDENT HOSPITAL REVIEW – UPDATE

The Committee received a presentation on the aims and objectives of the review. These were to

- **Define and agree a set of criteria** for what constituted 'Sustainable Hospital Services' for each Place (South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire)

- **Identify any services** (or parts of services) **that were unsustainable**, short, medium and long-term including tertiary services delivered within and beyond the STP

- **Put forward future service delivery model** or models which would deliver sustainable hospital services

- **Consider what the future role of a District General Hospital** was in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision

A report would be made to the Clinical Commissioning Group at the end of April following a 10-month review.

A major concern which had arisen from engagement with staff was the availability of staff at all levels.

Key themes were transforming care and engaging with the workforce, reducing variation in standards in care, configuring services with core services and non- emergency services, supporting organisations by working together.

Clarification was sought regarding the implications of the review for Rotherham Hospital given the recent investment in a new Urgent and Emergency Care Centre. It was noted that further details would be available as the review progressed.

A meeting would be arranged to discuss the timeline of changes and recommendations in the April report so the JHOSC could determine appropriate times to convene.

8 REVIEW OF SPECIFIC HOSPITAL SERVICES

The Joint Committee of CCGs, as part of the South Yorkshire and Bassetlaw Accountable Care System, was reviewing the health services provided to the communities as part of a Hospital Services Review. The services included in the review were urgent and emergency care; maternity services; hospital services for children who were particularly ill; services for stomach and intestines conditions (gastroenterology), including investigations (endoscopy); and stroke (early supported discharge and rehabilitation).

The Joint Committee of CCGs expected to bring change proposals to patients and the public formally within the next year and would like to continue to share cases for change with the JHOSC before it proceeded to formulate, engage and consult on any options for future service configuration.

It was suggested that the Joint Committee might wish to consider a joint representative of the Healthwatch bodies within the footprint to assist (in a non-voting capacity) and advise it for the purposes of the consultation process.

RESOLVED (1) to receive the report; and

(2) not to appoint a co-opted member from the Healthwatch organisations at this stage.

Doncaster Council

Date: 14th March, 2018

To the Chair and Members of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care Councillor Nigel Ball – Cabinet Member for Public Health, Leisure and Culture	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to consider its work plan report for 2017/2018.

EXEMPT REPORT

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to:

- Review the Overview and Scrutiny Management Committee work plan attached at Appendix A;
- Agree when items be programmed for consideration or removed from the work plan; and
- Consider the Council's Forward Plan of key decisions attached at Appendix B

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy. The Overview and Scrutiny of health is an important part of the Government's commitment to place patients at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, local authorities can assist to reduce health inequalities and promote and support health improvement. The Health and Adult Social Care Overview and Scrutiny Panel has been designated as having responsibility of carrying out the health scrutiny function.

BACKGROUND

5. Overview and Scrutiny has a number of key roles which focus on:

- Holding decision makers to account
- Policy development and review
- Monitoring performance (both financial and non-financial)
- Considering issues of wider public concern.

Health and Adult Social Care Overview and Scrutiny Workplan Update

6. Attached for the Panel's consideration at Appendix A is the work plan. This work plan takes account of issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on 21st June 2017, and OSMC meeting held on 29th June, 2017. Any further updates since the publication of this report will be provided to the Panel at the meeting.

Joint Regional Health Scrutiny Meetings

7. A separate report, as part of today's agenda, will be provided to Members on the work of the Joint Health Overview and Scrutiny (Yorkshire and Humber) and (Barnsley, Rotherham, Doncaster, Sheffield, Derbyshire and Nottinghamshire) Committees.

Monitoring the Work Programme

8. An updated version of the work plan is regularly presented to the Health and Adult Social Care Overview and Scrutiny Panel for consideration and is attached at appendix A.

Council's Forward Plan of Key Decisions

9. Attached at Appendix B is the Council's Forward Plan of key decisions for consideration by the Panel.

OPTIONS CONSIDERED

10. There are no specific options to consider within this report as it provides an opportunity for the Panel to develop a work plan for 2017/18.

REASONS FOR RECOMMENDED OPTION

11. This report provides the Panel with an opportunity to develop and update it's work plan throughout 2017/18.

IMPACT ON COUNCIL'S KEY OBJECTIVES

12.

	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 prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and policy development through robust recommendations, monitoring performance of the Council and external partners, services and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.
	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; • 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	
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • 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	
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • 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	
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • 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	

RISKS AND ASSUMPTIONS

13. To maximise the effectiveness of the Overview and Scrutiny function it is important that the work plan devised is manageable and that it accurately reflects the broad range of issues within its remit. Failure to achieve this can reduce the overall impact of the function.

LEGAL IMPLICATIONS (Officers initials …HMP……Date9.2.18……)

14. There ae no specific legal implications to the work plan though specific reports may require legal consideration.

FINANCIAL IMPLICATIONS (Officers initials HJW Date 20/02/2018)

15. The budget for the support of the Overview and Scrutiny function 2017/18 is not affected by this report however, the delivery of the work plan will need to take place within agreed budgets. There are no specific financial implications arising from the recommendations in this report. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES (Officers initials: DLD Date 13.02.18)

16. There are no specific human resource implications arising directly from this report. Any human resource implications relating to recommendations made will need to be considered if any proposals are brought forward.

TECHNOLOGY IMPLICATIONS (Officers initials PW Date 09-02-18)

17. There are no specific technology implications in relation to this report.

HEALTH IMPLICATIONS (Officers initials SH Date 13/02/2018)

18. This report provides an overview on the work programme and as such there are no specific health implications associated with this report. Within its programme of work, Health and Adult Social Care Overview and Scrutiny will need to ensure it is able to review how the Council addresses health inequalities within its policies and programmes and ensure that these do engender inequalities.

EQUALITY IMPLICATIONS (CDR) 9th February, 2018

19. This report provides an overview on the work programme and there are no significant equality implications associated with the report. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

20. During May and June 2017, OSMC and the standing Panels held work planning sessions to identify issues for consideration during 2017/2018.

BACKGROUND PAPERS

21. None

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** Please note dates of meetings/rooms/support may change

OVERVIEW & SCRUTINY WORK PLAN 2017/18

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
June	**Tues, 6th June 2017, 11:30am – Rm 209 (CR)**	**21st June 2017, 11am – Rm 210 (CR)**	**Thurs 1st June 2017, 10 am Rm 008 (CR)**		**Fri, 16th June 2017, 9:00am, Rm 413 (CM)**
	• Work planning – OSMC • State of the Borough Assessment (Andy Pattinson) • Local Plan (Jeremy Johnson to inform Members prior to July meeting)	• Work planning – HASC O&S • State of the Borough Assessment (Andy Pattinson)	• Work Planning • State of the Borough Assessment (Andy Pattinson)		• C&E O&S Work planning • State of the Borough Assessment (Andy Pattinson)
	Fri, 16th June 2017, 12:30pm – Council Chamber (CM)				
	• Youth Justice Plan (Members Briefing - Community Engagement Framework briefing to follow the meeting)				
	Thurs, 29th June 2017, 10am – Council Chamber (CR)				
	• Updated Medium Term Financial Forecast 2017/18 • State of the Borough Assessment (Andy Pattinson) • O&S Draft Work Plans OSMC Evaluation – scoping following meeting				
	Thurs, 20th July 2017, 10am – Council Chamber (CM)	**5th July 2017 Leeds City Council (CM)**	**Wed, 5th July 2017, 10am – Rm 007b (CR)**	**Thurs, 20th July 2017, 4pm – Rm 210 (CM)**	
	• DCST Update (and DMBC action plan) • DMBC Finance & Performance - Qtr 4 – 16/17 • St Ledger Finance & Performance - Qtr 4 – 16/17	**Joint Health Overview and Scrutiny Committee (Chair Only)** • Congenital Heart Disease **Mon 31st July, 2017 3.30pm**	• Youth Council – from discussion raise possible review on children to adult services mental Health. • Doncaster Children's	• R&H O&S Work planning • State of the Borough Assessment	

FP – Forward Plan Decision

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
July		**CCG, Jctn 1 Rotherham Jt Health O&S Committee (CR)** CWT (Commissioning Working Together) Hyper acute stroke services and children's surgery and anaesthesia services – final consideration	Trust Update following high level Challenge Meeting with DCST - Damian • Fostering • Children and Young People Plan (including Governance of the Children and Families Strategic Board) • Behaviour Inclusion Programme Overview (key programme that contributes to the state of the borough assessment) • Academies Overview – progress update on the current state of relationships and challenges		
Aug		**Mon 14th August, 2017, 2pm – Rm 007a&b (CM)** Standard Items • Substantial Variation GP Scawthorpe Surgery. • Doncaster Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan and Adults Health & Wellbeing Transformation Programme). • Inspection and Regulation • O&S Workplan			
	1st September 2017 (CR) • Doncaster Growing Together (Corporate Plan) **Thurs, 7th Sept 2017, 10am – Council Chamber (CM)/SM**	**Wed, 20th Sept. 2017, 10am – Council Chamber (CR)/AT** Standard Items: - Doncaster Strategic Health and Social Care Plans Other Items: -	**Tues, 12th Sept. 2017, 10am – Council Chamber (CM)** • Doncaster Children's Trust (split screen) Children's Trust and Damian		**Tues, 12th September, 2017, 8:45pm – Rm 409 (CR)** • Joint Waste strategy and update on new waste collection contract

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10th January 2018

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
Sept	• Finance & Performance - Qtr 1 17/18 • Equalities and Diversity Plan • O&S Workplan Report	• End of Life Care – CCG/Public Health – Non hospice care, sufficient nursing, pain relief • Carers Strategy – review impact and effectiveness (to invite CYP Scrutiny panel) • Intermediate care • O&S Workplan Report	• Education and Skills Overview (key programme that contribute to the state of the borough assessment) – to include post 6th form review • School Performance Tables • Annual Complaints • O&S Workplan Report		
	Mon 18th September, 2017 at 2pm – Council chamber	**Thursday 21st September - 1pm Room 210 (CM)**			
	• Scrutiny Evaluation (Scoping)	• Social Prescribing			
Oct	**Thurs, 5th Oct 2017 – 10am Council Chamber (CM)**		**31st October 2017, at 11am Hub, Mary Woollet Centre (TBC)**	**Mon, 16th Oct 2017 – 3:15 – Rm 209 (CM)**	**Wed 18th Oct 2017 – 10am Rm 413 (CM)**
	• Doncaster and North Lindsey College Merger		• Early Help; • Transferred family support workers; and • Front door pressure	• Economic Plan Refresh	• Community Engagement Framework
Nov	**Thurs, 9th Nov 2017, 10am – Council Chamber (CM/CR)**	**Wed, 22nd Nov 2017, 10am – Council Chamber (CM)**		**Wed, 29th Nov 2017, 3.30pm - Room 413 (CR)**	**Wed, 8th Nov, 2017, 9:45am Room 413 (CR)**
	• Scrutiny Evaluation (Stage 1 – Taking Stock)	Standard Items • Adult Transformation -		• Urban Centre Master	Crime and Disorder Meeting – evidence gathering addressing anti-social behaviour to serious

FP – Forward Plan Decision

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		Overview and spotlight on specific required areas eg: Place Plan, better care fund • Quarterly Performance – eg. regular updates into uptake of direct payments, residential and homecare • Inspection and Regulation • Memorandum of Understanding (STP) - TBC Other Items: - • Suicide Safeguarding – (Assets Team to provide risks/update on number of cases) • O&S Workplan Report		Plan Overview and progress including what is happening in terms of delivery, implementation and priorities with regards to physical developments.	crime pathway – strategic overview and background • DMBC - overview • South Yorkshire Police (strategic and PCSOs) • Ward Councillors **Wed, 15th Nov, 2017, 8:30am Room 210 (CM)** Crime and Disorder Meeting – evidence gathering addressing anti-social behaviour to serious crime pathway – perception • St Leger Homes • South Yorkshire Fire Service • Neighbourhood response team • Other community leaders **Wed, 29th Nov, 2017, 11am Room 110 (CM/CR)** Crime and Disorder Meeting – • Recommendations and Conclusions
Dec	**Thurs, 7th Dec 2017, 11am – Room 409 (CR/CM)** • Scrutiny Evaluation – Step 2 (Identifying What Scrutiny's Role Is) **Thurs, 14th Dec 2017, 1pm – Council Chamber (CR)** • 4 Year Financial Plan • Finance & Performance - Qtr 2 17/18 • O&S Workplan Report		**Tues, 5th Dec 2017, 10am - Council Chamber (CM)** • Doncaster Children's Trust Update following Directors Challenge Meeting with DCST - Damian • Annual Children's Safeguarding Report (including update on CSE) • Education and Skills Update (key programme that contribute to the state of the borough assessment) – to include		

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** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
			careers advice and guidance • Association of Directors of Children's services regional self-awareness 2017 • O&S Workplan Report		
Jan	**Thurs, 18th Jan 2018, 10am – Council Chamber (CM)**	**Tues, 23rd Jan 2018, 10am Council Chamber (CM)**		**Thurs, 11th Jan, 2018, 3.15pm - Room 413 (CR)**	**Jan 2018**
	• Budget (invite to Directors) • O&S Workplan Report Evaluation Meeting to follow OSMC - TBC	Standard Items • The Inspection and Regulation of Adult Social Care – In House Community Services Other Items: • Adult Safeguarding Board (Chair in attendance) • Transition from child to adult services (invite CYP O&S) • Health and Well-being Board Strategy update • GP Branch Merger • O&S Workplan Report		• Wool Market • Railway Station Forecourt • Options for the future provision of the central library/museum/ archives	Invite to H&ASC O&S re: "Transition from child to adult services" item.
	10th Jan 2018, 11am (CR)				
	• Scrutiny Evaluation – Visit to Rotherham MBC O&S Meeting				
Feb	**Thurs, 8th Feb 2018, 10am Council Chamber (CR)**				**Wed, 7th Feb 2018, 1.30pm Rm 409 (CR)**
	• DCST Update (and DMBC action plan) • Final Evaluation Meeting - ~~TBC				• Waste Collection
	Thurs, 22nd Feb 2018, 10am (CR)				**Mon, 19th Feb 2018, 10am – Council Chamber (CR)**
					Crime and Disorder meeting • Feedback from evidence gathered in the Autumn anti-social behaviour to serious crime pathway.

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	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	• Finance & Performance - Qtr 3 17/18 • O&S Workplan Report • Housing Allocations Policy – invite Regeneration and Housing Panel for this item				• Hate Crime Strategy. • Community Safety Strategy
Mar	**Thurs, 22nd March 2018, 10am Council Chamber (CR)**	**Wed, 14th March 2018, 10am Council Chamber (CM)**	**Mon, 5th March 2018, 10am Council Chamber (CR)**	**Tuesday 15th March 2018, 3.15pm – Room 210 (CR) – Was 6th March**	
	• O&S Evaluation Report • C&E O&S Review • OSMC Workplan	Standard Items • Adult Transformation - Overview and spotlight on specific required areas eg: Place Plan, better care fund • Quarterly Performance – eg. regular updates into uptake of direct payments, residential and homecare • Inspection and Regulation Other Items: - • Substantial variation to Barnburgh Surgery– CCG • Public Health Protection Assurance Responsibilities • Health report for Joint Scrutiny work • O&S Workplan Report	• Doncaster Children's Trust (split screen) Children's Trust • Social Mobility Opportunity Area delivery Plan - NEW • Education and Skills UpdateThree Strands: i. Learning Provision and Organisation update ii. Post 16 update iii. Update on functional review • Behaviour Inclusion Programme update Special school for communication and Interaction and its establishment Behaviour Review – strategic proposals • Strategies in place to improve schools 'Attendance Strategy Action Plan' • Work Plan	• Housing Needs Analysis • Universal Credit Housing Allowance (impacts) • Town Centre connectivity	

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10th January 2018

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	April 2018	**April 2018**	**April 2018**	**April 2018**	**April 2018 (TBC)**
April					Drainage Boards Following the floods where are we now, what has changed and future plans. Drainage Board Governance Invite to: • Environment Agenda and DMBC • Drainage Board Chairs
	May 2018	**May 2018**	**May 2018**	**May 2018**	**May 2018**
May		• Yorkshire Ambulance Service – remodelling of estates (Date TBA)			
ISSUES FOR FUTURE CONSIDERATION					
	• OSMC Evaluation – currently in discussions with CfPS	• Air Quality – to be invited if considered by the Community and Environment Scrutiny Panel	• Children and Young Peoples Plan - Annual Impact Report. • Child Poverty Overview with a view to possible in-depth review • Youth Parliament item (TBC) • Youth Parliament – piece of work from scrutiny to be identified (TBC)	• Homelessness Recommendations Update – re: recs on update funding and legislation)	
	• Area Based Review – ward comparisons (Learning, Working, Living and Caring) – currently in discussions with CfPS	• STP update	• Emerging themes from Annual Impact Report – June 2018	• Planning Enforcement – Is planning enforcement effective – raising awareness session	

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	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	• Consultants – VFM – Overview and understanding	• Health inequalities – BME Health Needs Assessment – 5th July 2018	• Education and Skills thematic update – June 2018		
	• Welfare Reform – Universal Credit and Sanctions on Benefits		• School transport for young people.		
Moved For Consideration as part of O&S Draft Workplan 2018/2019					
	• Quarter 4 Performance – 28th June, 2018 (to include addendum on agency staff costs – TBC) 13th September 6th December 28th February •	• State of the Borough Assessment	• State of the Borough Assessment	• State of the Borough Assessment	• State of the Borough Assessment
		• Continuing Health Panel	• Invitation to children in care council to attend the panel next July 2018 (suggested at the CYP Panel 5th July)	• Economic Plan Refresh 2nd Meeting – June 2018	• Traffic Offences, town centre parking, parking on grass verges – available later on around autumn.
		• Veteran's Plan	• Child Poverty		
		• Clinical Waste – Environmental Health	• Association of Directors of Children's services regional self-awareness 2017 update (July 2018 TBC)		

FP – Forward Plan Decision

DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST APRIL, 2018 TO 31ST JULY, 2018

The Forward Plan sets out details of all Key Decisions expected to be taken during the next four months by either the Cabinet collectively, The Mayor, Deputy Mayor, Portfolio Holders or Officers and is updated and republished each month.

A Key Decision is an executive decision which is likely:-

(a) to result in the Local Authority incurring expenditure which is, or the making of savings which are, significant having regard to the Local Authority's budget for the service or function to which the decision relates; or
(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Local Authority;
(c) any decision related to the approval or variation of the Policy and budget Framework that is reserved to the Full Council.

The level of expenditure/savings which this Authority has adopted as being financially significant is £250,000.

Please note in addition to the documents identified in the plan, other documents relevant to a decision may be submitted to the Decision Maker. Details of any additional documents submitted can be obtained from the Contact Officer listed against each decision identified in this plan.

In respect of exempt items, if you would like to make written representations as to why a report should be considered in public, please send these to the contact officer responsible for that particular decision. Unless otherwise stated, representations should be made at least 14 days before the expected date of the decision.

KEY
Those items in **BOLD** are **NEW**
Those items in **ITALICS** have been **RESCHEDULED** following issue of the last plan

Prepared on: 1st March, 2018 and superseding all previous Forward Plans with effect from the period identified above

Jo Miller
Chief Executive

MEMBERS OF THE CABINET

		Cabinet Member For:
Mayor - Ros Jones		
Deputy Mayor - Councillor Glyn Jones	-	Housing and Equalities
Councillor Nigel Ball	-	Public Health, Leisure and Culture
Councillor Joe Blackham	-	Highways, Street Scene and Trading Services
Councillor Rachael Blake	-	Adult Social Care
Councillor Nuala Fennelly	-	Children, Young People and Schools
Councillor Chris McGuinness	-	Communities, Voluntary Sector and the Environment
Councillor Bill Mordue	-	Business, Skills and Economic Development
Councillor Jane Nightingale	-	Customer and Corporate Services

Some Decisions listed in the Forward Plan are to be taken by Full Council

Members of the Full Council are:-

Councillors Nick Allen, Duncan Anderson, Lani-Mae Ball, Nigel Ball, Iris Beech, Joe Blackham, Rachael Blake, Nigel Cannings, Bev Chapman, Phil Cole, John Cooke, Mick Cooper, Jane Cox, Steve Cox, Linda Curran, George Derx, Susan Durant, Nuala Fennelly, Neil Gethin, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, John Healy, Rachel Hodson, Charlie Hogarth, Mark Houlbrook, David Hughes, Eva Hughes, Glyn Jones, R. Allan Jones, Ros Jones, Ken Keegan, Majid Khan, Jane Kidd, Nikki McDonald, Chris McGuinness, Sue McGuinness, John McHale, Bill Mordue, John Mounsey, David Nevett, Jane Nightingale, Ian Pearson, Andy Pickering, Cynthia Ransome, Tina Reid, Andrea Robinson, Kevin Rodgers, Dave Shaw, Derek Smith, Austen White, Sue Wilkinson, Jonathan Wood, Paul Wray.

WHEN DECISION IS EXPECTED TO BE TAKEN	KEY DECISION TO BE TAKEN	RELEVANT CABINET MEMBER	DECISION TO BE TAKEN BY	CONTACT OFFICER(S)	DOCUMENTS TO BE CONSIDERED BY DECISION MAKER	REASON FOR EXEMPTION – LOCAL GOVERNMENT ACT 1972 SCHEDULE 12A
10 Apr 2018	*Acceptance of grant from Sheffield City Regions Business Investment Fund to support the inward investment of a film and TV production facility onto the former Doncaster College High Melton campus*	*Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development*	*Cabinet*	*Tim Hazeltine, Inward Investment Manager, Business Doncaster Tel: 01302 862465 tim.hazeltine@ doncaster.gov.uk*		*Part exempt 3*
10 Apr 2018	Behaviour Improvement Programme	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Jane Mills, Children's Commissioning Manager Jane.Mills@ doncaster.gov.uk		Open
10 Apr 2018	To adopt a new Housing Enforcement Policy setting out the standard of enforcement landlords, businesses, individuals and the community can expect from Doncaster Council in relation to Housing matters.	Portfolio holder for Housing, Portfolio Holder for Communities, Voluntary Sector, and the Environment	Cabinet	Carolina Borgstrom, Enforcement Manager- Urban carolina.borgstrom@ doncaster.gov.uk, Tracey Harwood, Head of Service Regulation & Enforcement tracey.harwood@ doncaster.gov.uk		Open

24 Apr 2018	To approve the purchase of a strategic Investment for Regeneration purposes in the Civic and Cultural Quarter	Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development, Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services	Cabinet	Simon Maxton, Investment and Development simon.maxton@ doncaster.gov.uk, Scott Cardwell, Assistant Director of Development scott.cardwell@ doncaster.gov.uk		Fully exempt 3
24 Apr 2018	To approve the Commissioning, Provider and Alliance agreements in relation to the Doncaster Place Plan for a specified range of responsibilities.	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Rupert Suckling, Director of Public Health rupert.suckling@ doncaster.gov.uk		Open
24 Apr 2018	To approve a Doncaster Town Centre Parking Strategy	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Kerry Perruzza, Senior Transport PLanner Kerry.Perruzza@ doncaster.gov.uk		Open

24 Apr 2018	Agree specific budget reductions and service changes to public health commissioned services as outlined in the Mayor's Budget and national reductions to the Public Health Grant to Local Authorities	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Rupert Suckling, Director of Public Health rupert.suckling@ doncaster.gov.uk	Joint Commission-ing Agreement Doncaster Place Plan	Open
22 May 2018	*Approval of a new Public Art Strategy.*	*Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture*	*Cabinet*	*Nick Stopforth, Head of Libraries & Culture nick.stopforth@ doncaster.gov.uk*		*Open*
22 May 2018	*Approval of a new Public Libraries Strategy for Doncaster.*	*Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture*	*Cabinet*	*Nick Stopforth, Head of Libraries & Culture nick.stopforth@ doncaster.gov.uk*		*Open*
22 May 2018	To approve the sponsor for the new Special School for Communication and Interaction and establishment the contractual arrangements for the school build	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	David Ayre, Head of Service David.ayre@ doncaster.gov.uk	Cabinet Report (18/07/17)	Open

19 Jun 2018	**St. Leger Homes Performance Report 2017/18 Quarter 4**	**Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities**	**Cabinet**	**Stephen Thorlby-Coy, Head of Business Excellence, St Leger Homes Stephen.Thorlby-Coy@stlegerhomes.co.uk**		**Open**