

To all Members of the

**DONCASTER
HEALTH AND WELLBEING BOARD**

AGENDA

Notice is given that a Meeting of the Health and Wellbeing Board is to be held as follows:

VENUE: Drawing Room (Green) - St Catherine's House,
Woodfield Park, Tickhill Road, Balby, Doncaster, DN4 8QN
DATE: Thursday, 12th January, 2017
TIME: 9.30 a.m.

PLEASE NOTE VENUE FOR THIS MEETING

Items	Time/ Lead
1. Welcome, introductions and apologies for absence.	5 mins (Chair)
2. Appointment of Vice-Chair.	5 mins (Chair)
3. Chair's Announcements.	5 mins (Chair)
4. To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)
5. Public questions.	15 mins (Chair)
(A period not exceeding 15 minutes for questions from members of the public.)	

Jo Miller
Chief Executive

Issued on: Wednesday 4 January 2017

Governance Officer for this
meeting:

Jonathan Goodrum
01302 736709

- | | | |
|----|--|-------------------|
| 6. | Declarations of Interest, if any. | 1 min
(Chair) |
| 7. | Minutes of the Meeting of the Health and Wellbeing Board held on 3rd November 2016. <i>(Attached pages 1 – 10)</i> | 5 mins
(Chair) |

Board Assurance

- | | | |
|----|---|--|
| 8. | Health and Social Care Transformation Update - Sustainability and Transformation Plan/Better Care Fund.
<i>(Paper attached pages 11 – 68 / Presentation)</i> | 40 mins
(Jackie Pederson/
Kim Curry/
Jon Tomlinson) |
|----|---|--|

Delivery of Health and Wellbeing Strategy

- | | | |
|-----|---|---|
| 9. | 2016-17 Quarter 2 Performance Report and Focus on Mental Health Transformation and Learning Disabilities.
<i>(Paper attached pages 69 – 92 / Presentation)</i> | 35 mins
(Allan Wiltshire/
Andrea Butcher) |
| 10. | Whole Service Review - Physical Activity and Sport.
<i>(Paper attached pages 93 – 102 / Presentation)</i> | 20 mins
(Andy Maddox) |

Board Development

- | | | |
|-----|---|--------------------------------|
| 11. | Report from HWB Steering Group and Forward Plan.
<i>(Paper attached pages 103 – 112)</i> | 5 mins
(Dr Rupert Suckling) |
|-----|---|--------------------------------|

For Information Only

- | | | |
|-----|--|--|
| 12. | Briefing on the Use of Licensing Powers to Secure Health Improvement.
<i>(Paper attached pages 113 – 122)</i> | |
|-----|--|--|

Date/time of next meeting: Thursday, 16 March 2017 at 9.30 a.m. at the Mary Woollett Centre, Danum Road, Doncaster, DN4 5HF.

Members of the Doncaster Health and Wellbeing Board

Chair – Cllr Pat Knight	Portfolio Holder for Health and Adult Social Care
Vice Chair	Vacant
Cllr Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Cllr Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Cynthia Ransome	Conservative Group Representative
Kim Curry	Director of Adults, Health and Wellbeing, Doncaster Council
Damian Allen	Director of Learning, Opportunities and Skills, DMBC
Karen Curran	Head of Co-Commissioning NHS England
Mike Pinkerton	Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Dr Rupert Suckling	Director of Public Health, DMBC
Dr David Crichton	Chair of Doncaster Clinical Commissioning Group
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Superintendent Scott Green	Interim District Commander for Doncaster, South Yorkshire Police
Kathryn Singh	Chief Executive, RDaSH
Norma Wardman	Chief Executive, Doncaster CVS
Paul Moffat	Chief Executive, Doncaster Children's Services Trust
Steve Shore	Chair of Healthwatch Doncaster
Steve Helps	Chief Officer, South Yorkshire Fire and Rescue
Vacant	Chief Executive, New Horizons
Peter Dale	Director of Regeneration & Environment, DMBC
Paul Tanney	Chief Executive, St Leger Homes of Doncaster

This page is intentionally left blank

Agenda Item 7

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 3RD NOVEMBER, 2016

A MEETING of the HEALTH AND WELLBEING BOARD was held in Rooms 007A AND B - CIVIC OFFICE on THURSDAY, 3RD NOVEMBER, 2016 at 9.30 am.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing
Vice-Chair – Susan Jordan, Chief Executive, St Leger Homes of Doncaster

Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Cynthia Ransome	Conservative Group Representative
Dr David Crichton	Chair of Doncaster Clinical Commissioning Group
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Jacqueline Wilson	Director of Transformation, Doncaster Children's Services Trust, substituting for Paul Moffat
Riana Nelson	Assistant Director for Children's Commissioning, DMBC, substituting for Damian Allen
Steve Shore	Chair of Healthwatch Doncaster
Mike Pinkerton	Chief Executive, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Chief Inspector Gwyn Thomas	South Yorkshire Police, substituting for Superintendent Scott Green
Patrick Birch	Programme Manager, DMBC, substituting for Kim Curry

Also in attendance:

John Harris, Independent Chair of Doncaster Safeguarding Children Board (DSCB)
Rosie Faulkner, DSCB Business Manager
Dr John Woodhouse, Independent Chair of Doncaster Safeguarding Adults Board (DSAB)
Angelique Choppin, Safeguarding Adults Team Manager, DMBC
Councillor Elsie Butler (Observer)

84 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Damian Allen (Riana Nelson deputised), Kathryn Singh, Kim Curry (Patrick Birch deputised), Councillor Glyn Jones, Steve Helps, Peter Dale, Norma Wardman and Karen Curran.

Also in attendance were Jacqueline Wilson, substituting for Paul Moffat and Chief Inspector Gwyn Thomas, substituting for Superintendent Scott Green.

85 CHAIR'S ANNOUNCEMENTS

The Chair announced that this was Susan Jordan's last formal Board meeting prior to her retirement at the end of the year. She therefore thanked Susan for the contribution she had made to the work of the Board and for her work as Chief Executive of St Leger Homes of Doncaster. She stated that Susan would be missed, and on behalf of the Board wished her good luck in her retirement.

86 PUBLIC QUESTIONS

Mrs Angela Curtis asked the following question in relation to Air Pollution in Doncaster.

"Doncaster Council is responsible for a number of Public Health functions as highlighted in The Health & Wellbeing Strategy 2016.

In "*Where are we now*" it states:

The Wellbeing of Doncaster people is improving in a number of key areas. However, it states it is not improving as fast as it is in the rest of the country. It further states diseases such as Cancer, Cardiovascular Disease, Respiratory Diseases, Liver Disease, account for between 80% & 90% of all preventable deaths in Doncaster. It further states actions need to be put in place to improve Health & Wellbeing - I would like to know what actions!

Health and Wellbeing in Doncaster will not improve as fast as other parts of the country when the amount of Air Pollution in Doncaster is among the highest in the country.

Public Health England state 160 people in Doncaster this year will die premature deaths due to poor air quality, the largest pollutant being 2.5 mg particulate emissions from diesel vehicles.

It has been scientifically established beyond any doubt that poor air quality affects people's lives on a daily basis. There is a proven link to Cancer, Dementia, Respiratory disease, Cardiovascular disease, all aspects of poor health which YOU are committed to improve.

So I ask this question:

If you are committed to improve the lives of Doncaster People, why is there not one reference to any strategy or priority given to address the detrimental effect of air pollution on all lives in Doncaster from the new-born babies through every stage of life to our oldest residents?

Doncaster people deserve better."

In response, Dr Rupert Suckling advised that there were a number of local air quality management schemes operating in the Borough. He also referred to a new requirement to establish partnership/steering groups, the membership of which would include members of the public, to consider air pollution related matters and confirmed that the Council was in the process of forming such a group.

Dr Suckling concluded by informing Mrs Curtis that a full written response to her question would be sent to her within the next 10 days.

Councillor Cynthia Ransome added that the Council's Health and Adult Social Care Scrutiny Panel would be looking at the issue of air pollution in more detail as part of its future Work Plan.

~~~~~

Beatrice Botomani gave a brief presentation to the Board on the work of the HARP project. A briefing note on the project was also tabled for Members' information. Beatrice explained that HARP was a project within the Refugee Council and was funded by the Health Social Care Volunteering Fund until December 2017.

HARP aimed to work closely with refugees and asylum seekers, health providers, third sector organisations and commissioners to:

- improve health outcomes and health services for all new migrants;
- decrease inequalities,
- improve access of health services; and
- give this group of clients a voice that directly influenced the planning of services.

It was reported that people seeking asylum were not only disproportionately suffering from ill-health, they were also disproportionately affected by the social determinants of ill-health (including poverty, social isolation, literacy, language, education, low self-esteem, as well as fear, abuse, bullying, ASBOS, etc). The HARP project took a holistic approach to improving the health outcomes of the client group and encouraged peer support, advocacy and befriending to reduce inequalities and address public health concerns for this client group.

During subsequent discussion, various Board members offered to link up with Beatrice in order to assist the HARP project in its work, as follows:-

- Dr David Crichton explained that the DCCG's health ambassador for asylum seekers, Julia Burne, would be happy to link up with the HARP project to assist in co-ordinating activities.
- Dr Rupert Suckling offered to put Beatrice in touch with his colleague Susan Hampshire who was involved with the Doncaster Conversation Club.
- Steve Shore confirmed that Healthwatch Doncaster would be happy to link up with the HARP project in relation to providing services for asylum seekers and refugees.
- Chief Inspector Thomas advised Beatrice that Bill Hodgkiss (DMBC) would be a useful contact for the HARP project. He added that South Yorkshire Police were currently setting up an advisory group on police services and would be happy to invite the HARP organisation to sit on that body.

87 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

88 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 1ST SEPTEMBER 2016

RESOLVED that the minutes of the Health and Wellbeing Board held on 1st September 2016 be approved as a correct record and signed by the Chair.

89 HOUSING FOCUS - PERFORMANCE AND IMPACT

The Board received and noted a presentation by Susan Jordan which explored Housing issues, including links to the Anti-Poverty Strategy, and how these impacted on the Board's key areas of focus. The Board also received information relating to the levels of homelessness and people seeking social housing in the Borough.

Members were advised that the HWB could help in the following ways:-

- The HWB recognise Housing as an 'anchor' for good health and wellbeing;
- That the areas of focus for the Board have an element of their plans devoted to housing or housing issues where appropriate; and
- Prototype workshops for families with complex dependencies would begin in November and information and insight from these workshops was to be fed back into the partnership – the HWB should seek and receive this information early in 2017.

During discussion on the connection between housing and health and wellbeing and the links to anti-poverty work, Members raised the following points:-

- Jacqueline Wilson commented on the relationship between the quality of homes and the health of children and highlighted the need for more detailed mapping and gathering of data intelligence on the quality of private sector housing, such as homes owned by private landlords and families on low incomes, as less was known about the standards of these homes compared to that of the social housing stock. She added there had been proposals to look at undertaking a whole housing stock survey.
- The Chair, Councillor Pat Knight, advised that Doncaster Council's Energy Team carried out valuable work in attending community events and providing general advice to residents on how to save energy and improve the energy efficiency of their homes, promoting heating and assisting with the treatment of mould and damp in homes. She added that the Fire Service through its home safety visits referred relevant cases, such as cold homes with damp/mould problems, to the Energy Team.
- Jackie Pederson stressed that social isolation was a significant contributory factor that needed addressing. She also highlighted the importance of signposting people to the appropriate services.
- Susan Jordan explained that SLHD were currently looking at establishing a home improvement agency to deal with small repairs in homes to help

mitigate any risks of trips and falls from potential hazards, and it was hoped that funding could be obtained to help in setting this up.

Following the presentation, the Board discussed various issues that had been highlighted, including:-

- The need to focus on improving the performance figures in respect of the percentage of care leavers in suitable accommodation. Jackie Wilson informed the Board that to mark last week's National Care Leavers' Week, Andy Hood, Head of Service for Targeted Youth Support at Doncaster Children's Services Trust, had spent the week living on a care leaver's budget to help highlight the achievements and difficulties that care leavers experience as they move into adulthood and living their lives independently. Andy had written a blog describing his experiences, and Jackie offered to arrange for this to be circulated to Board Members for their information. John Harris, Independent Chair of the Doncaster Safeguarding Children Board (DSCB) advised that whilst the Corporate Parenting Board was the core body in respect of care leavers, the DSCB would be receiving an assurance report next year on care leavers and issues such as their accommodation needs.
- The challenges posed by the proposals to encourage more people with learning difficulties to live independently or with their families rather than staying in NHS accommodation.
- Ways of addressing the issue of hardship in schools, and the need to encourage some schools to relax their uniform requirements which in some cases were placing an unreasonable financial burden on families with low incomes.

It was then

RESOLVED to receive and note the presentation on Housing and the Anti-Poverty Strategy.

## 90 DONCASTER SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16

The Board received a presentation by John Harris, the Independent Chair of the Doncaster Safeguarding Children Board (DSCB), setting out the key findings from the DSCB's Annual Report for 2015-16 published on 6th October 2016, a copy of which had been circulated with the agenda papers. In particular, Mr Harris briefed the Board on the following subjects:-

- Role of DSCB
- Annual Report requirements
- Board working arrangements
- Headlines from 2015-16
- Progress with the DSCB Business Plan 2015-16
- Key Areas for improvement
- Priorities for 2016-17

In concluding, John informed the Board that there had been a significant improvement in children's safeguarding in Doncaster over the past 3 years, including a better understanding between the various partners, notably Doncaster Council and the Doncaster Children's Services Trust. In light of this, he felt there was reason to be optimistic that the necessary framework was now in place to aspire to achieving a 'good' rating from Ofsted in the future.

The Board then discussed at length the contents of the DSCB's Annual Report, during which Members asked questions/made comments on a wide range of issues including:-

- The impact of Early Help on children's health and wellbeing and the methods by which this was measured and tracked;
- An observation that the Annual Report did not appear to contain much detail in terms of the actual experiences of children and families in the system. On this point, John Harris explained that the DSCB's expectation was that agencies were engaging with people in their day to day work. He added, however, that the DSCB did check that the relevant organisations were receiving feedback from service users. It was noted that the Children and Young People's Strategic Partnership did most of this work and the DSCB captured information from that Board's work and from other sources.
- The 'Signs of Safety' approach to child protection casework.
- The need to address the difficulties surrounding the fact that 40% of assessment cases did not result in any social care involvement afterwards.

RESOLVED to note the presentation on the DSCB Annual Report 2015-16, including the key implications for children and young people's commissioning priorities and the action required by HWB partners to improve the effectiveness of safeguarding in Doncaster, particularly in the context of the Doncaster Health and Well-Being Strategy 2015-2020.

## 91 DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16

Dr John Woodhouse, the recently appointed Independent Chair of Doncaster Safeguarding Adults Board (DSAB), briefly introduced himself to the Board before handing over to Angelique Choppin, Safeguarding Adults Team Manager who summarised the salient points contained in the Annual Report of the DSAB for 2015/16.

Angelique confirmed that, following the implementation of the Care Act 2014 which had placed Safeguarding Adult Boards on a statutory footing, the DSAB had developed a new Board Constitution, setting out the requirements of the Board and its members.

It was reported that the DSAB had continued to pursue its engagement agenda with great focus through a 'Keeping Safe Campaign' helping communities to respond to abuse and neglect. It had also worked with the Doncaster Keeping Safe Forum, a community based forum that had been supported by the Board to grow in capacity and membership with the primary aim of spreading the message in Doncaster.

The DSAB had requested a Safeguarding Adults Peer Challenge which was undertaken in November 2015. The process had identified a number of strengths and areas for development which were being addressed by way of an action plan, which was now 80% complete.

Members noted that other key headlines from 2015/16 included the completion of a 'Lessons Learned Review' by the DSAB's Safeguarding Adults Review Panel, the appointment of Dr John Woodhouse as Independent Chair of the DSAB and a review/refresh of the Board's structure and Strategic Plan.

General discussion followed, during which the Board commented and/or asked questions on the following issues:-

- Whether a growing elderly population would lead to more safeguarding issues in the future;
- What mechanisms were in place for carrying out checks on carers;
- Dr Woodhouse explained that whilst the Safeguarding Adults work was less developed than that of Children's Safeguarding, the DSAB had greater scope to develop tailored plans aimed at specifically dealing with the problems faced in Doncaster and these would be implemented over the next 3 years through the Board's Strategic Plan;
- Councillor Nuala Fennelly stated that there were currently 700 child carers in Doncaster and, in many cases, these would become adult carers in the future. This often had an adverse impact on the children's schooling and Councillor Fennelly asked what measures were being taken by agencies to change this situation. In reply, Dr Woodhouse confirmed that this was not an issue that the DSAB had formally looked at as a Board, adding that under the Care Act 2014, local authorities had a responsibility to ensure that carers were given the support they needed.;
- The importance of adopting a 'whole-family' approach was acknowledged, in order that the necessary support was provided to all family members and not just to individuals in isolation.

RESOLVED to note the multi-agency activities undertaken during 2015-16 by the Doncaster Safeguarding Adults Board to safeguard adults at risk and prevent abuse from occurring wherever possible, and also receive the multi-agency performance and training statistics for this period.

92 HEALTH AND SOCIAL CARE TRANSFORMATION UPDATE - DONCASTER PLACE PLAN AND NHS SUSTAINABILITY AND TRANSFORMATION PLAN

The Board received a presentation by Jackie Pederson, Chief Officer of the DCCG, on the Doncaster Place Plan, which had been developed by the key leaders across health and social care in Doncaster during summer 2016.

The Place Plan was set in the context of the wider South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and included a shared vision based around the development of an agreed set of design principles and a description of a future landscape for health and social care services in Doncaster. A copy of the full Place Plan was included in the agenda pack for Members' information.

Jackie summarised the key features of the Plan, which included:-

- ‘The case for change’ – it was acknowledged that the Plan must be aimed at spending the ‘Doncaster pound’ more effectively, in light of ever increasing costs of delivering health and care services, in order to help close the financial gap.
- Recognition of the need for health and social care services to come together to commission and provide services. To deliver this, a neighbourhood approach had been developed, comprising four co-terminus neighbourhoods with the intention of further enabling services to be locally focused and tailored and to deliver care and support locally whenever appropriate.
- A focus on a set of Cohorts that would maximise the value of collective action and transform Doncaster’s health and care system further, so that services could be delivered in the best place, demand for acute services could be reduced and clinical and financial sustainability achieved.
- A balanced set of measures, which had been identified in order to monitor success in addressing the key challenges.
- A new care model landscape, with the CCG/LA working together as commissioners to jointly commission integrated health and care services.
- Proposals for engaging with staff and the public, including specific consultation on individual elements of the Place Plan as the new arrangements were developed.

With regard to the public consultation to be carried out on the Plan, Steve Shore stressed the importance of providing the relevant information in both a timely and honest way in light of the fact that inevitably there would be some cuts made to health services and it was vital that the consultation was open about this.

During discussion on the STP, the Chair reported that the STP was expected to be published on 11th November 2016. It was agreed that Board members would need to have sight of the STP at the earliest opportunity following its publication, and the Chair pointed out that there might be a need to convene an extraordinary HWB meeting in December or January in order to discuss the STP in detail. Mike Pinkerton highlighted the need to consider the role of the Health and Wellbeing Board in implementing the STP.

After the Chair had stressed that the major challenge would be in running the current and new systems in tandem to ensure a smooth transition, it was

RESOLVED to note the contents of the presentation and endorse the overall direction of travel within the Doncaster Place Plan.

## 93 REPORT FROM HWB STEERING GROUP AND FORWARD PLAN

The Board considered a report which provided an update on the work of the HWB Steering Group to deliver the Board’s work programme and also provided a draft Forward Plan for future Board meetings, as set out in Appendix A to the report.

Dr Rupert Suckling summarised the salient points in the report, which included updates on:

- Work and health;
- Domestic Abuse Strategy;
- Research across the Health and Care System; and
- Forward plan for the Board.

Jacqueline Wilson confirmed that the Safer Stronger Doncaster Partnership would be looking at the Domestic Abuse Strategy in the near future and it was hoped to bring the final Strategy to this Board in January 2017. All relevant parties and stakeholders would be encouraged to engage actively in implementing the Strategy's Action Plan. It was also noted that there was a proposal to move the lead for the Strategy from the Safer Stronger Partnership to this Board in the future.

RESOLVED:

- (1) to note the update from the HWB Steering Group;
- (2) to agree to the hosting of a Doncaster Research and Learning Conference in 2017; and
- (3) to agree the proposed Forward Plan, as detailed in Appendix A to the report.

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

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

This page is intentionally left blank

## **To the Chair and Members of the HEALTH & WELLBEING BOARD**

### **SUSTAINABILITY AND TRANSFORMATION PLAN (STP)**

#### **EXECUTIVE SUMMARY**

1. The purpose of this report is to provide Members with an overview of the Sustainability and Transformation Plan (STP), as set out in the Appendix to this report, and an opportunity for detailed discussion regarding its impact.

#### **EXEMPT REPORT**

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

#### **RECOMMENDATIONS**

3. That the Health & Wellbeing Board considers the information presented.

#### **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

4. The Health & Wellbeing Board aims to improve health and wellbeing for the residents of Doncaster and reduce inequalities in health outcomes. This aim is closely mirrored in the South Yorkshire & Bassetlaw Sustainability & Transformation Plan in which statutory health and care organisations in Doncaster are partners.

#### **BACKGROUND**

5. A presentation will be provided to the Board by Jackie Pederson, Chief Officer, NHS Doncaster Clinical Commissioning Group, and Kim Curry, Interim Director of Adults, Health and Wellbeing, relating to the Sustainability and Transformation Plan.

##### **5.1. Introduction**

The South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) has been published.

It sets out the vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the STP partnership, including with patient representative groups and the voluntary sector.

It is being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place.

The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together.

25 health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations. Representatives of the statutory health and social care organisations in Doncaster have been involved and consulted on its development.

A full version of the plan can be found at [www.smybndccgs.nhs.uk](http://www.smybndccgs.nhs.uk)

## **5.2. Summary**

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at the heart – from in the home to hospital care, supported by plans to invest in, reshape and strengthen primary and community services. At the same time, everyone should have improved access to high quality care in hospitals and specialist centres and that, no matter where people live, they get the same standards, experience and outcomes for their care and treatment.

Partners want to work together more closely to provide the care in the right place, at the right time and by the most appropriate staff. To do this, innovative, integrated and accountable models of care will be developed and the work of the Working Together Partnership Acute Care Vanguard will be built on.

The plan is also about developing a networked approach to services across South Yorkshire and Bassetlaw to improve the quality and efficiency of services, in areas such as maternity services. It is also about simplifying the urgent and emergency care system so that it is more accessible.

It also focuses on other factors affecting health, including education, employment and housing, not only improve the health, wellbeing and life chances of every person in the region but also to deliver a more financially sustainable health and care system for the future.

People's health is also shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. The partners want to look at the connections between the £11 billion of public money that is spent in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.

By working more closely and in new ways, contributions will be made to the region's economic growth. Helping people to get and stay in work, as well as supporting their health and wellbeing, will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

We will work better together to get the best value and services for everyone. If we don't work differently now, in five years' time, there would be increasing demand on our services and we would have an estimated financial shortfall of £571 million. Therefore, doing nothing is not an option. The way we are organised is out of date compared to people's needs – we therefore need to rethink and improve how health and care services are delivered.

### **5.3. The case for change**

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services. However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

Quality, experience and outcomes vary and care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should. STP organisations have had some good Care Quality Commission feedback but there are areas for improvement.

In addition, there are some people admitted to hospital who could be cared for in the community if the right support was in place. There are growing waiting times for many services and access to primary care needs to be improved.

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services.

In some areas, there is a national shortage of clinical staff. Indeed, we are already consulting on proposed changes to hyper acute stroke services and some children's surgery in the region because such shortages are already having an impact. Furthermore, there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region.

There are also significant financial pressures on health and care services - with an estimated gap of £571 million in the next four years.

### **5.4. Working together**

The plan is built on a history of strong relationships and being able to quickly develop a strong partnership, where all can see the opportunities and are motivated to deliver significant improvements for the 1.5 million population. It is about working together even better, and in new ways.

It is based on the five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The plans are the foundation of what will be delivered in each area and they set out how the improvements from the new ways of working and prevention will be made. The place plans focus on aligning primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

Work on place alone won't address the challenges, and so there are also eight priority areas of focus:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services

## **5.5. Taking decisions together**

To deliver the change needed in South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to interim governance arrangements to help them to start to work and take decisions together.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB and develop policy and make recommendations to the Board. Already in place are a Joint Committee of NHS Clinical Commissioning Groups (JCCCGS) and an NHS Provider Trust Federation Board.

All these will run in parallel with partners' governance and help make decisions. This interim arrangement will remain in place until April 2017 during which time a review will take place to establish the right governance.

The members of these groups come from all statutory South Yorkshire and Bassetlaw health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement, Health Education England and others), as well as other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the governance arrangements is that local commissioning will remain a local responsibility. The JCCCG will only take precedent over local decisions where it agrees that it would be more efficient and effective for decisions to be made at a South Yorkshire and Bassetlaw level.

## **5.6. Rethinking and reshaping health and care**

In rethinking and shaping how partners currently work, the focus is on:

- Putting prevention at the heart
- Reshaping primary and community based care

- Standardising hospital services

Partners want to radically upgrade prevention and self-care, to help people to manage their health and look after themselves and each other. This will require improvements in how health and care services connect with people to help them stay well and also in how illness is detected and diagnosed.

Investment in health at community levels will be transformed. Focusing more on helping people where they live will also have an impact on people's employment and employability. Primary care services will be improved through the transformation of community based care and support and with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, it will be possible to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt the workforce to better meet people's health and care needs.

At the same time, everyone should have better access to high quality care in specialist centres and units and, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. This will be done by standardising hospital care and developing a networked approach to services.

Spreading best practice and collaborating on support services, such as estates, procurement and pharmacy management, will also enable partners to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Developing and supporting staff is the only way these ambitions will be achieved. The right people, with the right skills in the right place and the right time are needed – whether this is in general practice, the community and neighbourhoods or in hospitals.

Rethinking and reshaping the workforce, developing ways of working that help people live healthy lives in their homes and communities and supporting GPs to be as effective as possible will also be key.

A flexible workforce that comes together to offer people the best and most appropriate care is envisaged.

### **5.7. Early implementation**

A number of priorities, led by NHS Commissioners Working Together and the NHS Providers' Working Together Partnership Vanguard, are already being progressed. Partners agree they want to take these forward using the governance that has been put in place.

The areas are:

- Spreading best practice and collaborating on support services
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

## **5.8. Finance**

£3.9 billion is currently invested on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, it is estimated that there will be a financial shortfall of £571 million by 2020/21.

If nothing is done to address this, £464 million will be the health service gap, while £107 million will be the social care and public health gap. To achieve the ambitions laid out in the plan, the £3.9 billion investment needs to work differently.

The high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation.

## **5.9. Listening to our staff and communities**

Between December 2016 and March 2017, STP partners will connect and talk with the staff in each partner organisation and local communities about the plan. They also will be working with Healthwatch and voluntary sector partners to ensure connectivity with all groups and communities.

All views will be taken into account and fed back into the plans.

## **5.10. Who is involved?**

There are 25 partners involved in the STP: 18 NHS organisations, six local authorities and one children's services trust. The plan has been developed in consultation with them. They are:

- NHS Barnsley Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Barnsley Metropolitan Borough Council
- NHS Bassetlaw Clinical Commissioning Group
- Bassetlaw District Council
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Doncaster Children's Services Trust
- NHS Doncaster Clinical Commissioning Group
- Doncaster Metropolitan Borough Council
- East Midlands Ambulance Service NHS Trust
- NHS England
- Nottinghamshire County Council
- Nottinghamshire Healthcare NHS Foundation Trust
- NHS Rotherham Clinical Commissioning Group
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Rotherham Metropolitan Borough Council
- Sheffield Children's Hospital NHS Foundation Trust

- Sheffield City Council
- Sheffield Health and Social Care NHS Foundation Trust
- NHS Sheffield Clinical Commissioning Group
- Sheffield Teaching Hospitals NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

It has also been developed in partnership with:

- Healthwatch Barnsley
- Healthwatch Doncaster
- Healthwatch Nottinghamshire
- Healthwatch Rotherham
- Healthwatch Sheffield
- Voluntary Action Barnsley
- Bassetlaw Community and Voluntary Service
- Doncaster Community and Voluntary Service
- Voluntary Action Rotherham

## OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

6. There are no alternative options within this report as the intention is to provide the Board an opportunity to consider the Sustainability and Transformation Plan and support the vision, ambition and priorities of the plan.

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

7.

|  | Outcomes                                                                                                                                                                                                                                                                                                                              | Implications                                                                                                             |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|  | <p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul> | <p>The work of Health &amp; Wellbeing Board has the potential to have an impact on all the Council's key objectives.</p> |

## LEGAL IMPLICATIONS

8. There are no specific legal implications arising directly from this report.

## FINANCIAL IMPLICATIONS

9. Section 5.8 summarises finance impact of the plan. There are no specific financial implications arising from the recommendations detailed in this report.

## HUMAN RESOURCES IMPLICATIONS

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

## **TECHNOLOGY IMPLICATIONS**

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

## **EQUALITY IMPLICATIONS**

12. There are no significant equality implications associated with this report. Objective 1 in the plan is: "We will reduce inequalities for all and help you live well and stay well for longer". The plan therefore intends to have a positive impact upon equality. Within its programme of work the Health & Wellbeing Board 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**

13. 25 health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations. We plan to consult widely with staff, the public and our stakeholders on the plan in Winter 2016. Future engagement plans are listed on page 43 of the plan.

## **BACKGROUND PAPERS**

14. None

## **REPORT AUTHOR & CONTRIBUTORS**

Mrs Jackie Pederson, Chief Officer, NHS Doncaster CCG  
Tel: 01302 566300  
[jackie.pederson@doncasterccg.nhs.uk](mailto:jackie.pederson@doncasterccg.nhs.uk)

**Kim Curry**  
**Interim Director of Adults, Health & Wellbeing**



Health and care in South  
Yorkshire and Bassetlaw

# **Sustainability and Transformation Plan**

DRAFT



# Contents

---

|                                                            |           |
|------------------------------------------------------------|-----------|
| Foreword .....                                             | 04        |
| <b>Chapter 1:</b>                                          |           |
| <b>The South Yorkshire and Bassetlaw context .....</b>     | <b>06</b> |
| i. Summary .....                                           | 06        |
| ii. Our ambition.....                                      | 07        |
| iii. Why we need to change.....                            | 08        |
| iv. Reforming our services .....                           | 11        |
| v. Our journey to accountable care.....                    | 12        |
| <b>Chapter 2:</b>                                          |           |
| <b>Our journey.....</b>                                    | <b>14</b> |
| i. Our approach.....                                       | 14        |
| ii. Population health outcomes.....                        | 16        |
| iii. Health in its wider context .....                     | 17        |
| iv Our priorities and key enablers .....                   | 19        |
| <b>Chapter 3:</b>                                          |           |
| <b>Developing and delivering the plan and</b>              |           |
| <b>agreeing how we take decisions together.....</b>        | <b>21</b> |
| i. Principles of the plan.....                             | 21        |
| ii. Developing the plan .....                              | 22        |
| iii. Agreeing how we work and take decisions together..... | 23        |
| <b>Chapter 4:</b>                                          |           |
| <b>Rethinking and reshaping health and care.....</b>       | <b>26</b> |
| i. Putting prevention at the heart of what we do.....      | 28        |
| ii. Reshaping primary and community based care .....       | 30        |
| iii. Standardising hospital care .....                     | 34        |
| iv. Early implementation .....                             | 37        |
| <b>Chapter 5:</b>                                          |           |
| <b>Finance.....</b>                                        | <b>40</b> |
| i. The financial challenge.....                            | 40        |
| <b>Chapter 6:</b>                                          |           |
| <b>Putting the plan into action.....</b>                   | <b>42</b> |
| i. Our offer.....                                          | 42        |
| ii. Engagement.....                                        | 43        |
| iii. Plan on a page .....                                  | 45        |
| iv Timeline .....                                          | 46        |

# Foreword

---

Our Sustainability and Transformation Plan (STP) builds on strong partnerships already in place across South Yorkshire and Bassetlaw with a reputation for delivering long term improvements to health and care for our local population.

## **Our ambition is simple:**

We want everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and live longer.

Our STP is the culmination of a wide range of local organisations, patient representatives and care professionals coming together to look at how we collectively shape our future care and services.

This strong community of stakeholders is passionate, committed and realistic about the aspirations set out in this document.

Our thinking starts with where people live, in their neighbourhoods, focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better at meeting people's needs.

We want care to flow seamlessly from one service to the next so that people don't have to tell their story twice to the different people caring for them, with everyone working on a shared plan for individual care.

Prevention will be at the heart of everything we do – from in the home to hospital care. In line with the GP Five Year Forward View priorities, we plan to invest in, reshape and strengthen primary and community services so that we can provide the support people in our communities need to be as mentally and physically well as possible.

For example, preventable mortality rates from such things as cancer and heart disease are higher in South Yorkshire and Bassetlaw than the national average. We will therefore target smoking, inactivity and obesity in our population to prevent future illnesses developing and empower people to take control of their own lifestyles and wider health needs.

Mental health will be integral to our ambitions around improving population wellbeing. We will put services in place to support individual needs and in the most appropriate settings by transforming services and focusing on early education and prevention.

At the same time, we agree that everyone should have improved access to high quality care in hospitals and specialist centres – and that no matter where people live they get the same standards, experience and outcomes for their care and treatment. Key to this success will be developing innovative, integrated and accountable models of care and building on the work of the Working Together Partnership Acute Care Vanguard. This will ensure care is provided in the right place, at the right time and by the most appropriate staff.

Developing a networked approach to services across South Yorkshire and Bassetlaw, will improve the quality and efficiency of services for our patients, in areas such as maternity services and will simplify the urgent and emergency care system so that it is more accessible.

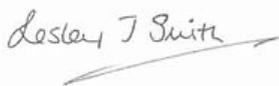
By also focusing on other factors affecting health including education, employment and housing, this will not only improve the health, wellbeing and life chances of every person in our region but it will help us deliver a more financially sustainable health and care system for the future.

The development of our STP so far has seen all our partner organisations come together to co-create our vision and commit to the ambition of truly improving the health and wellbeing of our combined 1.5 million population. We now want to broaden this and strengthen our work further. By engaging our local people, our workforce of over 74,000 and our associate STP partners in neighbouring regions, we believe we can create a vibrant, successful and healthy South Yorkshire and Bassetlaw.



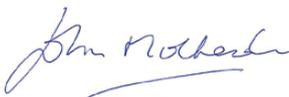
**Sir Andrew Cash**

STP lead, South Yorkshire and Bassetlaw,  
Chief executive, Sheffield Teaching Hospitals  
NHS Foundation Trust



**Lesley Smith**

Chief officer, NHS Barnsley Clinical Commissioning Group



**John Mothersole**

Chief executive, Sheffield City Council

See page 48 for our full list of partners.



# Chapter 1

## The South Yorkshire and Bassetlaw context

### Summary

---

**There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer, and people are more satisfied with their health and care services. We are proud of our local services and the huge progress we've made.**

However, people's needs are changing, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

We believe that to improve care for people, health and care services need to work more closely together, and in new ways.

By working in this way, we will also be able to contribute to the region's economic growth, by helping people to get into and stay in meaningful, sustained work. As well as supporting their health and wellbeing, this will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

Along with health and care services across the country, we face financial pressures and our hospitals and other organisations are struggling to balance their books. There is a range of causes for this, including rising demand for care among our population and that many people now often have more complex health conditions, such as obesity and heart disease, which require more complex treatment.

Extra money has been provided for our NHS organisations but we still estimate a gap of around £579 million in the next four years. We need to find new and better ways to meet the needs of local people and do things more efficiently and with less waste. This doesn't mean doing less for patients or reducing the quality of care. Rather, it means more preventative care, and bringing care into communities and closer to home.

We can only make improvements if we all work together. This means patients, the public, carers, GPs, hospitals, local councils, commissioners, universities, and a whole wider range of organisations working in the public, private and voluntary sectors all joining together to agree a plan to improve local health and care services.

## Our ambition

---

**“Our goal is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.”**

A long history of collaboration and working together to improve health and care for the people of South Yorkshire and Bassetlaw has given us a solid foundation to develop our Sustainability and Transformation Plan (STP).

We have built on existing relationships to quickly develop our partnership, where we can all see the opportunities and are motivated to deliver significant improvements for our population.

We have a strong community of stakeholders, including more than 10,000 voluntary sector organisations, 208 GP practices, five local authorities, five clinical commissioning groups, five acute hospitals, two of which are integrated with their community services, two associate acute hospital trusts, four mental health providers, five Healthwatch organisations and two ambulance services. We are also working closely with our STP associate partners in West Yorkshire, North Derbyshire, Nottinghamshire and Humber, Coast and Vale. We employ 74,000 staff across health and social care and oversee £3.9bn public funds

Our thinking starts with where people live, in their neighbourhoods focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better meeting the health and care needs of people. We want care to flow seamlessly from one service to

the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

Prevention will be at the heart of everything we do – from in the home to hospital care - supported by our plans to invest in, reshape and strengthen primary and community services. We want to help people in our communities be as mentally and physically well as possible, for as long as possible.

At the same time, we agree that everyone should have better access to high quality care in specialist and hospital centres and units and that, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by working together more closely, by developing a networked approach to services across South Yorkshire and Bassetlaw.

We already benefit from strong partnership working in each of our 'places' – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. Operating across similar geography to South Yorkshire and Bassetlaw, we have three collaborations already: Commissioners Working Together which brings together NHS commissioners across south and mid Yorkshire, Bassetlaw and north Derbyshire; the Providers' Working Together Partnership Vanguard, for NHS providers of healthcare across the same geography; and the Sheffield City Region Combined Authority, which brings together the local authorities of Sheffield City Region. We are also committed to an alliance of the four mental health service providers across the region. Working in this way will enable us to standardise care and bring about change.

We will need to make significant changes between now and 2021, and beyond. We want to have conversations with our staff, patients and the public about how we can do this. Together, we will shape our thinking around what matters to people, focus on keeping the best of what we've already got and putting the changes in place outlined in the plan – creating sustainable health and care for many generations to come.

## Why we need to change

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. We have also seen improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services. We are proud of our local services and the huge progress we've made.

However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

### **We want to improve the quality of care people receive**

We know that quality, experience and outcomes do vary and we know that care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should.

We also know there are some people in hospital beds who do not need to be there, that many people go to A&E because they are unable to see their GP when they need to and that there is a significant waiting time to access many services.

We have some good Care Quality Commission feedback for our organisations but we also know there are areas for improvement. And we also know that people want their health and care support and treatment in a place and at a time that is right for them. For many, this means care that is provided at home, or closer to home, and not in a hospital.

Equally, there are times when hospitals are the only place the only place where people can get the care that they need and we want to make sure that people can access equally good hospital based care when they need it.

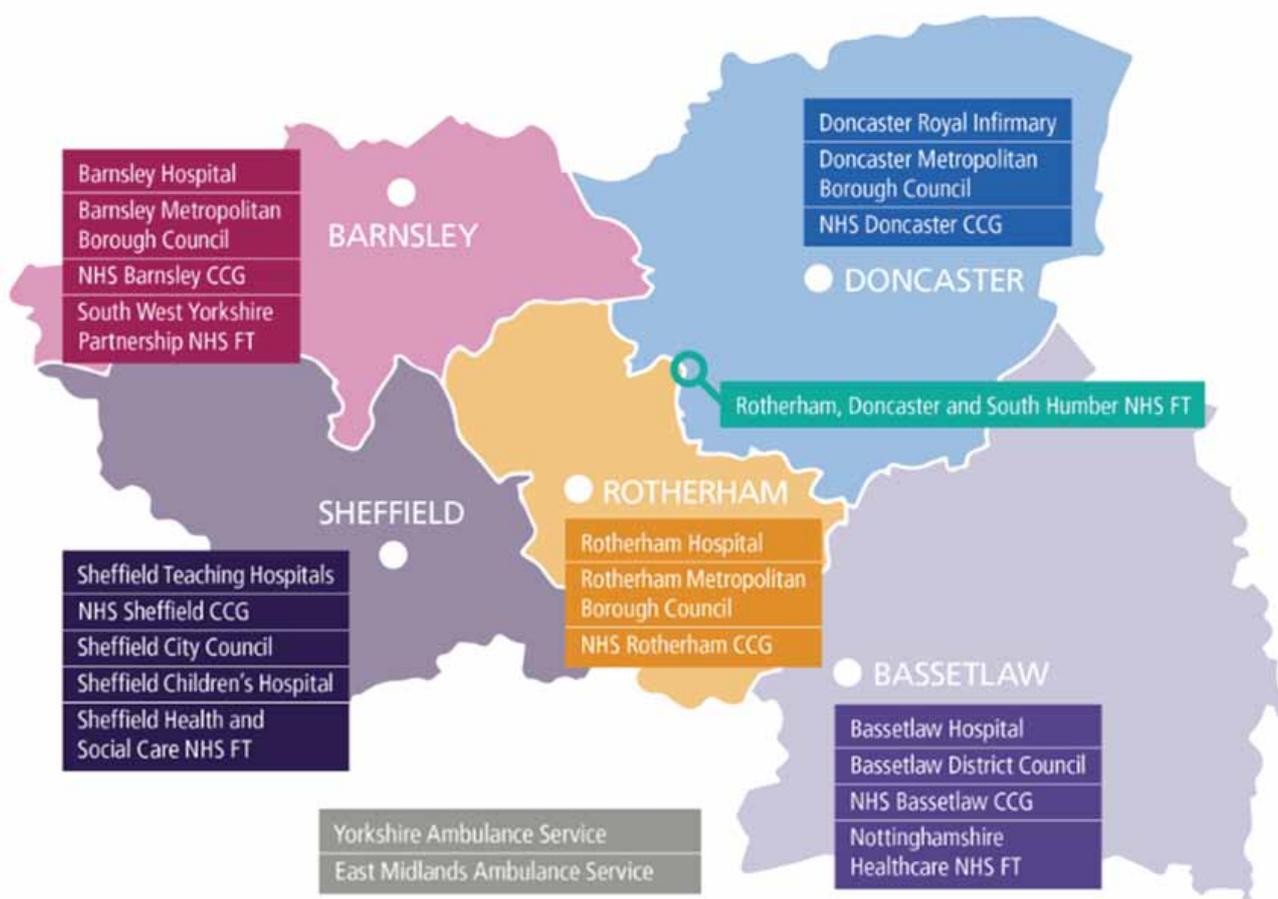
We want the same quality of service for people, as close to them as possible. Doing this jointly means a better solution for everyone – whether people live in Staveley, Shafton, Sharrow or Shireoaks.

### **We want to improve health and wellbeing for everyone**

In South Yorkshire and Bassetlaw, people are living longer, but we have high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region. In areas where deprivation is high, access to services is variable and outcomes can be worse than other areas.

### **We have worse than the national average rates for:**

- Child poverty - the level of childhood poverty remains significantly higher than the national average and this gap is widening
- Mental health - high excess under 75 mortality rate in adults with serious mental illness
- Preventable mortality - we record higher than average deaths in people under the age of 75 years from cancer and cardiovascular disease
- Smoking, physical inactivity and obesity
- Smoking during pregnancy - the proportion of mothers smoking at the time of the birth of their baby is consistently higher than the national average
- Teenage conceptions - teenage conceptions are higher than the national average
- Alcohol related admissions to hospital - we record a higher than average rate of admissions



Poor eating habits can lead to weight gain, which in turn can result in serious complications like type 2 diabetes. Smoking and alcohol consumption, which are particular issues in our region, are obviously harmful and increase the risk of cancer. We also know that there are higher than average deaths in people under the age of 75 from cancer, heart disease and serious mental illness.

Our levels of childhood poverty are significantly higher than the national average and the gap is widening. We also have significant deprivation and inequalities, with a difference in healthy life expectancy of more than 20 years across our area – and we have higher than the national average of teenage conceptions and mums smoking during pregnancy. We also know that people who have mental health issues have less chance of living well and for longer.

Many of these can be prevented by different lifestyle choices and keeping a check on our health and caring for our mental and physical health.

Our health and care services want to support people more to do this – by making it easier to get expert advice and to access free healthy living schemes. We also want to support people to connect with and develop local links and networks in their neighbourhoods, building trust and understanding across communities. And we know that starting well and living well helps people have a better education and are more likely to find employment and stay employed. The simple fact is that a healthier population is a happier population – one which relies less on the NHS and other care services to treat problems that could have been prevented.

### **We want to ensure our services are efficient**

Along with health and care services across the country, we face financial pressures and our hospitals and other organisations are struggling to balance their books. There is a range of causes for this, including rising demand for care among our population and that many people often have more complex health conditions, such as obesity and heart disease, which require more complex treatment.

## **Investing in our primary care workforce**

Despite a rise in the number of GPs over the last 10 years, many practices face problems with recruitment and a number of older medical and non-medical staff preparing to retire in the next five years.

Each of our areas is developing a workforce strategy to increase the overall number of staff, as well as developing existing staff and their skills to support and enable delivery in line with our primary and community service ambitions.

Extra money has been provided for our NHS organisations but we still estimate a gap of around £571 million in the next four years. At the same time, social care services have seen a significant drop in funding. We believe there's more we can do to alleviate some of the financial pressures over the next four years. We need to find new and better ways to meet the needs of local people and do things more efficiently and with less waste. This doesn't mean doing less for patients or reducing the quality of care. Rather, it means supporting people to stay well, bringing care into communities and closer to home.

As things stand, if we do nothing, our health and care setup faces an estimated shortfall of around £571 million by 2021. The 'gap' is our view of the difference between the increasing demand for services, the costs of health and care need in the future and the funding that will be available. The way we are organised is out of date and out of sync with how people live their lives. We need to totally rethink how health and care is delivered.

### **We want to develop and support our staff**

Developing and supporting our staff is central to achieving these ambitions. We need the right people, with the right skills in the right place and at the right time – whether this is in general practice, the community and neighbourhoods or in hospitals.

In some areas, there is a national shortage of clinical staff. Indeed, we are already proposing changes to how we provide hyper acute stroke services and some children's surgery in our region because these shortages are having an impact locally.

We want healthcare professionals, such as GPs, to focus on doing the work that only they can do. We can then look at how we integrate and improve local community teams.

We will need to rethink and reshape our workforce, developing ways of working that help people to live healthy lives in their homes and communities and supporting GPs to be as effective as possible. We will connect with our education partners to develop a regional centre of excellence for skills and create flexible career pathways. We will also develop a specialist training programme for nurses and therapists aligned to new ways of working across health and care.

We envisage a flexible workforce that comes together in neighbourhoods, communities and within hospitals to offer people the best and most appropriate care.

## Reforming our services

---

To make sure we have truly joined up health and care that gives everyone a great start in life and supports them to stay healthy and live longer, we need to rethink how we invest in, plan for and deliver our services – and how we ourselves are arranged and set up to do to so.

We have a history in South Yorkshire and Bassetlaw of strong partnership working which we will build on, keeping successful local programmes in place and expanding on and sometimes implementing them across the region. We really want to address the challenges facing our health and care services and improve the health and wellbeing of our population. In Rotherham there is a successful 'social prescribing' service where GPs and community nursing teams work with voluntary services and signpost people towards non-medical support for people with long term conditions when it's appropriate and as a result, has reduced the number of people going to A&E, making out of hours appointments and being admitted to hospital.

We have a unique opportunity to improve our services – we will invest more into primary and community care to help people stay well and be independent for longer, support people most at risk of ill-health and will take the same approach and have the same standards everywhere – ensuring everyone has access to high quality local services and ultimately reduce people's needs for hospital and specialist care in the future.

Working together in new ways and with new models of care will enable us to focus on keeping people well for longer and empower our population to take control of their own health, as we want to do with our own system.

Our clinical commissioning groups are already coming together to develop strategic commissioning ambitions across South Yorkshire and Bassetlaw and, based on reviews and cases for change, are leading proposals to improve the provision of hyper acute stroke services and children's surgery and anaesthesia across the region. Commissioning in this way will also expand to other hospital services, as required.

All our hospitals have committed to carrying out an independent review of their services as part of wider work, looking at access, standards and quality which will inform new models of care.

By 2021 we will have well developed, integrated commissioning between health and care, leading to strong accountable care in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.



## Our journey to accountable care

---

### What is an accountable care organisation?

An accountable care organisation (ACO) is a group of providers, under one contract with a commissioner which has accountability for all care and outcomes for a population for an agreed period of time.

An ACO may take on a variety of organisational forms, however typically it is expected that in order for an ACO to be truly “accountable” for the delivery of both quality and cost outcomes, they need to work to a minimum population size of at least 10,000 patients and operate as a distinct legal entity.

Population focus may be defined by a number of factors including geography, patient profiling, disease groups or age. There are ACO models, developing nationally, and internationally.

### What is an accountable care system?

An accountable care system takes accountability for the delivery of care and care outcomes for a defined population and geography within an agreed budget. In doing so it designs and delivers services to best meet the needs of its population and improve health and wellbeing outcomes. Accountable care systems take many different forms, ranging from fully integrated systems to looser alliances and networks of hospitals, medical groups, and other providers.

### Overview of South Yorkshire and Bassetlaw:

Our local places – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield - are developing their thinking around what accountable care means to them and their partners. Relationships are well developed between partners, which is creating environments where new models of care can be developed, tested and implemented at pace. New models of care will be focused on broad integration of services to best meet the needs of the local population.



# Chapter 2

## Our Journey

### Our approach

---

5 local authorities

5 clinical commissioning groups

208 GP practices

835 GPs

10,000+ voluntary sector organisations

6 acute hospital and community trusts

1 associate hospital trusts

4 care / mental health trusts

2 ambulance trusts

£3.9 billion total health and care budget

1.5 million registered population

74,000 staff across health and social care

37,000 non-medical staff

3,200 medical staff

Plus neighbouring STPs:  
Derbyshire,  
Nottinghamshire,  
Humber, Coast and Vale  
and West Yorkshire

We have built on existing relationships to quickly develop a strong partnership, where we can all see the opportunities and are motivated to deliver significant improvements for our population.

Our approach is collaborative and we are agreed about our leadership and style. We have engaged more than 250 leaders and executives while also collaborating with our associate providers, commissioners and STP leaders in West Yorkshire, Humber, Coast & Vale and Derbyshire. We have also connected with Healthwatch, colleagues from the voluntary sector and the public.

'Place' provides the cornerstone of the plan, together with eight overarching strategic priorities. By place, we mean all our component local areas – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Each place has engaged throughout with local partners, including faith, voluntary, patient and community groups and Healthwatch around their local 'place' plans. We have also involved voluntary sector organisations and Healthwatch in our guiding coalition events and they have a seat around the table at the executive steering group and interim governance that starts in November 2016.

Our approach to governance allowed our plan to develop at pace while making strong connections and alignment across all leaders and stakeholders. The interim governance approach has been as follows:

- STP guiding coalition – two South Yorkshire and Bassetlaw system wide events shaping and consulting on the plan
- STP executive steering group – all local authority and trust chief executives and clinical commissioning group (CCG) accountable officers meeting fortnightly and also as part of a two day discussion forum

- 
- 
- STP executive coordinating group – STP lead, plus accountable officer representatives from CCGs, chief executive representatives from trusts and local authorities and the workstream leads met weekly to take the plan forward

Central to the plan's development was the setting up of an STP programme office; bringing together the commissioner and provider Working Together programmes, along with local authorities. The STP programme office worked with the workstream leads to establish the main priorities and to show how South Yorkshire and Bassetlaw would meet the three aims of the Five Year Forward View and create a long term sustainable health and care system for the population.

We plan to consult widely with staff, the public and our stakeholder on our strategic plan in Winter 2016.

## Population health outcomes

---

Although people in South Yorkshire and Bassetlaw are now living longer, we know that we have a number of issues that are not as good as they should be when comparing ourselves to similar regions and the national average.

These include:

- Poverty, poor housing and unemployment
- Smoking, physical inactivity and obesity
- Smoking during pregnancy
- Teenage conceptions
- Alcohol related admissions to hospital
- Cancer and heart disease
- Adult mental illness

The majority of these issues and illnesses can be prevented. We will therefore aim to help people early on and prevent future problems developing in a number of ways.

We will change the way we invest in services to help the thousands of people across our region who are long-term unemployed – working with them, and with employers, to increase the number of people who get into and stay in sustained, meaningful work.

We will also invest in primary and community services, making sure that the areas and people who need help the most have easy access to care and support. This will mean changing the way we invest to help people stay well for longer.

Our aims are based on what we know of our people and their health and care but we will also engage with patients and the public across our region to find out what they would also like to see and change.

We will also develop a South Yorkshire and Bassetlaw Healthy Lives programme, delivered locally to improve people's health and achieve the following:

- A reduced gap in healthy life expectancy by 5 years from an average of 20 to 15 years
- 25% less people being admitted to hospital, visiting their GP and needing medication for heart disease and strokes for all 15-64 year olds
- 15% less people being admitted to hospital, visiting their GP and needing medication for all other conditions
- More than halve the number of teenage pregnancies (under 18 years old) from 31.9 to 12 per 1,000 women by 2021
- A reduced number of children and young people between 5 and 15 years old who develop a clinically diagnosable mental health disorder

## Health in its wider context

---

### Other factors affecting health

People's health is shaped by a whole range of factors – from our lifestyle and family backgrounds to the physical, social and economic environment around us. At the same time, NHS services tend to focus on treating people who are unwell.

We all agree that being healthy is about more than just providing health services for people who are unwell. It's about taking the 'wider' factors into account. In fact, addressing these factors is even more important if we are to achieve a sustainable health and care system. We know that around 80% of health problems could be prevented and around 60% are caused by the other factors.

In our plan, we focus on keeping people well and slowing or stopping diseases and recognise that how we plan and provide health and care services must take the wider factors into account. These are:

Socio economic status - people who earn less or who don't work tend to have far worse health outcomes, lower life and lower healthy life expectancy than those who earn more. All the places in our plan – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield - are more deprived than the national average.

Employment – people who have jobs generally have better health. Around 5% of the national population age 16 to 64 is unemployed. In South Yorkshire and Bassetlaw, this is around 7%, reaching up to 9% in one of our areas. The proportion of 16 to 18 years olds not in education, employment or training is significantly higher than the national average in some of our 'places'.

Housing – poor housing can cause or add to many avoidable diseases and injuries. Cold homes are behind many winter deaths - through exacerbating circulatory conditions and worsening of other conditions, including dementia and Alzheimer's.

'Non decent' homes – 'Non decent' homes are below the legal minimum standard for 'reasonable' heat and repair.

Access to green spaces – people who are near, or use, parks, gardens and the countryside generally have better mental health. Being able to exercise or just be in outdoor space in our areas is in line with the national average.

Social relationships / communities – studies show that social relationships, individual or in communities, are important when it comes to getting better or not getting unwell in the first place. Adult social care users in Rotherham and Doncaster are below the national average for social contact.

### Public service reform

Improving our population's health and wellbeing, the quality of care they receive and doing things more efficiently and with less waste means we need to think ambitiously and beyond just our health and care services. It means looking at the connections between the £11 billion of public money that is spent in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.

It means re-imagining, re-designing and re-forming our public services and public budgets to improve the health and wellbeing of our population. This includes thinking about how public services can be a part of raising awareness of and contributing towards helping people take control of their health. It also includes helping to manage the demands on our services.



We will make significant efforts to give control back to people who are long-term unemployed, supporting them to get and stay in work.

This will include:

- Personalised support to get people into work with ongoing, individual support to help them when they have a job and putting in place new referral routes with better ways to access health support for people out of work, and those who are in work but at risk of long-term unemployment
- A more coherent way of supporting young people who might be vulnerable facing issues such as not being in education, employment or training, recently leaving care, homelessness, substance misuse, mental ill-health
- Improving our investment in primary care so that we can better manage people's needs, with primary care rooted in local 'neighbourhoods' and working closely with schools and wider education
- Developing other local 'wraparound' services, including local voluntary organisations alongside health and care support, for example, debt advice, housing advice, employment support and independent living support.
- Adopting much more of a keyworker approach for people who need extra help, making sure that people can access the right support, in the right order and do whatever they can so that they are in more control of their health and wellbeing
- Making sure we're structured in the best way to be effective to respond to people's needs
- Exploring different financial arrangements so that we can be reassured that we are making our money work to better effect to achieve the outcomes we want
- Reviewing what we know, looking at best practice in other areas and predicting changes so we can continually make improvements and develop our services

## Our priorities and key enablers

---

During the start-up phase of our STP we were clear about the priority areas we wanted to focus on and what should be done at what level – whether this be within each neighbourhood, place, across the STP region or across Yorkshire and the Humber as a whole. We also set up five major cross cutting themes that we felt were essential to delivery and covered workforce, digital and IT services, procurement and estates, finance and wider public service reform.

We recognise that we have a strong record of collaboration but can sometimes lack pace around decision making and implementing change. This helped our focus on governance - both as part of the process for developing the STP and also how decisions would be taken at the right level for implementation.

We put a lot of thought into the areas we wanted to prioritise, thinking about how we can work with staff, stakeholders and the public to be innovative and, where needed, radical about possible solutions. We recognise there would be a significant amount of work to do to move from a working hypothesis to a fully thought through and detailed plan for change and as such, have identified the risks that could impact on our ability to achieve our collective ambition.

**Healthy lives, living well and prevention** will be at the heart of everything we do. Supported by our plans to reshape and strengthen **primary and community care** services we want to help people in our communities be as mentally and physically well as possible, for as long as possible.

Around 25% of the population experiences some of kind of mental health problem in any one year. We know that people with severe mental illness can lose 20 years of life and have worse health outcomes. By our strengthening of community based services, within people's own neighbourhoods and expanding such things as social prescribing, we aim to support people who have, and are at risk of developing, poor mental health before the need for clinical interventions.

### Improving psychiatric services in hospitals

At the moment, patients admitted to hospital often don't have their psychological wellbeing assessed alongside their physical health - meaning mental illness can sometimes go undetected and untreated. Alongside improved mental health services in the local community, we aim to adopt a similar approach to a successful model in Birmingham (RAID) so that everyone in hospital has access to a team with psychiatric expertise and specialist mental health training which, we expect, will reduce the number of re-admissions by 1,800 over 12 months.

By having a strong local focus on **mental health and learning disabilities**, we hope to remove the stigma around it and promote the healthy wellbeing – both physical and emotional – of everyone in South Yorkshire and Bassetlaw.

By strengthening primary and community care in local neighbourhoods and communities and reviewing what we currently offer in **urgent and emergency care** services, we feel we can better plan and deliver these services.

The increasing complexity of some patients who come to our region's accident and emergency (A&E) departments, combined with the high numbers of visits and the confusion about alternative options for people in local communities again highlights our pressing need to invest in primary and community services. Similarly, people end up in hospital when they don't need to and, because their needs are around social not health care and there aren't always services or care and nursing homes immediately available, they can get 'stuck' in hospital. By providing effective, easily accessible and joined up care closer to home we hope to reduce the number of people attending A&E, feeling it is their only option or ending up in hospital unnecessarily - which will in turn reduce the current pressure and demand on our hospital staff and services.

Alongside investing in primary and community care, we have also committed to an independent review of our hospital services across South Yorkshire and Bassetlaw.

We also need to further understand what we do well, what we could learn from and what could be improved by working better together, such as **elective and diagnostic services**, so that when people need specialist care that can't be delivered in the community they will have access to the best and most effective services to get them better quickly.

Having healthy neighbourhoods will help to give the region's children the best possible start in life – ultimately helping us to strengthen our maternity and children's services across all levels of care. Currently, our children's and maternity services are under significant pressure with the ways in which we provide services no longer being sustainable. There is a national shortage of specialist paediatric staff, which, coupled with rising demands and needing to meet higher national standards, tells us we need to reshape our **children's and maternity services** across South Yorkshire and Bassetlaw. From community based care to the more specialised and hospital services we have in our region, we want all our children to have the best start in life, local support to stay healthy and more specialist care available should they need it.

An ageing population and a rise in lifestyle risks means that the number of people being diagnosed with **cancer** is increasing. This, combined with the 14,000 people being treated each year in South Yorkshire and Bassetlaw being set to rise by 18,000 by 2030, highlights a further need for our focus on neighbourhoods and prevention. Through education, local community-based support and promotion of healthy lifestyles we aim to reduce people's risk of developing cancer in the first place, meaning they won't have to undergo stressful and complex treatment and have less need for specialist hospital care in the future.

We also think that **streamlining back office functions**, such as our estates, procurement and pharmacy management, will enable us to meet some of the delivery and efficiency challenges we face. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Chapter 4 sets out our ambitions in more detail.

# Chapter 3

## Developing and delivering the plan and agreeing how we make joint decisions

### Principles of the plan

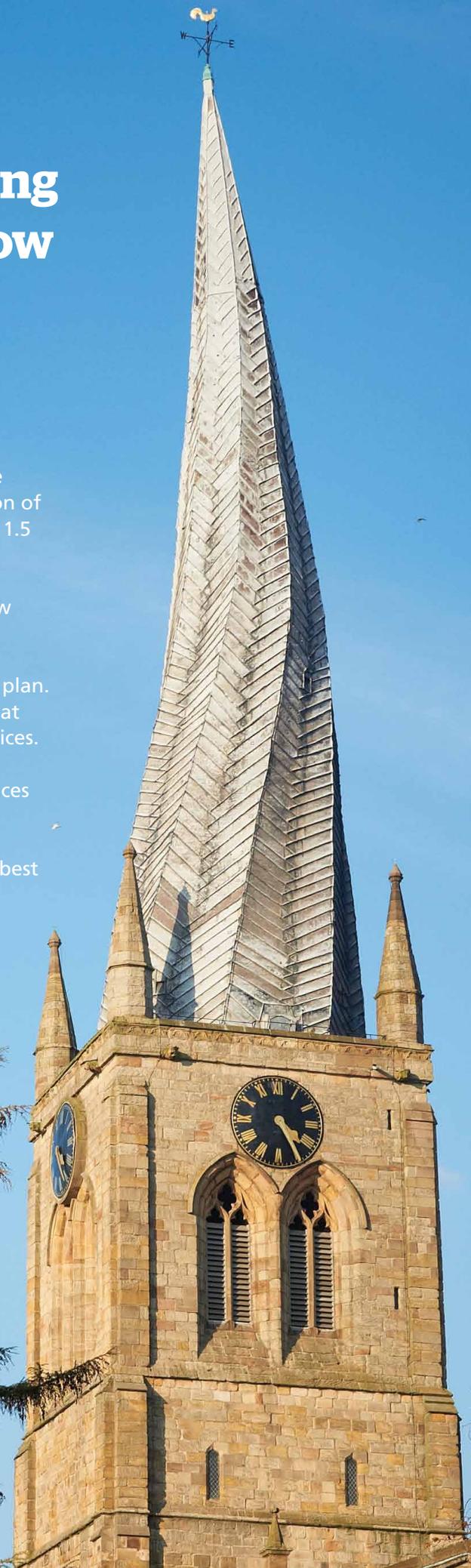
Our plan has so far seen all our partner organisations come together to co-create our vision and commit to the ambition of truly improving the health and wellbeing of our combined 1.5 million population.

Our plan is about working together even better, and in new ways with new models of care.

We aim to bring about financial sustainability through our plan. We plan to buy health, care and support services together, at first across our priority areas but increasingly across all services.

We aim to provide the high quality outcomes and experiences in our services within our resources.

We are imaginative in our approach and use evidence and best practice to rethink and reshape our services.





## Developing the plan

Our STP is built on a history of strong relationships and being able to quickly develop a strong partnership, where we can all see the opportunities and are motivated to deliver significant improvements for our population.

Our plan is built from five place plans which have all involved a wide range of stakeholders.

### Place plans

We have based our plan on our five 'places' – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Their plans are the foundation of what will be delivered in their area and they set out how the improvements from the new ways of working and prevention will be made. The plans focus on aligning primary and community care so that we are putting our greatest emphasis on helping people in their neighbourhoods and managing demand on services.

The place plans also hone in on improving health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

### Workstream plans

Work on our places won't alone address the challenges we face and so we are also focusing on eight priorities:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective care and diagnostics
- Maternity and children's services
- Cancer
- Standardising back office

## Agreeing how we work and take decisions together

---

To successfully implement our plan and deliver the change that is required for South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to interim governance arrangements to enable us to start to work and take decisions together.

This interim governance will remain in place until April 2017 during which time we will undertake a review to establish the right governance, learning from those who are already advancing delivery of system plans. This approach will enable us to establish integrated leadership and working founded upon collaboration and evidence-based decisions about services delivered to South Yorkshire and Bassetlaw people.

Commissioning will be undertaken in accordance with statutory responsibilities at locality level or when it is most appropriate, by commissioners collaborating at South Yorkshire and Bassetlaw level through joint strategic commissioning arrangements and part of a regional function.

Our governance system is based on the principles outlined in the South Yorkshire and Bassetlaw Collaborative Partnership Board terms of reference:

- We will support delivery of the NHS Constitution and Mandate
- Decisions will be taken at the most appropriate level
- We will take decisions that are relevant and appropriate to take at South Yorkshire and Bassetlaw level
- CCGs and local authorities will retain their statutory functions and their existing accountabilities for current funding flows, but will be jointly accountable through South Yorkshire and Bassetlaw financial controls and performance and quality metrics.
- Clear agreements will be in place between CCGs and local authorities that have agreed to work jointly or closer together to deliver services more effectively in each of our places.

- Commissioners, providers, patients and public will shape the future of South Yorkshire and Bassetlaw health and care together
- All decisions about South Yorkshire and Bassetlaw health and social care that improve quality and sustainability are to be taken with South Yorkshire and Bassetlaw as soon as possible

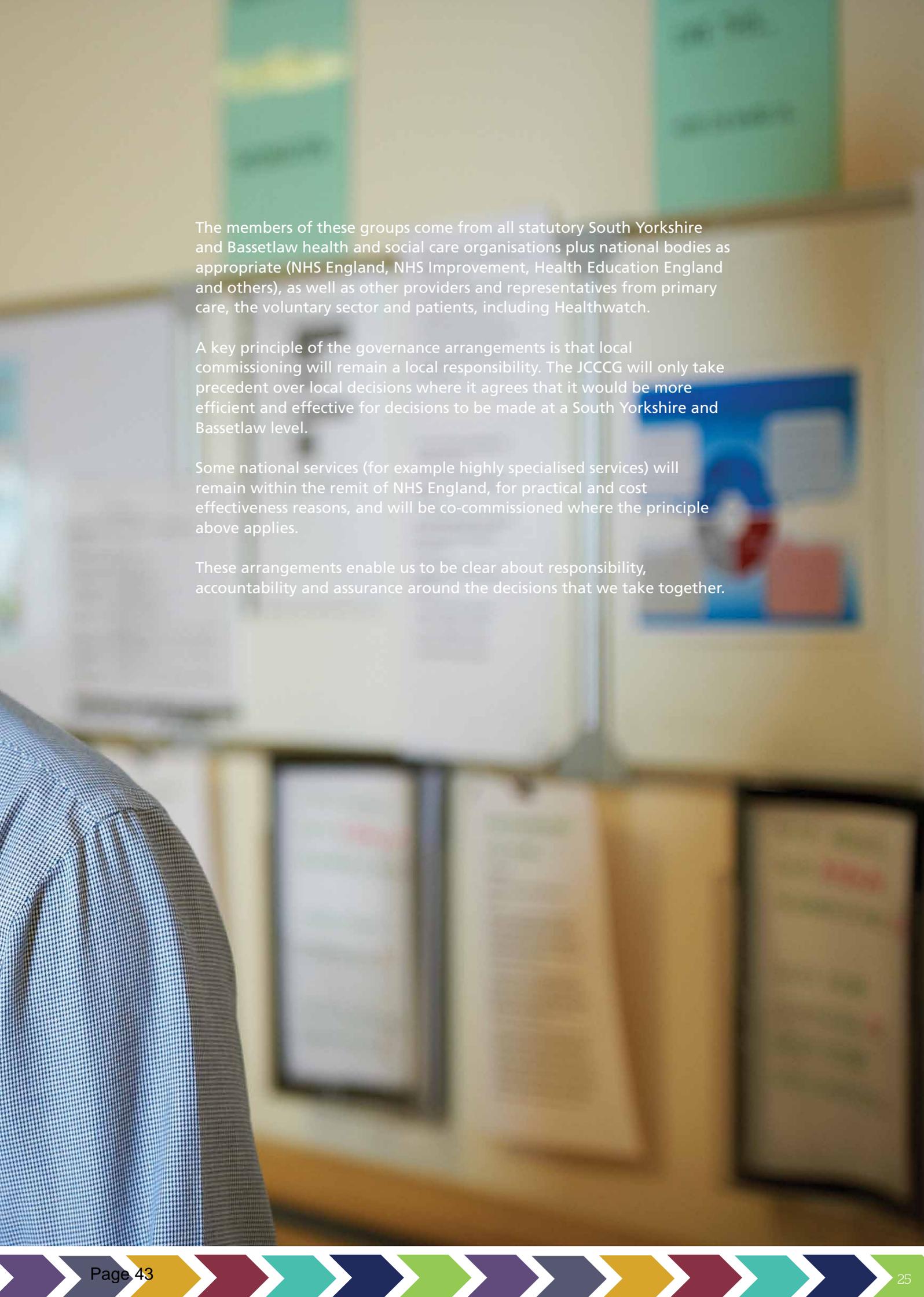
### The new interim governance system has:

- Reshaped current governance arrangements, which will run in parallel with partners' governance and help make decisions.
- A Strategic Oversight Group will provide oversight governance of the Collaborative Partnership Board (CPB).
- A Collaborative Partnership Board (CPB) which sets the vision, direction and strategy for the SYB health and social care economy outlined in this plan
- An Executive Partnership Board (EPB Executive) which supports the CPB and will develop policy and make recommendations to the Board. It will be the engine that drives delivery of the plan and ensures business at the Board is transacted efficiently
- A Joint Committee of Clinical Commissioning Groups (JCCCGs) which commissions services at the South Yorkshire and Bassetlaw level to deliver the vision set out by the CPG. It will produce a commissioning strategy and commissioning intentions in line with the plan. The decisions it takes will be joint and binding.
- An NHS Provider Trust Federation Board where the six acute trusts in South Yorkshire and Bassetlaw have joined together to allow them to work more effectively and efficiently, develop clinical strategy to deliver new models of care.

We are also looking at:

- An overarching Provider Forum which will bring together NHS and non NHS providers (domiciliary providers, private sector health providers, voluntary and hospices) to be part of the development of new models of care
- Primary Care being represented at the CPB and EPB and through the newly formed Primary Care Advisory Group made up of representatives from dentistry, general practice, pharmacy and optometry.





The members of these groups come from all statutory South Yorkshire and Bassetlaw health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement, Health Education England and others), as well as other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the governance arrangements is that local commissioning will remain a local responsibility. The JCCCG will only take precedent over local decisions where it agrees that it would be more efficient and effective for decisions to be made at a South Yorkshire and Bassetlaw level.

Some national services (for example highly specialised services) will remain within the remit of NHS England, for practical and cost effectiveness reasons, and will be co-commissioned where the principle above applies.

These arrangements enable us to be clear about responsibility, accountability and assurance around the decisions that we take together.

# Chapter 4

## Rethinking and reshaping health and care

### Summary

---

We know we will not meet the challenges we face over the next four years by making small changes at the edges of our health and care services. At the same time, each of the places in our region cannot achieve the rethinking and reshaping alone. We need to work together, across all our partners, to achieve our ambitions and make a difference to the health and wellbeing of everyone in South Yorkshire and Bassetlaw.

Our current ways of working across health and social care are not meeting the needs of our population or supporting them to prevent illness. We know this will have an impact on future populations.

We want to radically upgrade prevention and self-care and help people to manage their health and look after themselves and each other. To do this, we will need to boost the ways in which we connect with people to help them stay well and also how we detect and diagnose illnesses.

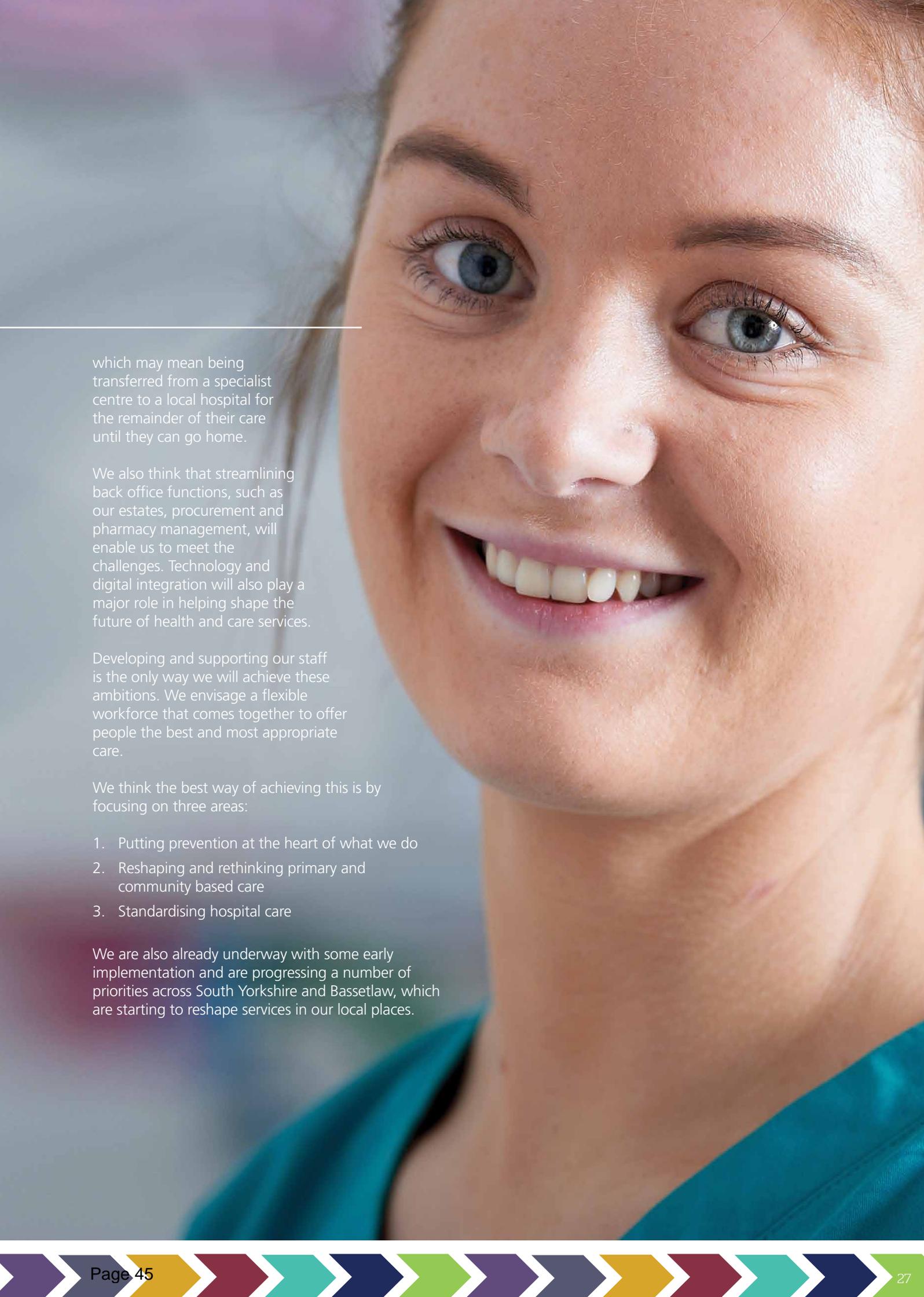
We will transform how we invest in health at community levels. By focusing more on helping people where they live we will also have an impact on people's employment and employability.

Through the transformation of community based care and support we will also improve primary care services, with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, we will be able to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better meeting people's health and care needs.

At the same time, we agree that everyone should have better access to high quality care in specialist centres and units and that, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by working together more closely, standardising hospital care and developing a networked approach to services.

A key part of making this successful will be through the way our ambulance and transport services are delivered. Although care will be focused in communities, sometimes people will need hospital or specialist care and sometimes, this will need to be accessed quickly, via ambulance. We will make sure that no matter where people live in our region, they will be able to get to the most appropriate hospital or specialist service as quickly as possible with necessary treatments given en route by our paramedics when needed.

Our focus on community care is further integrated in the need for our ambulance and transport services needing to work differently in that once seen and treated in hospitals, we want people to be taken back home as easily as possible and as soon as they are able –



---

which may mean being transferred from a specialist centre to a local hospital for the remainder of their care until they can go home.

We also think that streamlining back office functions, such as our estates, procurement and pharmacy management, will enable us to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Developing and supporting our staff is the only way we will achieve these ambitions. We envisage a flexible workforce that comes together to offer people the best and most appropriate care.

We think the best way of achieving this is by focusing on three areas:

1. Putting prevention at the heart of what we do
2. Reshaping and rethinking primary and community based care
3. Standardising hospital care

We are also already underway with some early implementation and are progressing a number of priorities across South Yorkshire and Bassetlaw, which are starting to reshape services in our local places.

# 1. Putting prevention at the heart of what we do

“We want to deliver a step change in investment in and delivery of prevention across South Yorkshire and Bassetlaw in order to improve our population’s health and reduce the growth in demand for health and care services over the next five to ten years”

Life expectancy in South Yorkshire and Bassetlaw is increasing but healthy life expectancy is not – this means more people living longer in poor health, widening health inequalities, more preventable disease to treat and lost productive time to the economy. The majority of this poor healthy life expectancy is caused by preventable diseases.

Our current health and social care services are not meeting our population’s health needs, delivering prevention, or reducing health inequalities. This will have a big impact on future generations through avoidable illness and complications. It also adds an avoidable cost to the health and care system.

**By getting prevention right in cardiovascular disease alone, we could prevent 5,500 early deaths and free up £58 million to be spent differently**

Some of the biggest short terms gains we can make in slowing the demand on services is ensuring conversations or actions around prevention take place in every setting from home to hospital. Preventing ill health is therefore a significant and meaningful part of our plan.

We will need to look closely at how we invest in preventing ill health.

We want to shift the focus of our health and care services so that they help people manage their illness, stay well and live longer.

Some of the issues are:

- Cardiovascular disease (CVD) and cancer are the main causes of preventable death; CVD, mental ill health and musculoskeletal problems are the main causes of preventable ill health
- The main immediate risk factors driving these preventable causes of poor health and early death are smoking, excess alcohol consumption, poor diet and lack of physical activity
- These immediate risks are influenced by other health factors such as poverty, poor housing and unemployment.
- The impact of these is far greater for people with mental health problems or learning disabilities

We need to:

- Turn the desire to address the other factors affecting health in our plan into meaningful action.
- Commit to a radical upgrade in preventing ill health by increasing the size of our shared resource on prevention.
- Transform health and care through the development of new organisational forms such as accountable care organisations and multispecialty community providers, which will shift our focus to improving our population’s health by encouraging the delivery of outcomes rather than activity. We will align payment mechanisms and other incentives in order to support this.

**Over the next four years our focus will be on three key areas:**

1. Make a real effort, including investments to reach deep into the thousands of people who are long-term unemployed, to drive a step change in employment and employability across the footprint.

Across Sheffield City Region, a new supported employment pathway for people furthest from the labour market and those currently trapped on benefits is being introduced.

A £15 million investment has been secured from the Department for Work and Pensions to take this work forward. It is made up of four Sheffield City Region wide investments to deliver increased number of employment outcomes for residents unemployed where they have a health condition or disability.

We know that we're not joined up between health, employment and the welfare system, which results in large numbers of potentially employable people unnecessarily in long-term unemployment or being able to work. The funding will help us to better join people and services together, improve referrals and trial innovative ways of supporting people into, and during employment.

2. Widen the offer in the community far beyond medical interventions, and ensure disproportionate investment in areas/population groups with greatest need.

This means improving neighbourhood and primary care services so that they enable people to better manage their own health and stay well in their communities. This will include a range of professionals supporting patients and the wider population appropriately and seamlessly and an extensive range of services that have only previously been accessible in hospitals. These will be provided across a wide range of community settings

In Bassetlaw, the Larwood and Bawtry practices have collaborated to jointly develop a new model of care for their registered patients. The primary care home is a national pilot supported by NHS England and the NHS Confederation and is a form of multispecialty community provider (MCP) model.

3. Invest levels of resources in developing and implementing a South Yorkshire and Bassetlaw Healthy Lives programme to improve health, reduce health inequalities and reduce the growth in demand for health and care services.

We will deliver this programme in each place and each local programme will focus on developing employment opportunities; scaling up brief interventions in clinical practice; refreshing current lifestyle services and strategies; delivery of healthy public policies; and reviewing best practice to help those with the greatest needs.

The programme will focus on areas such as smoking cessation, weight loss and alcohol interventions.

National estimates show that only approximately 5% of total healthcare expenditure is spent on prevention, despite at least 40% of illness being avoidable or 'delay-able'; and despite this preventable illness being a substantial cost to the NHS.

By putting these actions in place we aim to achieve:

- More money spent in communities with greater needs.
- Health and care incentivised to deliver population health outcomes.
- A reduction in health inequalities by reducing the gap in healthy life expectancy by five years, from an average of 20 years to 15 years.
- A 25% reduction in hospital admissions, GP visits and prescriptions related to coronary heart disease and stroke for 15-64 year olds.
- A 15% reduction in all other hospital admissions, GP visits and prescriptions for 15-64 year olds.
- A reduction in the under 18 conception rate from 31.9 conceptions per 1,000 females (2014) to 12 per 1,000 females by 2020 (reported in 2022).
- A reduction in the number of children and young people between the ages of 5-15 years that will go on to develop a clinically diagnosable mental health disorder.

## 2. Reshaping primary and community based care

---

Our focus on early intervention and prevention is central to our plans to rethink and reshape health and care but at the same time, we must also ensure that services in neighbourhoods and communities are not only built up, but joined up as well.

Patients, carers and families consistently tell us that health and care services are not connected. This lack of co-ordination can have a big impact on people's chances to get better faster, on their families and on employment.

We want care to flow seamlessly from one service to the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

By bringing GPs, community pharmacists, social workers, hospital doctors and community nursing teams together around neighbourhoods, we want to help make the connections between social and medical support and strengthen communities. By improving access to care at home and in communities, we will also reduce the demand for urgent care in hospitals.

We want GPs to be the senior decision maker in taking forward prevention, integration with social and voluntary sector partners and managing complex patients with long term conditions in the right place.

GP groups and other collaborations will be central to making this happen. They will help to increase capacity and the range of services that can be safely provided locally. By providing more local services in neighbourhoods, we will improve access to services for people.

Each of our places – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield – are developing new and different ways of working across health and care that will better fit the needs of their populations, such as accountable care and new models of care.

These include:

### **Improving self care and the management of long term conditions**

Around 30 per cent of the population has one or more long term conditions and use around 70 per cent of health care resources. Not only does the evidence show that having greater control improves their outcomes, the people with long term conditions tell us that they want more self care and to be able to manage their own health

We will increase telehealth monitoring, personal and GP planning to proactively help people who have long term conditions, such as diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.

We will improve signposting to services and support people with education to help them manage their medicines and pain control.

RightCare Barnsley is a telephone based care coordination centre for healthcare professionals seeking a care solution for their patients. Wherever possible, care is delivered in the home. If the patient requires hospital intervention this will be arranged by RightCare Barnsley ensuring that the right care is provided in the right place, first time. It won an award from the Health Service Journal in 2016.

### **Social prescribing**

We will build on the successful social prescribing services, provided in partnership with the voluntary sector, already underway in some of our places.

Social prescribing is a way of linking people with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

In Rotherham, the social prescribing service targets the top 5% of patients at risk of hospitalisation using a process that helps to identify those most at risk of a hospital admission and the judgement of their GP. Non medical interventions have been identified for over 5000 patients with significant success, saving money and improving outcomes. The next phase of development will be increasing interventions for mental health and targeting the top 10%.

A team working with Sheffield Hallam University looked at social outcomes and hospital episodes from the Rotherham pilot and found that the people who had used the service had around 50 per cent less outpatient appointments, accident and emergency visits and hospital admissions in the six months after the scheme.

The same scheme has high satisfaction rates from those people using it.

## **Social prescribing**

By investing in social prescribing, as has been popular and effective in Rotherham, we can reduce health inequalities by making sure that traditionally hard to reach communities have access to support and advice, reducing A&E attendances by 1.4%, emergency admissions by 2.6% and also allowing an extra £3.8 million to be spent in other areas by 2021

## **Early detection and intervention**

We have a high incidence of and mortality from cancer in South Yorkshire and Bassetlaw.

Early detection and intervention are crucial to helping people live better for longer and we want to focus on this across breast, colorectal and prostate cancers.

Early detection has been linked to a number of positive outcomes, for example:

- >90% bowel cancer patients will survive the disease for more than five years if diagnosed at the earliest stage
- >90% of women diagnosed with breast cancer at the earliest stage survive their disease for at least five years compared to around 15% for women diagnosed with the most advanced stage of the disease
- >90% of women diagnosed with the earliest stage ovarian cancer survive their disease for at least five years compared to around 5% for women diagnosed with the most advanced stage of the disease
- Around 70% of lung cancer patients will survive for at least a year if diagnosed at the earliest stage compared to around 14% for people diagnosed with the most advanced stage of the disease

In the community, we will focus on identifying cancers. We will do this through:

- Continually supporting and educating our primary care workforce in identification and referrals
- Using prediction software
- Connecting with national awareness campaigns
- Reducing variations in screening uptake

We will also look at the challenges around cancer prevention, detection and treatment through our Cancer Alliance, working with partners across South Yorkshire and Bassetlaw and North Derbyshire.

### **Urgent care intervention and treatment closer to home**

By looking at the attendance information for people who go to accident and emergency services, we know that a significant number of those in South Yorkshire and Bassetlaw would not need to go if alternative services were available.

Improving support for people who are in crisis and developing more services where people live are key parts of our plan. This includes hospital triage in communities, rapid response teams and increasing the offer for social, nursing, medical and mental health care in people's homes and nursing homes.

More treatment closer to home for people should lead to improvements in access and outcomes and impact on health and wellbeing. At the same time, this will free up capacity in hospitals.

### **Investing in urgent care**

By 2020, if we improve our urgent and emergency care services by investing in primary and community care, we will reduce the current high demand on our accident and emergency departments.

### **Care co-ordination**

Care co-ordination is the management of patient care between two or more partners or organisations to ensure services match the needs of the person. We want to increase care co-ordination and integration across primary, hospital and social care.

Where possible, we will expand and improve local services where these currently exist and create them where they are needed. Our plans include:

- Personalised health care plans and programmes
- Community based multi-professional teams, based around community hubs or GP surgeries
- Intermediate care, case management and support for home based care
- Co-ordinated assessment of care needs and joint care planning
- Developing care navigators who will guide people through their journey
- Digitally share clinical records across teams
- Integrated urgent care services

### **Better care co-ordination**

By better co-ordinating a person's care across services and specialties, viewing their needs holistically as opposed to per need, we can reduce A&E attendances by 3%, emergency admissions by 2.6%, unnecessary outpatient appointments and time spent in hospital. This will improve patient experience by making services more suited to their needs.



## 3. Standardising hospital care

---

There are ten foundation trusts providing acute, mental health and community care across South Yorkshire and Bassetlaw. Amid rising demand for care and with many people now having more complex health conditions, our dedicated staff continue to provide high quality care.

However, the way our health and care services are currently provided are not financially sustainable and depending on where people live, some patients have better experiences and access to services than others. If we continue as we are, the forecast deficit for our provider organisations is around £571 million by 2020/21.

We know we need to rethink and reshape services so that we can meet the needs of our population in modern and sustainable ways.

Underpinning our plan is an investment and expansion of prevention and integrated primary and community services – but at the same time we agree that everyone should have better access to high quality care and so that no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by working together more closely, by developing a networked approach to services.

We believe the investment in primary care will stabilise and eventually reduce the demand for some hospital services and it is at this point that we will be able to make a decision on reshaping our services, across all settings. This will ensure we have strong and sustainable hospital services in the future.

Some of the ways we are looking to standardise care within our services are:

### Reshaping services

Any plans for changing our hospital services will be developed with the public, patients and carers. As we develop cases for change around potential service changes, we will engage with all our stakeholders – including the public - through the process and ensure their views and feedback are considered and included in proposals before we formally consult. This will also be informed by our independent review of hospital services, due to take place in 2016/17.

### Managing referrals

We want to better manage referrals. There is wide variation in referrals for hospital care and we think we can improve care and quality for people by boosting:

- Support for staff working in primary care to develop and maintain their professional skills, knowledge and experience
- Resources to check referral guidelines
- On the spot advice and guidance from more qualified clinicians
- Redirection of inappropriate referrals
- Peer reviews

A new approach to managing musculo-skeletal conditions, including empowering and educating patients, clinician education and support and cross specialty and sector clinical leadership has developed in Sheffield. This includes multi disciplinary assessment of referrals and direction to the most appropriate setting first time.

### Managing follow up appointments

The number of outpatient appointments across South Yorkshire and Bassetlaw has been steadily increasing, with numbers forecast to increase further. Evidence shows that these are not always needed or could be done in ways that are more convenient for people.

Evidence from where these changes are already happening show high levels of patient satisfaction. We are already doing things differently by providing aftercare in the community for people with breast and bowel cancers. Our Living With and Beyond Cancer partnership with Macmillan is taking this work even further across South Yorkshire and Bassetlaw.

We are proposing that we look at introducing:

- Virtual clinics – by email, web-based or telephone
- Group consultations – involving more than one patient or doctor
- Nurse or other health care professional led consultations

### **Diagnostics and treatment**

An ageing population and a rise in lifestyle related risk factors means that cancers are increasing, with 14,000 people being treated a year in South Yorkshire and Bassetlaw. This number is expected to rise to 18,000 by 2030.

The percentage of cancers detected at early stages grew across all our places between 2012 and 2014, with the largest numbers in Sheffield. Diagnosis rates across our places are lower than they are for England.

As well as improving interventions for detecting cancers in the community, we also want to make changes around diagnostics and treatment. We will:

- Increase direct access to diagnostics
- Look at options for multi-disciplinary diagnostics, including virtual diagnostic centres
- Review 'bottlenecks' in the patient's journey, standardise quality and access and improve experiences
- Review our multi-disciplinary team way of working, looking at one team across an area for all cancers
- Look at our workforce and delivery models in surgery, radiotherapy and the role of cancer specialists in local communities
- Review chemotherapy services – major advances in treatment mean it can now be given outside of hospitals

### **Reviewing local and out of area placements in mental health services**

Caring for people with mental health issues locally and not outside our area helps them to regain their independent living. Local services also means they can keep connected to their families and communities, critical factors in mental and physical health outcomes.

The Royal College of Psychiatrists estimates that 22% of all people that are in out of area placements translates to an annual spend of £330 million.

We know that in Sheffield, bringing back people from out of area placements has enabled the Sheffield Health and Social Care Foundation Trust to invest £2 million in extra community services.

We want to plan better and target rehabilitation for people who are in out of area placements by:

- Building a mental health alliance between our mental health providers
- Invest more in local delivery
- Increase co-ordinated care

We also want to review urgent care and acute based psychiatric liaison services. We will also put in place a 'transforming care' programme to support patients with learning disabilities to receive care as close to home as possible.

### **Specialised services**

Specialised services are central to improving health and care outcomes for South Yorkshire and Bassetlaw's population.

Working with NHS England to agree local priorities and develop plans for any change, we will focus on the outcomes that matter most to patients, ensuring a stronger focus on prevention and connecting the commissioning of specialised services more strongly to the prevention and personalised medicine agendas.



We will work collaboratively across our STP partners and with NHS England to develop a whole system, pathway led approach to provision and commissioning of services, particularly where transformational change is required.

Understanding the variation that currently exists across the region and identifying opportunities to challenge this in order to ensure equity of access, outcomes and experience for all patients. This will include working together to ensure that care pathways work in a consistent way to support this in all areas.

With NHS England, we will build on our knowledge of patient flows and the relationship between services to determine new and innovative ways of commissioning and providing services, in order to improve quality and cost effectiveness.

We will pilot new innovations and evaluating the impact, where this is positive we will seek to spread best practice as quickly as possible.

Priority areas for 2017/18 include children's and neonatal, vascular, cancer (including chemotherapy and pancreatic services) and some specialist mental health services.

### **Reducing out-of-area placements**

**By investing in mental health services locally with improved planning, co-ordination and more targeted rehabilitation, we expect to reduce the number of out-of-area placements (people being treated in hospitals or units outside of South Yorkshire and Bassetlaw) by 63%.**

## Early implementation

---

In addition to the STP, we are already progressing a number of priorities across South Yorkshire and Bassetlaw to start to reshape services and many of them are already happening in local places. These areas were already underway in the programmes of work being carried out by Commissioners Working Together and the Providers' Working Together Partnership Vanguard.

We are agreed that we want to take these forward together, using the governance framework we have put in place for the STP. The early implementation areas as an STP are:

### Streamlining back office functions

Our hospitals, through the Provider Working Together Acute Vanguard have been working in partnership on a range of collaborative activities over the last three years.

The partners are looking at how they can integrate, standardise and streamline a range of corporate services, including payroll, finance, human resources, legal services, procurement services, information management and technology, estates, and governance and risk. The plans for these services are at different levels of development but include the sharing of best practice across all the provider organisations and standardisation of systems, processes and policies which can help to deliver significant efficiencies across all hospital functions, as well as exploring more integrated delivery models without affecting care services.

A clear mandate and board level commitment are recognised as critical success factors and all provider trusts in South Yorkshire and Bassetlaw have confirmed their commitment to the process and development of plans to maximise efficiencies, deliver joint initiatives and consolidation of services, where appropriate.

### Children's surgery and anaesthesia

Over the last eighteen months we have been reviewing children's surgery and anaesthesia services and are now proposing changes to make sure all children in our region are able to get the best possible and safest care they deserve should they need an operation in one of our local hospitals.

For most services, most of the time, nothing will change but for a small number of unplanned operations, at night, at weekends or when children need to stay overnight in hospital, we are proposing they are done differently.

Across the region, there is only a small number of children needing operations of the sort we are proposing to change, which means staff aren't being used in the best way, which, combined with a national shortage of expert staff who are qualified to operate on children, means that in the future, children may not have access to the high quality care they need.

If we use our services and staff in a different way, we will be able to care for children in a consistent way - whilst maintaining the high standards of care we expect to provide.

For some people, this may mean travelling further than their local hospital for the services we are proposing to change but it will also mean children will receive consistently high quality and safe care in the future - with children being treated by the right people, in the right place and at the right time.

Between Monday 3 October 2016 and Friday 20 January 2017, members of the public are invited to share their views on the three proposed options for the future of these services – with a final decision expected to be made by clinical commissioners in February 2017.

The new proposals will affect around 1 in every 10 children needing an operation across South and Mid Yorkshire, Bassetlaw and North Derbyshire. Children would still have 'day case' operations (where they do not stay overnight in hospital) at all local hospitals. Very specialist services, for children with very complex conditions, will also remain the same with children from across the region being treated at Sheffield Children's Hospital as the only specialist centre in our region – as they are now.

## Hyper acute stroke services

At the moment, some of the stroke teams in South Yorkshire and Bassetlaw don't treat as many patients as teams in other hospitals, meaning they have fewer opportunities to develop their skills and introduce new treatments – which could mean that in the future, some of our patients may not get the best care they deserve should they have a stroke.

This, combined with a national shortage of specialist staff, means we need to act now and use our staff and facilities in a different way to make sure that everyone in our region has access to the best services and fast treatments after having a stroke.

For some patients in Barnsley and Rotherham, this could mean being treated in a hospital that isn't their local one for the first 72 hours – but it also means they would receive high quality specialist care and we have been working with our ambulance service colleagues to make sure that all patients will be taken to their next nearest hyper acute stroke service unit within the critical time of 45 minutes.

After the first 72 hours of care, or sooner if medically possible, people would be transferred to their local stroke ward for the remainder of their care. Rehabilitation services, such as speech and language, physio and occupational therapies which help people get better once they have gone home from hospital, would also remain closer to where people live.

This is also out to public consultation within the same timescales as children's surgery and anaesthesia services.

## Acute Gastrointestinal (GI) Bleeds

At present, in some hospitals at night and at weekend we can't always guarantee quick access to a specialist doctor. Also, there are very few patients that present out of ours for this service. We want to make some small changes to the way in which we organise ourselves to resolve this and our work in this area is looking at how we can safely and effectively provide care across hospitals for patients with acute gastrointestinal (stomach and intestines) bleeding, with a particular focus on improving equity of access to services for all patients.

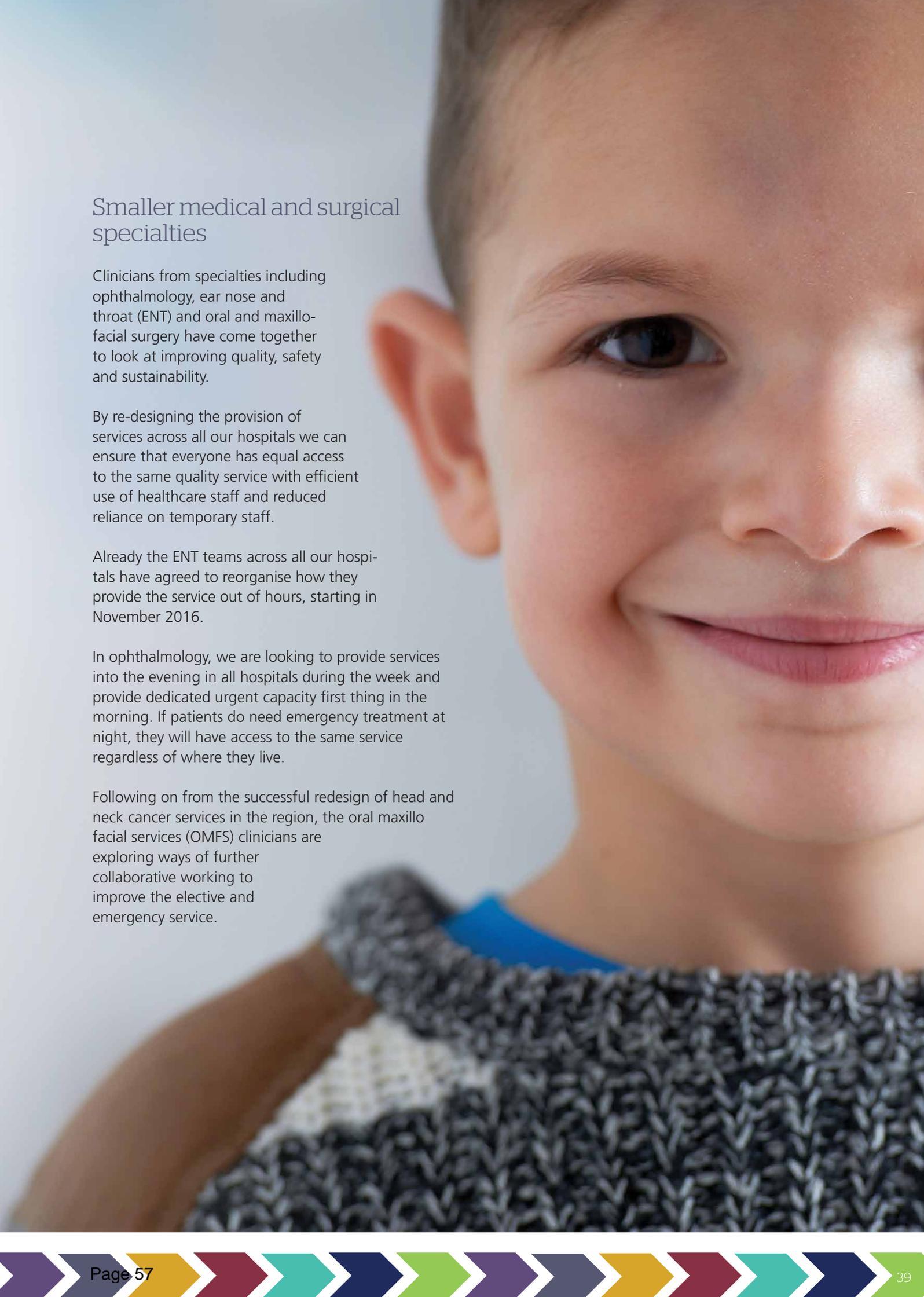
We want to develop our workforce in the most efficient way and reduce the reliance on temporary staff.

Significant data collection and analysis has suggested that the most effective and safe way to provide the service is in specialist hubs. This will mean that a very small proportion of patients (less than one per week in the whole region) will transfer to the specialist hubs. Also, care pathways will be standardised across the region to ensure that every patient receives the same, high quality care.

## Radiology

Demand for radiology continues to increase every year, for a number of reasons – better screening programmes and more people surviving cancer who require follow up investigations, an ageing population, better direct access for GPs to tests and the requirement for seven day services. If we did not address this and look at expanding the workforce, there would be a growing gap between the demand for the service and our ability to perform and report all investigations effectively.

We want to ensure access to the same radiology test for everyone and improve safety and effectiveness, reduce the use of temporary staff, increase speed and efficiency in reporting, facilitate faster decisions and discharge, plus 24/7 healthcare provision, provide equity of access to interventional radiology procedures and make better use of resources.



## Smaller medical and surgical specialties

Clinicians from specialties including ophthalmology, ear nose and throat (ENT) and oral and maxillo-facial surgery have come together to look at improving quality, safety and sustainability.

By re-designing the provision of services across all our hospitals we can ensure that everyone has equal access to the same quality service with efficient use of healthcare staff and reduced reliance on temporary staff.

Already the ENT teams across all our hospitals have agreed to reorganise how they provide the service out of hours, starting in November 2016.

In ophthalmology, we are looking to provide services into the evening in all hospitals during the week and provide dedicated urgent capacity first thing in the morning. If patients do need emergency treatment at night, they will have access to the same service regardless of where they live.

Following on from the successful redesign of head and neck cancer services in the region, the oral maxillo facial services (OMFS) clinicians are exploring ways of further collaborative working to improve the elective and emergency service.

# Chapter 5

## Finance

### The financial challenge

We currently invest £3.9 billion on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, we estimate that there will be a financial shortfall of £571 million by 2020/21.

If we do nothing to address our shortfall, £464 million would be the health service gap, while £107 million relates to social care and public health.

The scale of the challenge demonstrates why radical change is needed, both in the way services are delivered and in the way people use them.

If we are to achieve our ambitions, we need the £3.9 billion investment to work differently.

### Our assumptions

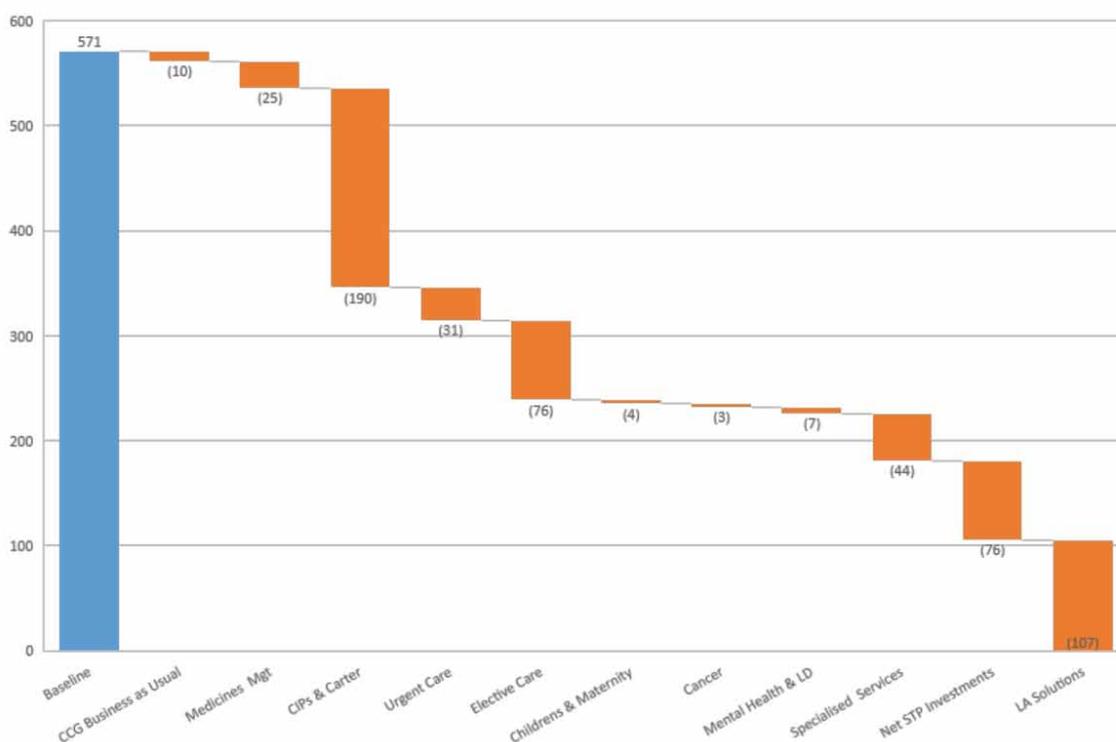
We start our assumptions based on data and information from previous years that we keep about how people access our services.

Our financial challenge assumes that all NHS organisations within the STP will work within their budgets and make the savings they have planned for the financial year 2016/17.

Our financial gap takes into account local investments to deliver the GP and Mental Health Five Year Forward Views.

We assume we will receive all of our £105 million indicative share of national sustainability and transformational funding by 2020/21 to support closing the financial gap.

We have also assumed that hospitals will meet all the quality standards agreed with their CCGs.





## Bridging the ‘gap’

In order to bridge our financial gap we need to be ambitious. Our high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation in the future.

Based on national and international best practice and successful local programmes, our plans consider a number of ways of doing things differently. We have modelled the likely impact of these ways of working on our baseline, using the outcomes of similar interventions.

In addition to our interventions, we anticipate that other savings would come through:

- CCG quality, improvement, productivity and prevention plans
- Improving the management of prescribed medicines
- Cost improvement plans (CIPs) in hospitals
- Achieving the savings highlighted in the ‘Carter Review’

We recognise that while savings will be made through our STP, some investment will be needed to make the changes to improve the services we offer and to meet the aims of the Five Year Forward View. We anticipate this investment will come in the form of funding for transformation.

The result of this financial modelling suggests that we should be able to bridge our financial gap and achieve a balanced position by 2020/21. However, there is a very high degree of risk attached to delivery of some of the changes.

### Next steps

Whilst our modelling gives us a balanced position, it also highlights that planning and rethinking and reshaping health and care services can result in swings in surplus and shortfall positions across the individual hospitals, which may mean we need to change the flow of funding. We think that a system wide budget, as mandated by national planning guidance, will help with this.

Considerable further work is required to move to detailed business cases which will help us to assess whether the financial modelling is realistic and capable of being implemented.

# Chapter 6

## Putting the plan into action

### **This is our offer for South Yorkshire and Bassetlaw:**

---

1. We will reduce inequalities for all and help you live well and stay well for longer
2. We will join up health and care services so they are responsive to your needs and accountable
3. We will invest in and grow primary and community care, with general practice at the centre
4. We will treat care for the whole person, looking after their mental and physical health
5. We will standardise acute hospital and specialised care - improving access for everyone, reducing inequalities and improving efficiencies
6. We will simplify urgent and emergency care, making it easier for people to access the right services closer to home
7. We will develop the right workforce, in the right place with the right skills - for now and in the future
8. We will use the best technology to keep people well at home, to support them to manage their own care and to connect our people so they can provide joined up care
9. We will create a financially sustainable health and care system
10. And we will work with you to do this.

To do this, we will need to make significant changes between now and 2021, and beyond. We want to have conversations with our staff, patients and the public about how we can do this. Together, we will shape our thinking around what matters to people, focus on keeping the best of what we've already got and putting the changes in place outlined in the plan – creating sustainable health and care for many generations to come.

# Engagement

---

We have an ambitious plan for South Yorkshire and Bassetlaw and all partners are now working together to move from plan to delivery.

## Connecting and talking with our communities

Between November 2016 and February 2017, we will connect and talk with the staff in each of our partner organisations and local communities about these plans. We want to hear their views and will be working with Healthwatch and our voluntary sector partners to ensure we connect with all groups and communities.

We will take account of all views and feed these back into our plans before any further work takes place.

We have already established a communications and engagement group with communications and engagement colleagues from across all partners. Strategically led by the Commissioners Working Together and STP programme management office communications and engagement team, the group has already successfully engaged with thousands of people during pre-consultation for hyper acute stroke and children's surgery services.

Together, we developed a communications and engagement strategy to deliver these two public consultations, which are now underway, and we will use this as the foundation for our work to connect and talk with people about the plan.

Our partners have also come together to hold local events with wide involvement – from faith groups to voluntary sector, carers and patients - to discuss what needs to happen to improve health and care. All local conversations are reflected in our wider STP approach.

In Barnsley, a joint public workshop was held between NHS Barnsley Clinical Commissioning Group and Barnsley Metropolitan Borough Council, as well as the wider health and wellbeing strategy for the city. Attendees at the group included members of the Council's service user and carers board, equality groups, the patient council and also local Healthwatch champions and active residents on local Area Councils who wanted to gain a wider knowledge and understanding of the plans and were able to share their views and experiences – helping to shape and develop the future of health and care priorities in Barnsley.

Similarly in Bassetlaw, public and patient engagement has taken place through the strong networks already developed between the CCG and local provider, voluntary and other partnership organisations, including GP practice members across the area, Bassetlaw Health Partnerships Community Services and also local authority organisations.

In Doncaster, engagement on intermediate care services was carried out through extensive interviews with service users and their families. In partnership with Doncaster Metropolitan Borough Council, further engagement has been carried out with carers and their families that has been crucial to the development of the borough's new carer strategy – supporting the focus on making sure more services are available in the community and close to home.



In Rotherham, the approach to communications and engagement has focused on informing, sharing, listening and responding to the people in the town. Specific communication and engagement has taken place with a variety of stakeholders in developing each of their five priority initiatives. This has included gathering feedback at their annual general meeting, via local health champions, surveys in care homes, focus groups, workshops and telephone surveys.

Sheffield's thinking has been developed using patient and public feedback collected by NHS Sheffield Clinical Commissioning Group. This included the main themes included in their quarterly 'What you've been telling us' briefings which are based upon feedback received from all public engagement activities carried on through their existing networks. There have also been two stakeholder events under the banner of #ShapingSheffield which have brought together local statutory partners and community organisations to talk about and help shape the thinking around health and wellbeing of people in Sheffield.

### **Connecting and talking with our staff**

As well as some being residents, there are around 74,000 people working in health and social care services in South Yorkshire and Bassetlaw. They are an important group and critical to the success of our plans.

Building on their existing networks and extensive reach, each of our partners will lead engagement within their organisations – ensuring that staff are not only kept informed but are ambassadors for change.

The communications and engagement team within the programme management office of the STP will continue to provide strategic oversight and support for all communications and engagement as our plans are put into action and by building on relationships with the voluntary sector and Healthwatch organisations, will engage with the public, as key partners, on our plans and future proposals.

We will take account of their views and feed these back into our plans before any further work takes place.

# Plan on a page

“Our goal is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.”

**£571**  
million health and social care gap



**£25.8b**  
Broader overall economy GVA  
**£11b** Wider public sector spending  
**£3.9b** Public spending on health and social care

## Leadership

- Our approach is collaborative
- Health and care leaders have been engaged throughout the development of the STP
- We have built on existing relationships to create a credible coalition of partners
- We have created and own a common vision and ambition
- We have built trust and mutual respect

## Accountable care

- All of our localities are starting to develop accountable care
- Our CCGs are moving forward with plans, for example:
  - Barnsley is six months into development
  - Bassetlaw is shaping its direction through its integrated care board
  - Doncaster is developing a local integration model
  - Rotherham has set out a framework for jointly providing services
  - Sheffield is forming neighbourhoods in primary care, central to its plan for accountable care

## Priorities

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Streamlining back office functions

## Place

- Prioritise and invest in strengthening primary and community services
- Focus on intervention and prevention
- General practice central to our ambition
- Develop integration and accountable care
- Development of neighbourhood models and identify our most vulnerable

## Governance

We have established a governance framework to enable delivery of our STP:

- An STP Oversight Group made up of members, chairs and non-executives
- A Collaborative Partnership Board (CPB) - made up of all chief executives and accountable officers. It will set the vision, direction and strategy
- An Executive Steering Group will oversee delivery on behalf of the CPB
- An NHS provider trust federation board has been set up
- A joint committee of the clinical commissioning groups has been set up to consider commissioning services at a South Yorkshire and Bassetlaw level

## Objectives

1. We will reduce inequalities for all and help you live well and stay well for longer
2. We will join up health and care services so they are responsive to your needs and accountable
3. We will invest in and grow primary and community care, with general practice at the centre
4. We will treat care for the whole person, looking after their mental and physical health
5. We will standardise acute hospital and specialised care - improving access for everyone, reducing inequalities and improving efficiencies
6. We will simplify urgent and emergency care, making it easier for people to access the right services closer to home
7. We will develop the right workforce, in the right place with the right skills - for now and in the future
8. We will use the best technology to keep people well at home, to support them to manage their own care and to connect our people so they can provide joined up care
9. We will create a financially sustainable health and care system
10. And we will work with you to do this

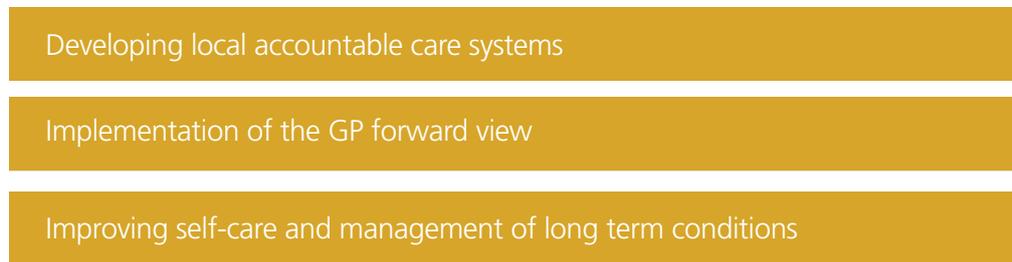
# Timeline



Healthy lives,  
healthy living,  
prevention



Reshaping  
primary and  
community care

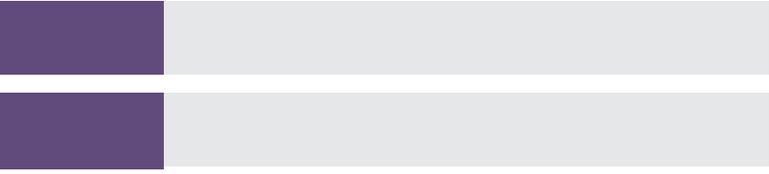


Standardising  
hospital  
services

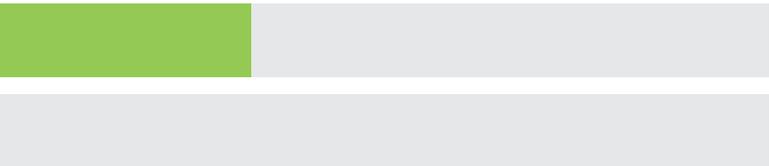
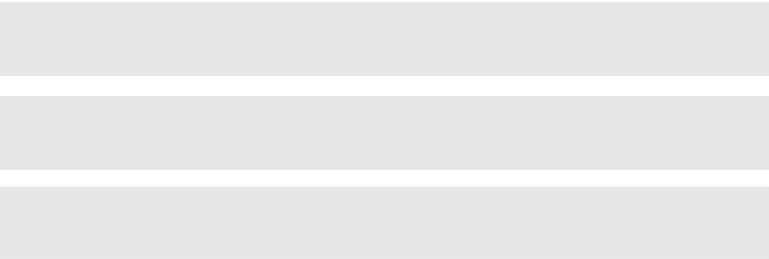
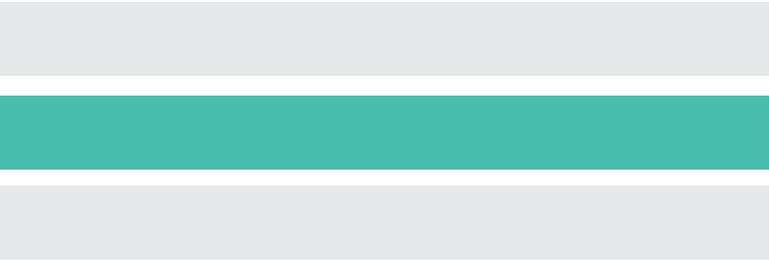
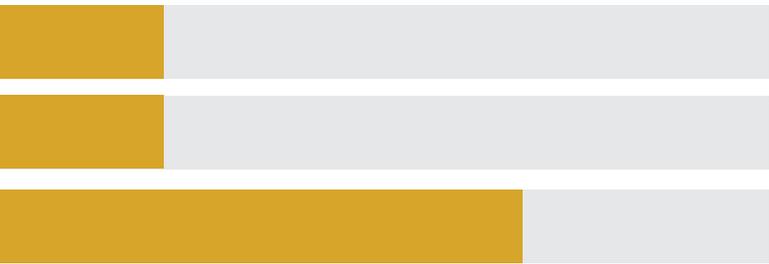


Early  
implementation





Healthy Lives Programme



The South Yorkshire and Bassetlaw Sustainability and Transformation Plan has been developed in consultation with chief executives and accountable officers from the following organisations:

Barnsley Hospital NHS Foundation Trust - Diane Wake, chief executive  
Barnsley Metropolitan Borough Council - Diana Terris, chief executive  
NHS Bassetlaw Clinical Commissioning Group - Idris Griffiths, interim chief officer  
Bassetlaw District Council - Neil Taylor, chief executive  
Chesterfield Royal Hospital NHS Foundation Trust - Simon Morritt, chief executive  
Doncaster and Bassetlaw Hospitals NHS Foundation Trust - Mike Pinkerton, chief executive  
Doncaster Children's Services Trust - Paul Moffat, chief executive  
NHS Doncaster Clinical Commissioning Group - Jackie Pederson, chief officer  
Doncaster Metropolitan Borough Council - Jo Miller, chief executive  
East Midlands Ambulance Service NHS Trust - Richard Henderson, acting chief executive  
NHS England - Moira Dumma, director of commissioning operations Yorkshire and the Humber  
Nottinghamshire Healthcare NHS Foundation Trust - Ruth Hawkins, chief executive  
Nottinghamshire County Council – Anthony May, chief executive  
The Rotherham NHS Foundation Trust - Louise Barnett, chief executive,  
NHS Rotherham Clinical Commissioning Group - Chris Edwards, chief officer  
Rotherham, Doncaster and South Humber NHS Foundation Trust - Kathryn Singh, chief executive  
Rotherham Metropolitan Borough Council - Sharon Kemp, chief executive  
Sheffield Children's Hospital NHS Foundation Trust - John Somers, chief executive  
NHS Sheffield Clinical Commissioning Group - Maddy Ruff, chief officer  
Sheffield Health and Social Care NHS Foundation Trust - Kevan Taylor, chief executive  
South West Yorkshire Partnership NHS Foundation Trust - Rob Webster, chief executive  
Yorkshire Ambulance Service NHS Trust - Rod Barnes, chief executive

**And in partnership with:**

Healthwatch Barnsley - Adrian England, chair  
Healthwatch Doncaster - Steve Shore, chair  
Healthwatch Nottinghamshire - Jez Alcock, chief executive  
Healthwatch Rotherham - Tony Clabby, chief executive  
Healthwatch Sheffield - Judy Robinson, chair  
Voluntary Action Barnsley - Christine Drabble, chief executive  
Bassetlaw Community and Voluntary Service - Catherine Burn, director  
Doncaster Community and Voluntary Service - Norma Wardman, director  
Voluntary Action Rotherham - Janet Wheatley, chief executive  
Voluntary Action Sheffield - Maddy Desforges, chief executive





**12 January 2017**

**Subject:** 2016-17 Q2 Performance Report and Focus on Mental Health Transformation and Learning Disabilities

**Presented by:** Allan Wiltshire

| <b>Purpose of bringing this report to the Board</b>                                                                                                                                                                               |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Regular performance reports on the priorities set out in the Health and Well-being strategy will provide assurance that progress is being made and the board are made aware of any risks or barriers to improvement in key areas. |    |
| Decision                                                                                                                                                                                                                          | NA |
| Recommendation to Full Council                                                                                                                                                                                                    | NA |
| Endorsement                                                                                                                                                                                                                       | Y  |
| Information                                                                                                                                                                                                                       | Y  |

| <b>Implications</b>              |                          | <b>Applicable Yes/No</b> |
|----------------------------------|--------------------------|--------------------------|
| DHWB Strategy Areas of Focus     | Alcohol                  | Y                        |
|                                  | Mental Health & Dementia | Y                        |
|                                  | Obesity                  | Y                        |
|                                  | Family                   | Y                        |
|                                  | Personal Responsibility  | Y                        |
| Joint Strategic Needs Assessment |                          | Y                        |
| Finance                          |                          | N                        |
| Legal                            |                          | N                        |
| Equalities                       |                          | Y                        |
| Other Implications (please list) |                          | N                        |

| <b>How will this contribute to improving health and wellbeing in Doncaster?</b>                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Good quality performance management arrangements ensure that priorities are achieved and good quality services delivered to the residents of Doncaster. Also this report should highlight progress against the key health and well-being priorities identified as priorities in Doncaster. |

| <b>Recommendations</b>                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Board is asked to:- <ol style="list-style-type: none"> <li>a) Note the performance against the key outcomes</li> <li>b) Receive a focus on Mental Health Transformation and Learning Disabilities</li> <li>c) Agree what area of focus the Board would wish to have further information in Q3 2016-17</li> </ol> |

This page is intentionally left blank

**To the Chair and Members of the HEALTH & WELL BEING BOARD**

**PERFORMANCE REPORT QUARTER 2 2016-17 AND FOCUS ON MENTAL HEALTH TRANSFORMATION AND LEARNING DISABILITIES**

**EXECUTIVE SUMMARY**

1. A refreshed 'outcomes based accountability' (OBA) exercise was completed parallel to the refresh in the Health and Well-being strategy. The five outcome areas remain and a new outcome on drugs has been introduced for 2016-17. A number of specific indicators have been identified which will measure our progress towards these outcomes in 2016-17. The 6 outcomes are:-
  - Outcome 1: All Doncaster residents to have the opportunity to be a healthy weight
  - Outcome 2: All people in Doncaster who use alcohol do so within safe limits
  - Outcome 3: Families who are identified as meeting the eligibility criteria in the expanded Stronger families programme see significant and sustained improvement across all identified issues.
  - Outcome 4: People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis
  - Outcome 5: Improve the mental health and well-being of the people of Doncaster ensures a focus is put on preventive services and the promotion of well-being for people of all age's access to effective services and promotes sustained recovery.
  - Outcome 6: Reduce the harmful impact of drug misuse on individuals, families and communities
2. Further information and narrative around the performance is available in **Appendix A**.

**EXEMPT REPORT**

3. NA

**RECOMMENDATIONS**

4. The Board is asked to:-
  - a) Note the performance against the key outcomes;
  - b) Receive a focus on Mental Health Transformation and Learning Disabilities;
  - c) Agree what area of focus the Board would wish to have further information in Q3 2016-17.

**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

5. Good Performance Management arrangements of the priorities set out in the Health and well-being strategy will ensure services improve and peoples experience in the health and well-being system is positive.

## BACKGROUND

6. The Health and Well Being Board have chosen to use Outcomes Based Accountability (OBA) to support the delivery of improvement against the key priorities in the health and well-being strategy. **Appendix A** sets out the five outcomes and the main *indicators* associated with each. The OBA methodology moves away from targets for the whole population indicators and this is reflected in this report, instead the trend and direction of travel is the key success criteria.
7. We have introduced a basic forecast into some of the indicators contained within Appendix A which should help the board to assess if the direction of travel is acceptable and if not seek to understand the options and implications of such a trend. The forecast is a linear forecast and only used if there is an acceptable amount of data to base a forecast on. Furthermore if there have been any significant deviation within the period that may impact on the validity of a linear trend a forecast has not been made.
8. As agreed with the board in Q1 2015-16 a short presentation on one of the areas of focus will be provided at each quarterly performance update. The area of focus presentation for Q2 was Housing which was presented at the November Health and Well Being Board. The Board will need to decide which area of focus should be invited for Q3 2016-17.

## OPTIONS CONSIDERED

9. NA

## REASONS FOR RECOMMENDED OPTION

10. NA

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 11.

| Outcome                                                                                                                                                                                                                                                                                                                               | Implications                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul> |                                                                                            |
| <p>People live safe, healthy, active and independent lives.</p> <p><i>Mayoral Priority: Safeguarding our Communities</i></p> <p><i>Mayoral Priority: Bringing down the cost of living</i></p>                                                                                                                                         | <p>Reduce Obesity.</p> <p>Reduce Substance Misuse</p> <p>Dementia</p> <p>Mental Health</p> |
| <p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>    |                                                                                            |
| <p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>                                                                                                                                                                                        | <p>Stronger Families Programme</p>                                                         |
| <p>Council services are modern and value for money.</p>                                                                                                                                                                                                                                                                               |                                                                                            |
| <p>Working with our partners we will provide strong leadership and governance.</p>                                                                                                                                                                                                                                                    |                                                                                            |

## **RISKS AND ASSUMPTIONS**

12. NA

## **LEGAL IMPLICATIONS**

13. There are no specific legal implications for this report.

## **FINANCIAL IMPLICATIONS**

14. Any financial implications will be associated with specific indicator improvement and will be associated with separate reports as appropriate.

## **EQUALITY IMPLICATIONS**

15. There are no specific Equalities implications associated with this report. However specific programmes or projects aimed at improving performance and changing services will need to have a comprehensive analysis detailing the impacts on protected groups.

## **CONSULTATION**

16. This report has significant implications in terms of the following:

|                               |                              |  |
|-------------------------------|------------------------------|--|
| Procurement                   | Crime & Disorder             |  |
| Human Resources               | Human Rights & Equalities    |  |
| Buildings, Land and Occupiers | Environment & Sustainability |  |
| ICT                           | Capital Programme            |  |

## **BACKGROUND PAPERS**

17. NA

## **REPORT AUTHOR & CONTRIBUTORS**

Allan Wiltshire  
Head of Policy and Partnerships  
01302 862307  
[Allan.wiltshire@doncaster.gov.uk](mailto:Allan.wiltshire@doncaster.gov.uk)

**Dr. Rupert Suckling**  
**Director of Public Health**

This page is intentionally left blank

# Doncaster Health & Well Being Board Performance Report

Q2 2016-17

Appendix A

\*Values below 5 have been rounded to 0 or 5

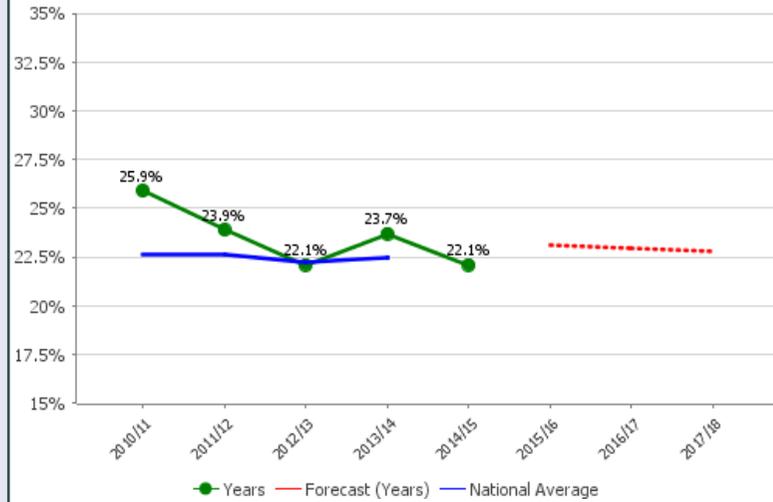
\*\* If performance is outside of a control limit the text **[Beyond Control Limit Q2 2016-17]** will be used.

OUTCOME 1

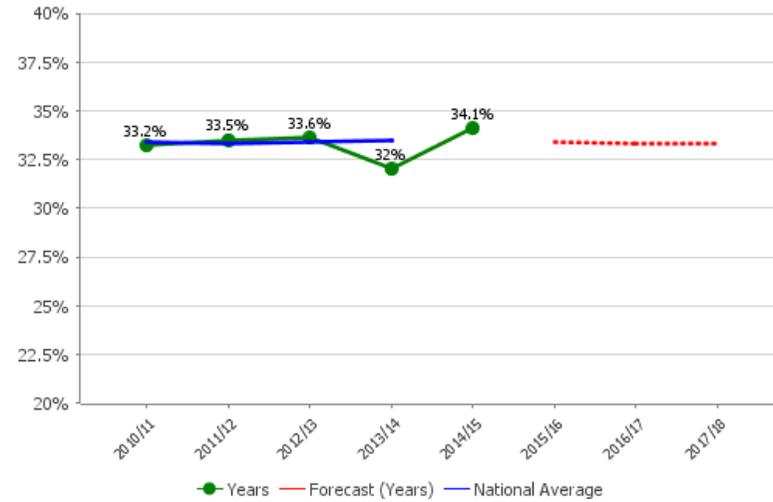
All Doncaster residents to have the opportunity to be a healthy weight

INDICATORS

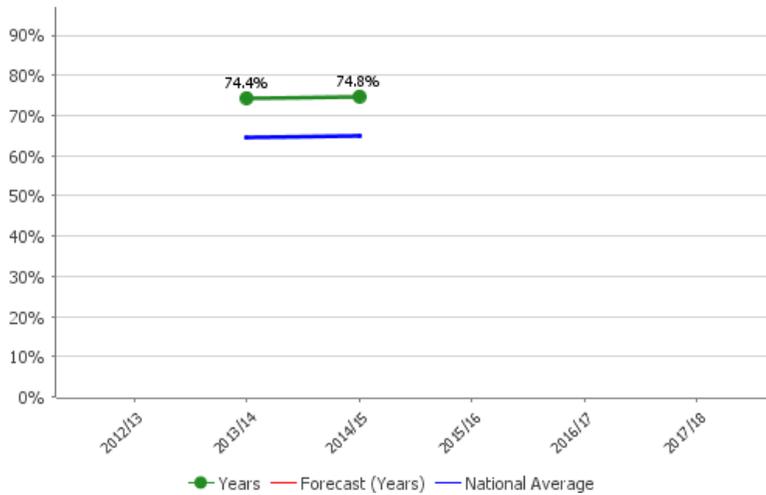
a) % of Children that are classified as overweight or Obese (Aged 4/5)



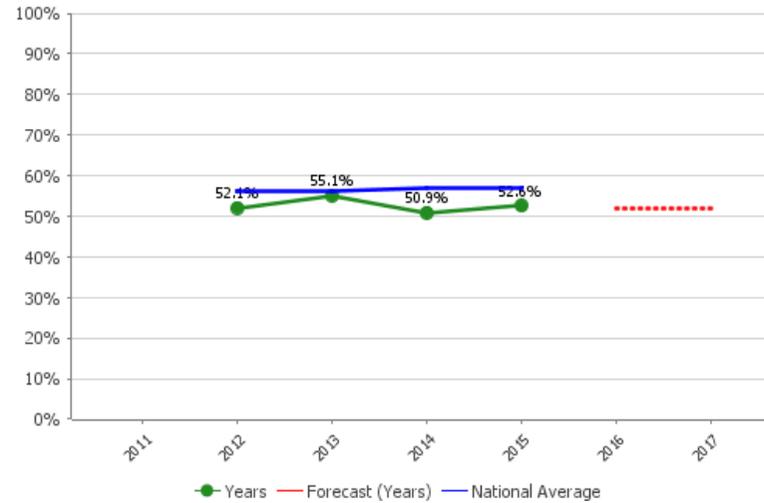
b) % of Children that are classified as overweight or Obese (Aged 10/11)



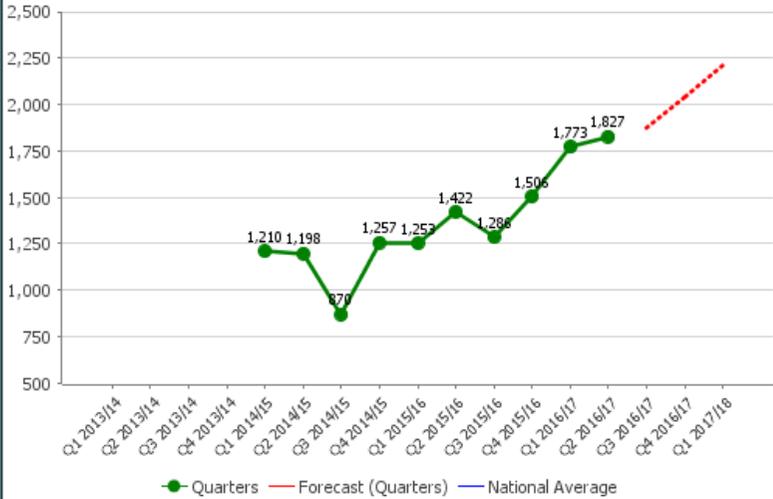
c) % of Adults Overweight or Obese



d) % of adults achieving at least 150 minutes of physical activity per week



e) Number of people participating at DCLT Leisure Centres per 1000 population (includes multiple visits)



**STORY BEHIND THE BASELINE**

NCMP data for 2015/16 is now available. For Doncaster we have seen a slight increase in overweight and obese children at reception from 22.2% in 2104/15 to 23.9% in 2015/16. There was a slight decrease in overweight and obese children at Year 6, a drop from 34% in 2014/15 to 33.7% in 2015/16. The local research study conducted by a PH Registrar around NCMP trends over the last 9 years is now completed and the findings are available. Key findings indicate a significant increase in overweight and obese children between reception and year 6 suggesting primary school aged children should be targeted for obesity intervention initiatives. Findings also demonstrate children from more deprived areas to be more likely to be overweight and obese as is reflected in nationally reported data.

A new accreditation scheme has been developed for educational settings based on the previously DH led Healthy Schools criteria. Settings will be required to produce evidence of positive steps taken towards supporting and promoting the health and wellbeing of pupils to gain accreditation. Specific sections on healthy eating and physical activity are included. The scheme will be open to all settings accepting children from ages 2 and up. The scheme is currently being piloted with settings and will be launched in the New Year.

Tier 3 Weight management service for children has now ended (Sept) and is being effectively managed by the provider. Signposting information is being developed to provide alternative options within the wider community for the public via health professionals.

The Food plan was disseminated to key professionals and stakeholders as an online resource.

The first meeting of an **Obesity Alliance** took place in Q2 and the following work streams were agreed for further consideration and which would have the greatest impact: **Food/Families/Physical activity and social media**. A whole system and family approach was agreed as a priority. Social media and good news stories would be key to a social movement and culture change around weight management.

Actions agreed included: reviewing local data compared to national data ; health and well-being of workforce; asset mapping and stock take of current activity including childhood obesity; collective stories and mapping on food (Top 10 tips), physical activity ( usage of parks and green spaces) and weight management;

reviewing membership in terms of planning and Communications representation. The next meeting will take place in Q3 and a work plan will be produced.

Local research undertaken by Masters students around **food banks and food takeaways** are now completed. Policy briefs and recommendations are now available on request. The findings from these studies will be incorporated into the Healthy Weight plan and recommendations will be fed back to the Obesity Alliance.

Physical activity Whole System Approach event completed on 16th September and report will be available shortly.

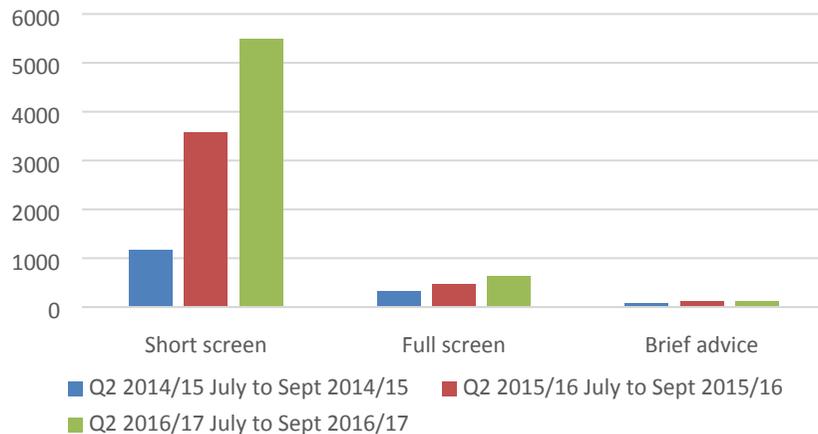
The second quarter of 2016/17 sees Total visits to all DCLT facilities was 548,075 compared to the same period in 2015 this represents up 19% increase. Health and Fitness membership sales continue to be strong and every venue under the portfolio has achieved the sales and retention targets for the quarter. Total members are 16'657 which is 76% of target. Aquatic sales are also strong with current occupancy levels across the portfolio at 91%, translating to 6,753 young people attending swimming lessons.

|                    | <b>What we will achieve in 2016-17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>What we will do next period</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACTION PLAN</b> | <ol style="list-style-type: none"> <li>1. Public Health are working in collaboration to address healthy food options; the work around proximity of takeaways and healthy food choices is underway and results will be provided when available. Two research studies are being undertaken around food takeaways and food banks.</li> <li>2. Physical activity proxy measures through discount promotions are being explored.</li> <li>3. The One You Campaign has been launched and a walking campaign is to be launched in September 2016.</li> <li>4. NCMP data analysis.</li> <li>5. Ongoing work around the development of health policies into the local plan.</li> </ol> | <ol style="list-style-type: none"> <li>1. Look at the findings of the NCMP data - 2015/16 data to identify any key trends and feed into the Children Young People and Families operational plan and Healthy Doncaster group Launch new healthy educational settings accreditation criteria including sections on healthy eating and physical activity</li> <li>2. Embark on research project to rate implementation of obesity prevention guidance in junior schools</li> <li>3. Review and refresh Doncaster Infant Feeding Guidelines</li> <li>4.</li> <li>5. Provide signposting information to GPs and allied professionals</li> <li>6. Develop a Healthy Weight plan for Doncaster and an obesity map</li> <li>7. Incorporate findings and recommendations from the food research studies</li> <li>8. Look at models elsewhere including Sustainable food cities and research around the food environment</li> <li>9. Build on the work already established with the local plan, food policy and PA initiatives</li> <li>10. Input at Healthy Weight regional meetings including obesity pathway indicators and whole system approaches; part of CLARHC and Leeds Beckett Park studies around Whole system approaches</li> </ol> |

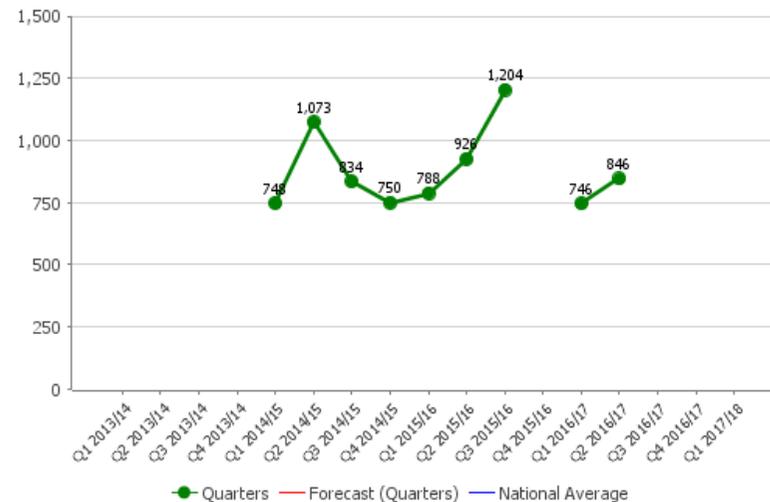
OUTCOME 2

## All people in Doncaster who use alcohol do so within safe limits

a) Numbers of people being screened for alcohol use and, where appropriate, receiving brief advice

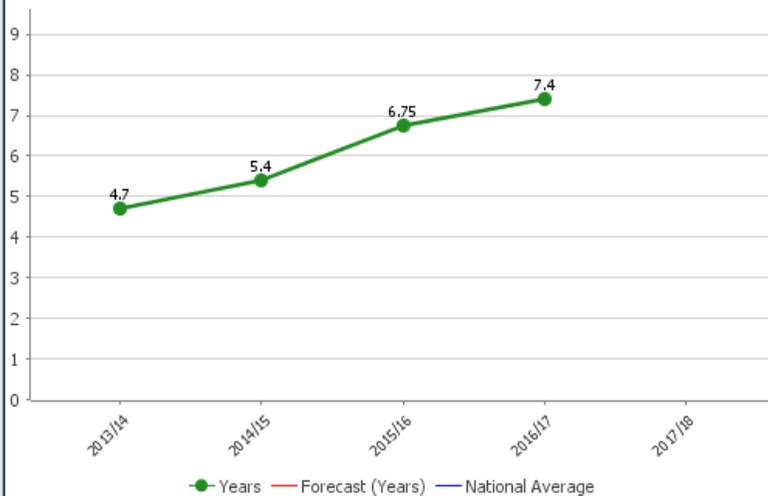


b) Alcohol-related attendance at A&E (Doncaster Residents)

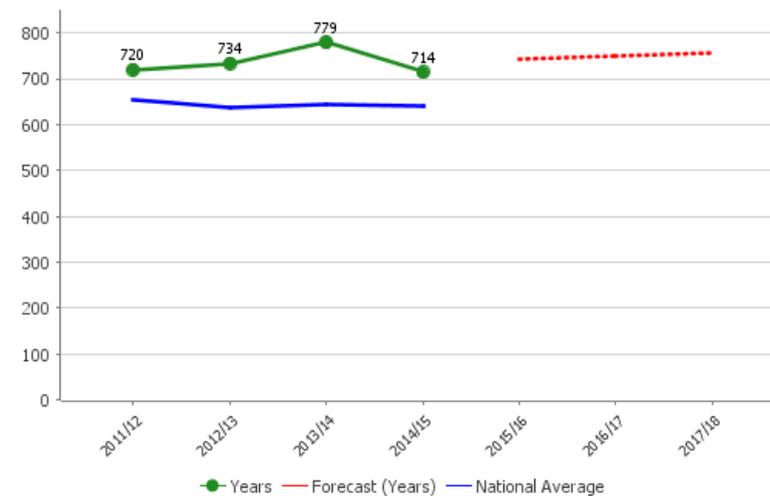


INDICATORS

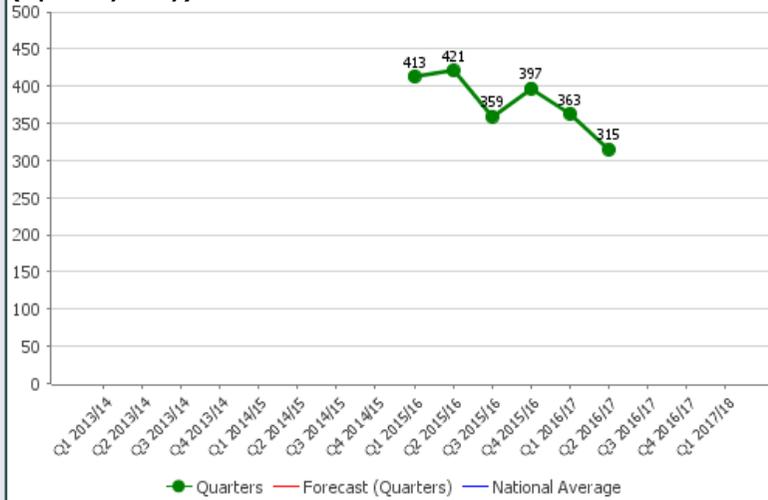
c) Alcohol-related violent crime per 1000 pop (2016/17 YTD Only) **[Beyond Control Limit Q2 2016-17]**



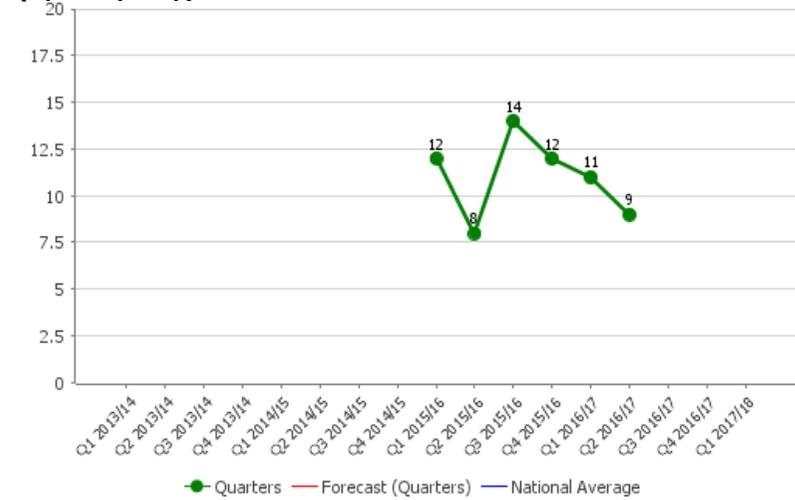
d) Alcohol related admissions to hospital



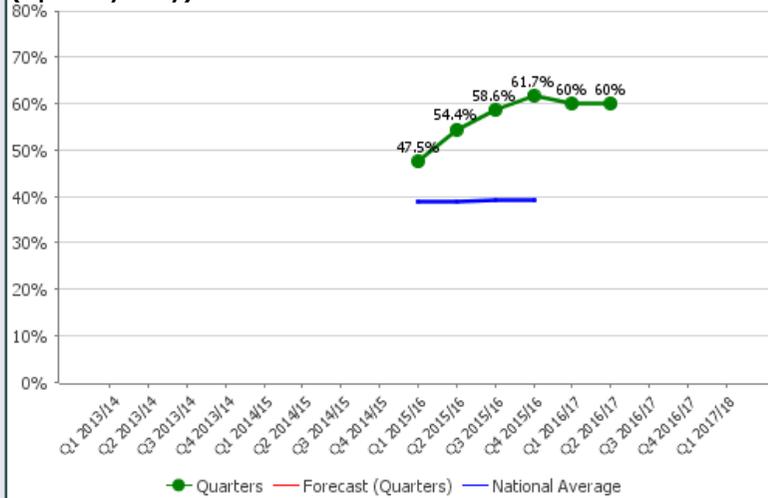
**e) Number of people in specialist alcohol treatment (Apr-May Only)**



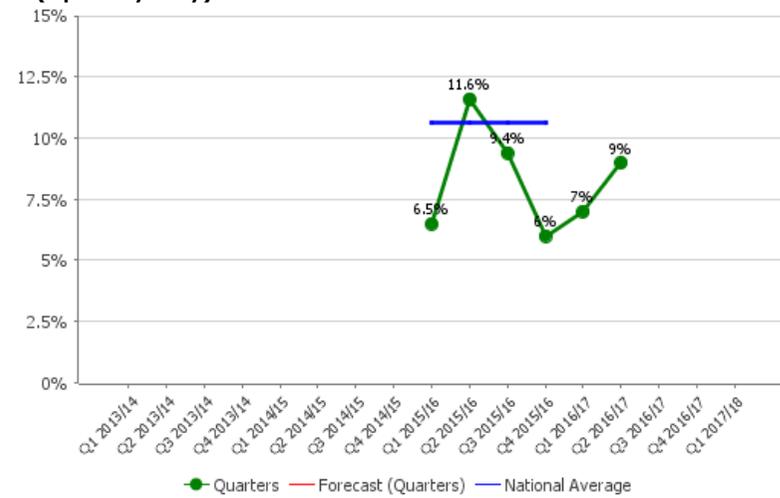
**f) Number of people in specialist alcohol treatment entering via the CJS (Apr-May only)**



**g) Successful exits for people in specialist treatment (Apr-May Only)**



**h) Representations for people in specialist treatment (Apr-May only)**



**STORY BEHIND THE BASELINE**

**Indicator a** – Information Provided by ASPIRE July to September data only. Aspire is now managing the contracts directly and there has been an increase in activity. It is planned that through liaison with the LMC more practices will sign up.  
**Indicator b** – Latest data available. Alcohol-related admissions increased up to 2013/14 and were consistently above England. The rate for 2014/15 appears to decrease sharply though this requires further investigation. These admissions are primarily linked to cancer, unintentional injuries and mental/behavioural

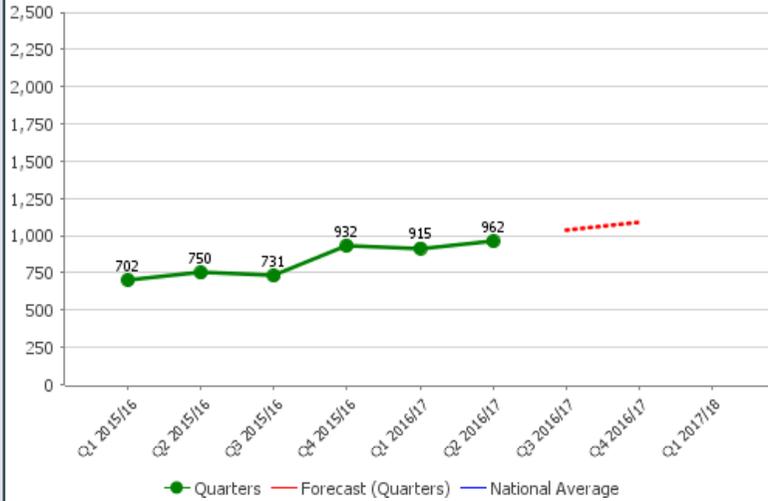
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <p>disorders. Doncaster is significantly worse than Englands average</p> <p><b>Indicator c</b> –At present, there is no definition of alcohol-related violence within the National Crime Recording Standard (NCRS) or Home Office Counting Rules (HOCR), although there is guidance within the National Standard for Incident Recording (NSIR). (Latest available data) Alcohol-related crime has increased significantly from a low in 2012/13. The Joint Strategic Intelligence Assessment notes this increase citing increases in Town Centre violence and recorded domestic abuse, but also discrepancies in the recording process.</p> <p><b>Indicator d</b> –Significant difference in data reported due to change in data source. Q2 16/17 data received from CCG instead of directly from DRI</p> <p><b>Measure e</b> –Numbers in specialist treatment have reduced by approx. 60 people since April 2016. There are estimated to be approx 5,600 dependent drinkers in Doncaster therefore the aim is to increase the number of people accessing services. Aspire have been alerted to this apparent decrease.</p> <p><b>Measure f</b> –Numbers entering via the criminal justice system are low and the aim is to increase the numbers entering via this pathway (as a benchmark the Probation Service historically targeted 80 service users per year). This decrease may be a result of changes in the CJS, reducing the number of Alcohol Treatment Requirements (ATRs) issued by Magistrates (e.g. less use of alcohol conditional cautions, the reorganisation of probation into the National Probation Service and Community Rehabilitation Companies).</p> <p><b>Measure g</b> - successful exits stood at 60% in September 2016, which is above the local target (36%) and above the national rate for England (39%). The aim is to maintain this performance through the mobilisation of the new service.</p> <p><b>Measure h</b> - re-presentations (people who exit successfully but return to services within 6 months) stood at 9% in September 2016, which is better performance than the national figure of 10.6%. Re-presentations were declining prior to the gap in data linked to the national system, however the aim is to improve this performance. When interpreting the data, it is important to bear in mind that some people may relapse and do not represent to the service.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>ACTION PLAN</b> | <p style="text-align: center;"><b>What we will achieve in 2016-17</b></p> <ol style="list-style-type: none"> <li>1. Work with GP practices to expand and improve screening and interventions from this year to next, delivered via RDASH/Aspire subcontract.</li> <li>2. Learn from the evaluation the Community Alcohol Partnership (CAP) in Askern, Campsall and Norton. The model was expanded to Conisbrough and Denaby in November 2015.</li> <li>3. Make greater use of campaigns to raise public awareness and influence attitudes to alcohol in the population. Fixed national dates include Alcohol Awareness Week and Dry January while local campaigns will likely include topics such as alcohol and cancer, alcohol in pregnancy, alcohol and older people and the link between alcohol and house fires.</li> <li>4. Improve the referral pathway between hospitals and the treatment system and enhance the identification and support to people repeatedly attending A&amp;E or admitted to wards. Alcohol Concern defines these as 'Blue Light' clients - people who become vulnerable and isolated so that emergency services are their only source of support..</li> <li>5. Increase public and professional awareness re alcohol and older people through partnership with services which work with older people. A leaflet and poster campaign has been produced and distributed across Doncaster highlighting the increasing issue.</li> <li>6. Deliver a 'safe haven' piloted for a year between December 2016 through to end of September 2017</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p style="text-align: center;"><b>What we will do next period</b></p> <ol style="list-style-type: none"> <li>1. Monthly monitoring of exits and representations.</li> <li>2. Mobilising the new recovery system around the lead provider (RDASH) from 1 April 2016 with monthly operational meetings.</li> <li>3. Continuing to monitor and screening and brief interventions through GP practices contracted via RDASH from 1 April</li> <li>4. Delivering public awareness campaigns and planning for the year.</li> <li>5. Promotion of 'age well drink wiser' highlighting alcohol and older people</li> <li>6. A leaflet specifically for dependent drinkers called 'Dying for a drink' has been produced and distributed to A&amp;E and DRI, custody suite and other areas</li> <li>7. Public Health leading on a Safe Haven in Doncaster Town Centre on Saturday nights to 'treat' people with alcohol related issues/harm to alleviate pressure on emergency services and DRI and vulnerability to crime to be in operation on the 10th of December and subsequent Fridays 16th and 23rd.</li> <li>8. Assisting the Town Centre Management and the Mayor with working to address the homelessness, begging and ASB</li> </ol> |

**OUTCOME 3**

**Families who are identified as meeting the eligibility criteria in the expanded Stronger families programme see significant and sustained improvement across all identified issues.**

**INDICATORS**

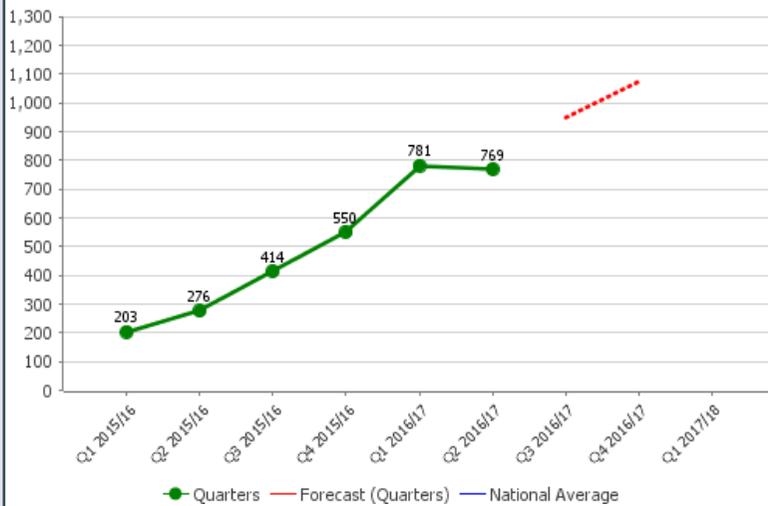
**a) Number of Families Identified as part of the Phase 2 Stronger Families Programme**



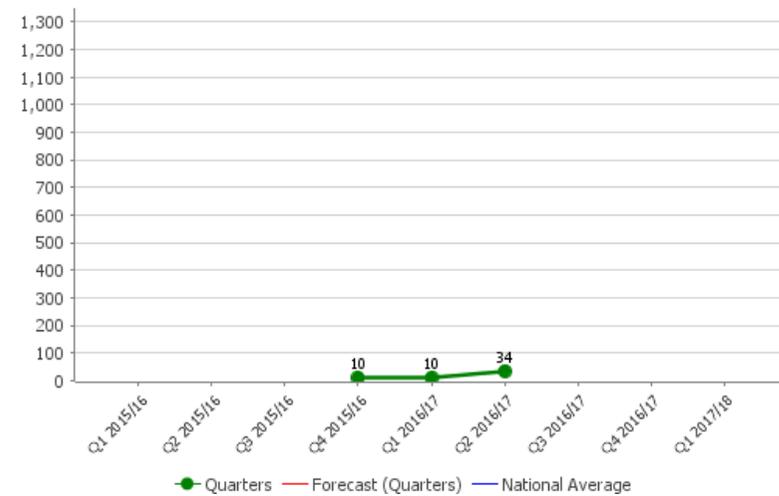
**b) Number of families achieving positive outcomes through the Stronger Families Programme**



**c) Number of Families Engaged in the Expanded Stronger Families Programme**



**d) Number of family claims made to DCLG through the Expanded Stronger Families Programme**



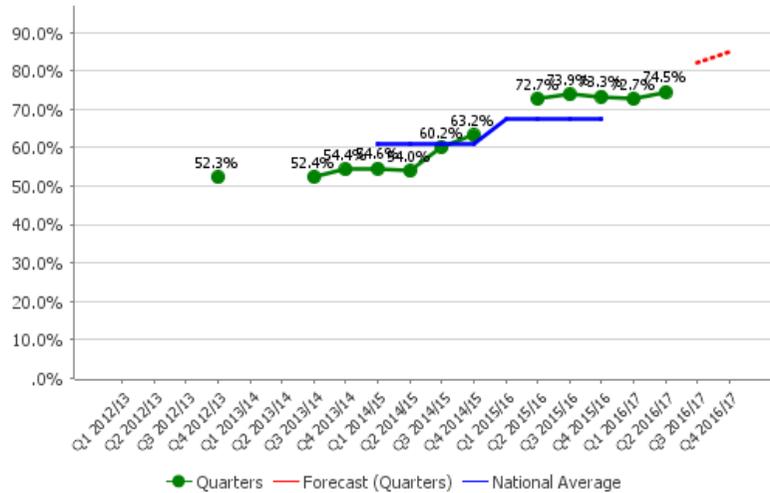
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>STORY BEHIND THE BASELINE</b></p>                                                                                                                                                                                                                                                                                                                                                                 | <p>Our current total of identified and validated families is 962. During Quarter 2 our focus has been on strengthening the process of identifying families via the Early Help Hub. As a result, as expected whilst the number of eligible families has increased it has not met the Q2 target. During Q2 we have also been horizon scanning as part of the ongoing service transformation activity for the programme which has highlighted further work to gather families who are eligible from across the team Doncaster partnership. We have now defined what needs to take place to gather details of eligible families which will have an impact on our outturn and we expect that this activity will continue throughout Q3 and the resulting performance results at the end of that period. We are not planning to do another identification process at the moment as we are consolidating the current families we have.</p> <p>The next claim is in January 2017 and results will be reported in Quarter 4 2016/17. While Claims may only be made for sustained and significant progress against all assessed outcomes, or, continuous employment, progress against individual outcomes has been made by many families. This total represents counts of individual progress against outcomes and not individual families. Therefore a family can be counted under more than one outcome so this does not relate to 777 individual families.<br/>The latest progress is:</p> <p>Outcome 1 (Crime &amp; ASB): 213<br/>Outcome 2 (Children Attending School): 93<br/>Outcome 3 (Children Needing Help): 147<br/>Outcome 4 (Worklessness &amp; Financial Exclusion): 198<br/>Outcome 5 (Domestic Violence): 58<br/>Outcome 6 (Health): 68</p> <p>As part of the September 2016 claim, 24 families were found to have met the significant &amp; sustained improvements required within the financial framework for all of their assessed or maintained employment for 6 months or more.</p> <p>Moved off benefits into work 18<br/>Sustained and Significant Improvement 6</p> <p>While the payment by results numbers were below target (but similar to some other areas), our process for validating our results has been strengthened and remains robust to ensure that all claims processed would stand up to scrutiny as part of the DCLG enhanced spot check. We have identified where improvements can be made and these are being actioned and should impact on the results of our next claim. Meeting the criteria where claims can be processed remains challenging as part of the programme's financial framework and whilst we can evidence from our family progress results that families are making significant changes to achieve claimable results all family members must evidence improvements against all outcomes for a minimum of 6 months for the sustained and significant result.</p> <p>A further challenge to maximise the results remains as the engagement across all services who then nominate claims and provide appropriate evidence/data. This is further exacerbated by the lack of a Case Management System.</p> |                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>ACTION PLAN</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>What we will achieve in 2015-16</b></p>                                                                                                                                                     |
| <p>1. To identify as many families who meet the criteria as we can<br/>2. Implement the case management system to allow for easier case management, tracking and progress reporting<br/>3. Commission services needed by families following evaluation of the SF programme.<br/>4. Train multi-agency staff in working with families, 'early help' assessment and case management system inputting.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>1. Implement 'Go live' of EHM system<br/>2. Prepare for January 2017 claims<br/>3. Train staff in Signs if Safety processes<br/>4. Review areas to be commissioned / where there are gaps.</p> |

**OUTCOME 4**

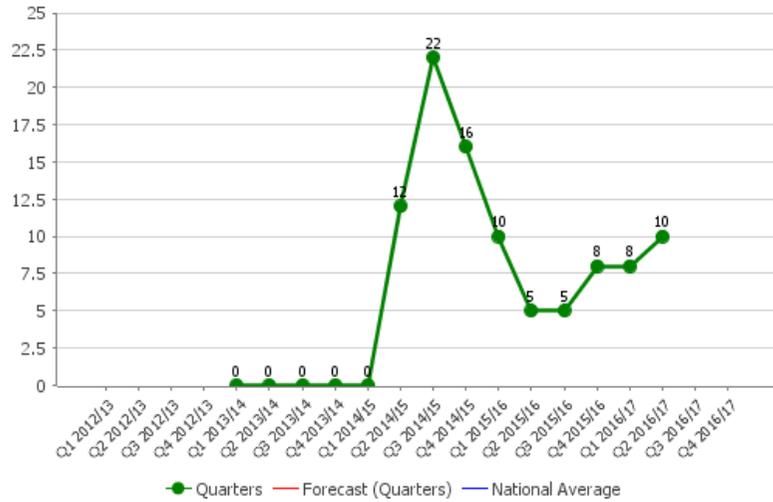
**People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis**

**INDICATORS**

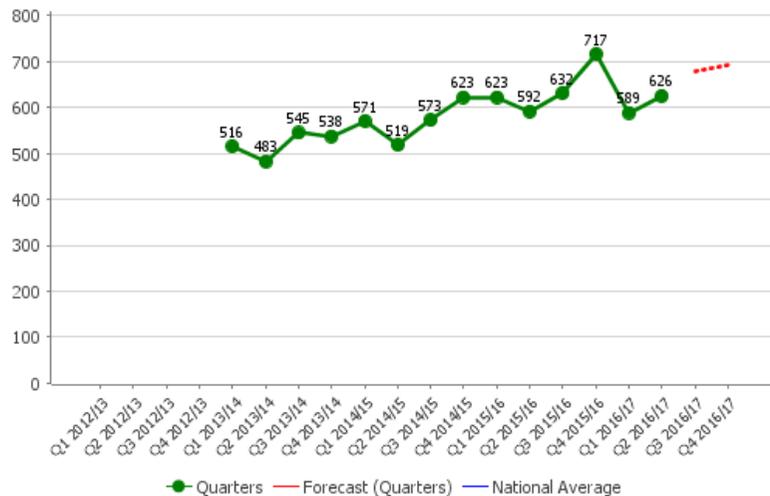
**a) Dementia Diagnosis Rate (%)**



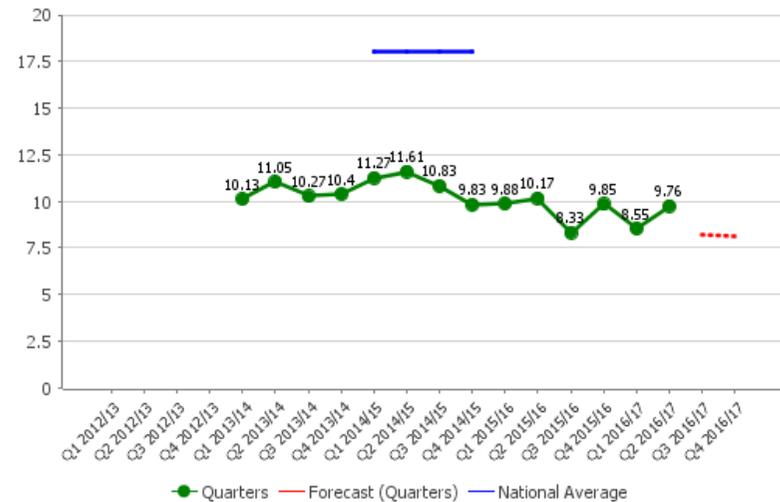
**b) Number of 4hr RDaSH Emergency responses for people with dementia**



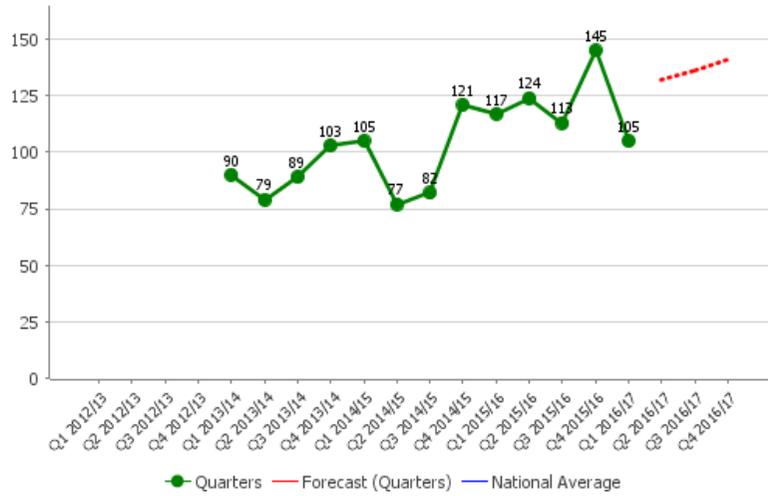
**c) Reduce the number of Hospital Admissions (DRI) for people with dementia**



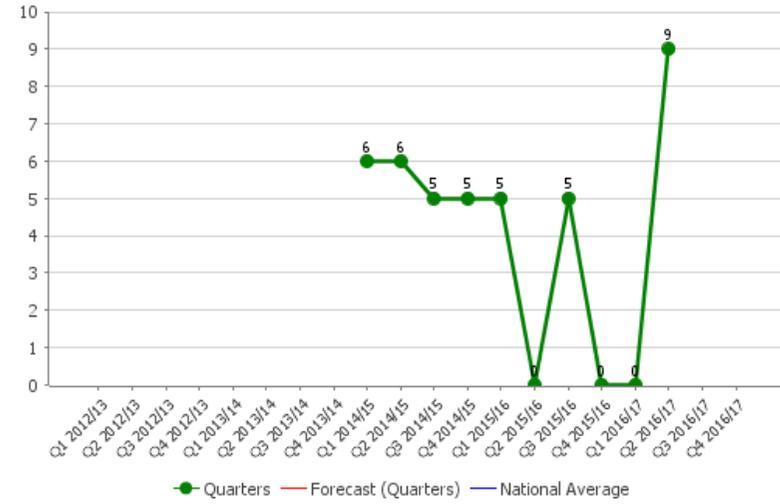
**d) Length of stay of people with Dementia in an acute setting (average days)**



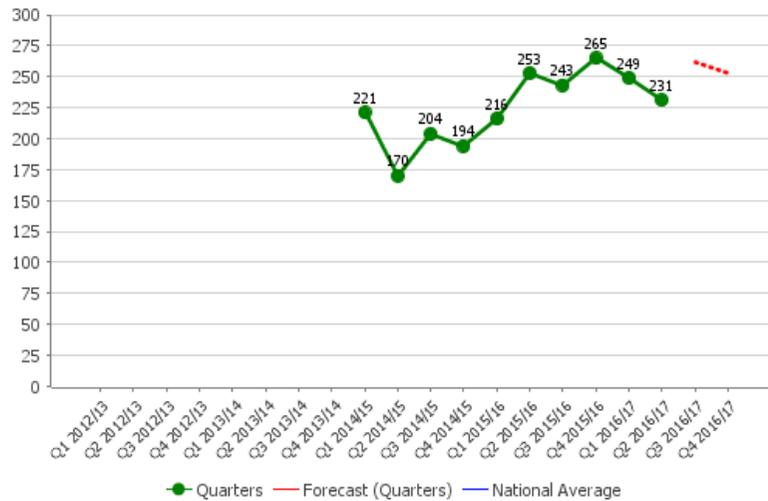
e) Hospital re-admissions within 30 days (DRI) for people with Dementia



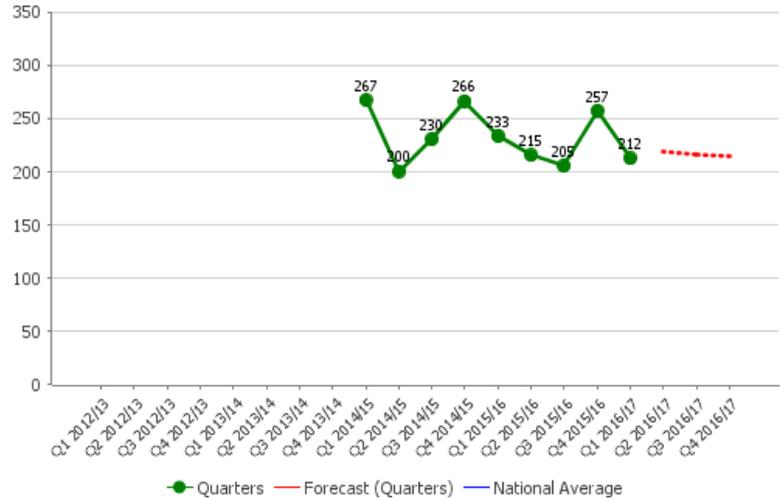
f) Number of patients having any delayed discharges at RDaSH



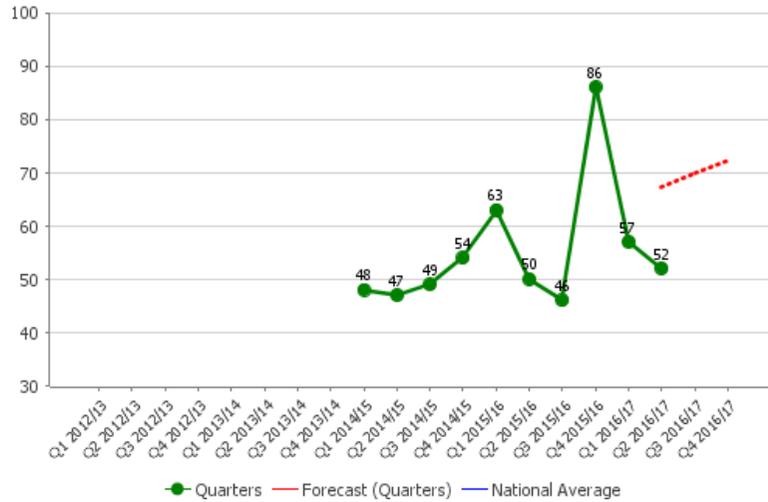
g) Attendances at A&E for people with dementia



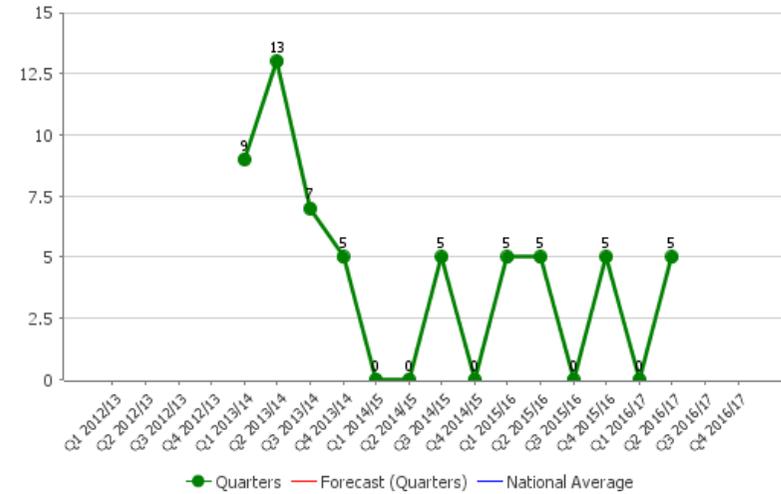
h) Number of people with dementia being admitted from care homes to DRI



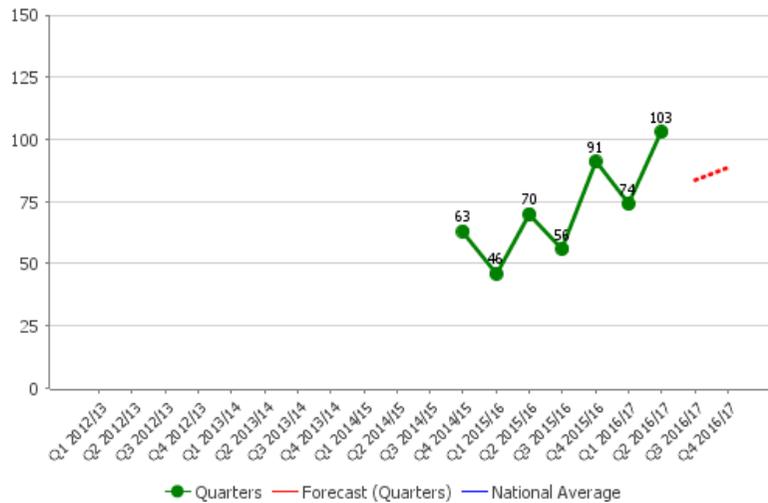
**i) Number of Hospital deaths for patients with dementia**



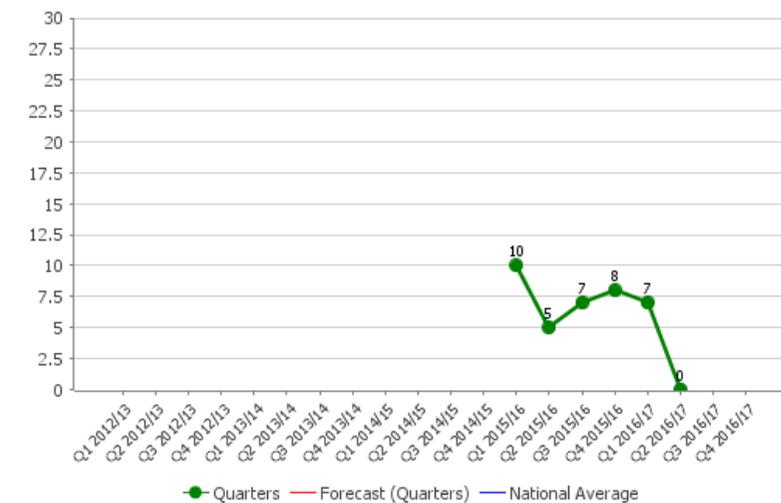
**j) Unplanned episodes of Respite for people with Dementia**



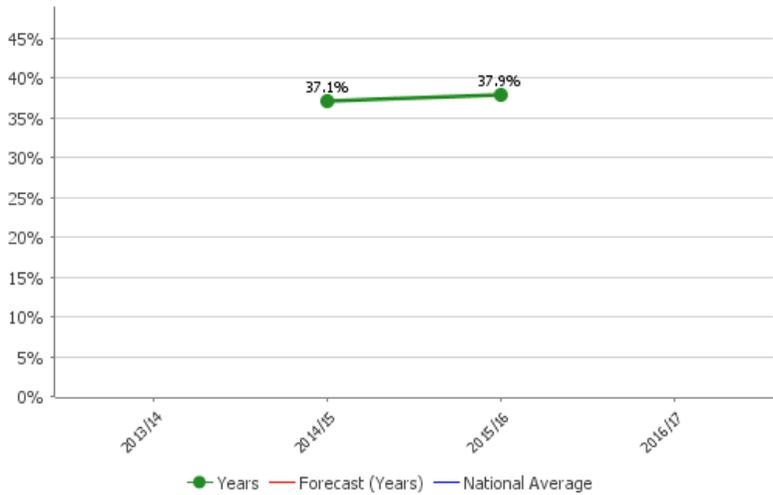
**k) Number of installations for Assistive Technology that are for people with Dementia**



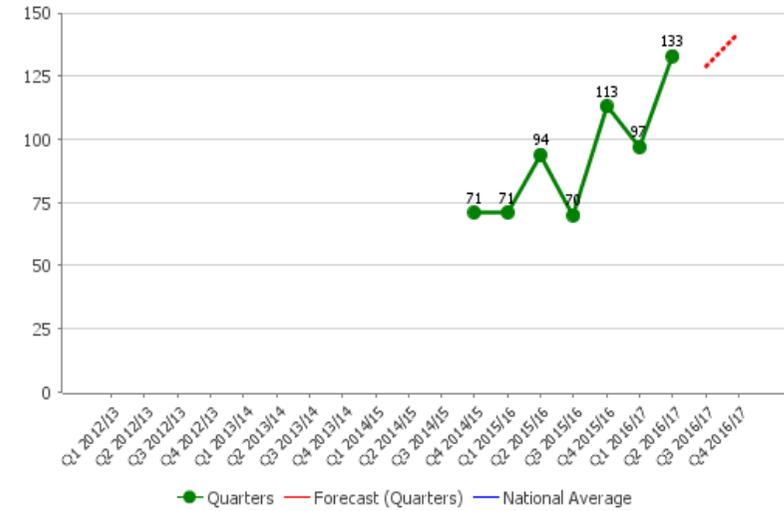
**l) Number of safeguarding referrals involving people with a PSR of Memory & Cognition**



**M) Proportion of People who access social care services and have a PSR of Memory Support & cognition living at home**



**N) The number of Assistive Technology referrals (telecare) that are for people with Dementia**



**STORY BEHIND THE BASELINE**

The measures capture the strategic direction of improving diagnosis rates, reducing inequalities and supporting people to live well with dementia by preventing crisis and helping people to be in control of their lives. Doncaster’s dementia diagnosis rate is now well over the national ambition of 67%. Having a diagnostic rate of 74.5% (Oct 2016) leaves an unknown gap of around 914 people over the age of 65 and around 1040 people in total. By being able to identify people with dementia results in 2 key outcomes; firstly it enables people with dementia and their carers to access the right services and support and secondly assists commissioners to identify more accurately activity in the health and social care system so improvements can be made.

The measures that saw a spike in Q4 have mostly returned to levels seen during the rest of 2015-16, in particular the amount of admissions for people with dementia has reduced in Quarter 1 by 128 in comparison to the previous quarter. Of the 589 admissions 523 were non elective, with 13 of the patients also having a diagnosis of Parkinson’s Disease. The number of assistive technology installations is down on the Q4 figure but generally the trend is increasing.

**ACTION PLAN**

| What we will achieve in 2016-17                                                                                                                                                                                                                                                                                                                                                                                      | What we will do next period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>For 2016/17 the action plan will address the 5 Key Areas of Focus as presented in Dementia Strategy for Doncaster, Getting There, launched in March 2015. These are:</p> <ul style="list-style-type: none"> <li>• Raising Awareness and reducing stigma – Information, Advice and Signposting,</li> <li>• Assessment and Treatment,</li> <li>• Peri and Post Diagnostic Support,</li> <li>• Care Homes</li> </ul> | <ol style="list-style-type: none"> <li>1. Continue with the post diagnostic support pilot the ‘Admiral Service’. This is a 14 month pilot completing March 2014 where partners working together, will ensure everyone with a diagnosis of dementia, living in Doncaster will have adequate support with a point of contact following diagnosis and discharge from acute services. This pilot is being independently evaluated by Sheffield Hallam University.</li> <li>2. Promote new “Preventing Dementia” leaflet and raising awareness through performances at Doncaster College</li> </ol> |

- End of Life.

This will ensure we build on the success of 2015/16 but also address identified gaps and areas for improvement. This year the people of Doncaster will be able

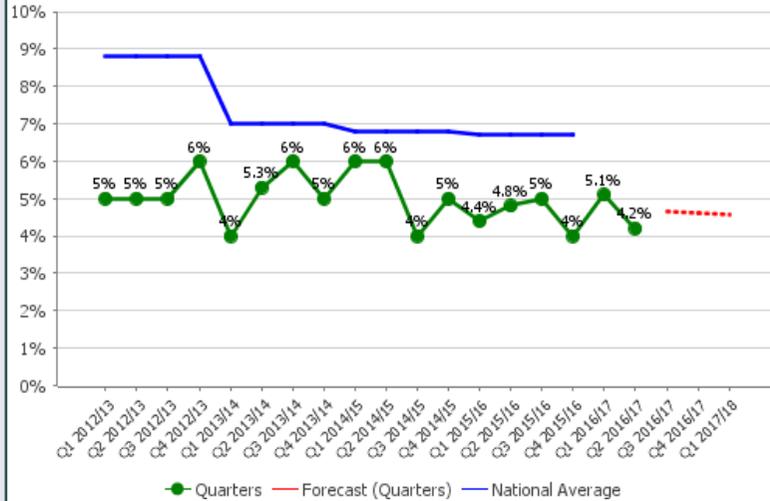
1. to access reliable and consistent dementia information and support in a timely manner;
2. there will be reduced variance in assessment and treatment pathways ensuring every referral receives an equal, timely and effective response;
3. there will be an integrated and co-ordinated support pathway/service for people with dementia and their carers/families before and after diagnosis; more people will live at home with dementia and be in control of their life/care, delaying the need for possible residential care ;
4. when people with dementia need residential care they receive high quality care locally
5. People with dementia will die with dignity and in a place of choice through planned empowerment.

OUTCOME 5

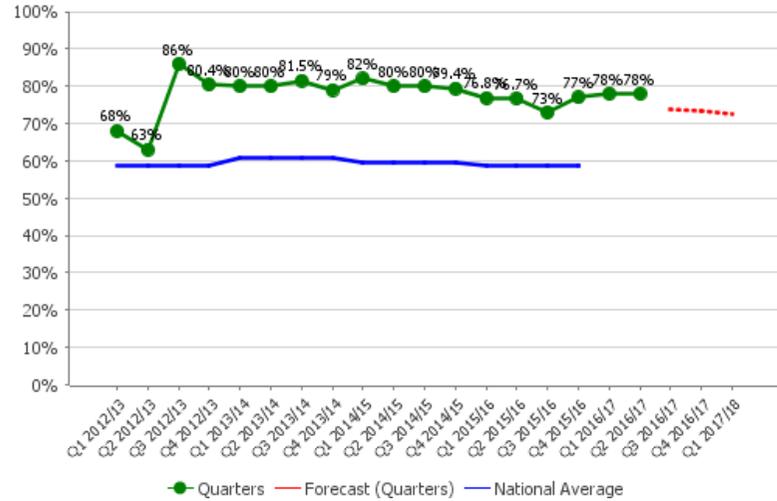
Improve the mental health and well-being of the people of Doncaster ensures a focus is put on preventive services and the promotion of well-being for people of all age's access to effective services and promote sustained recovery.

INDICATORS

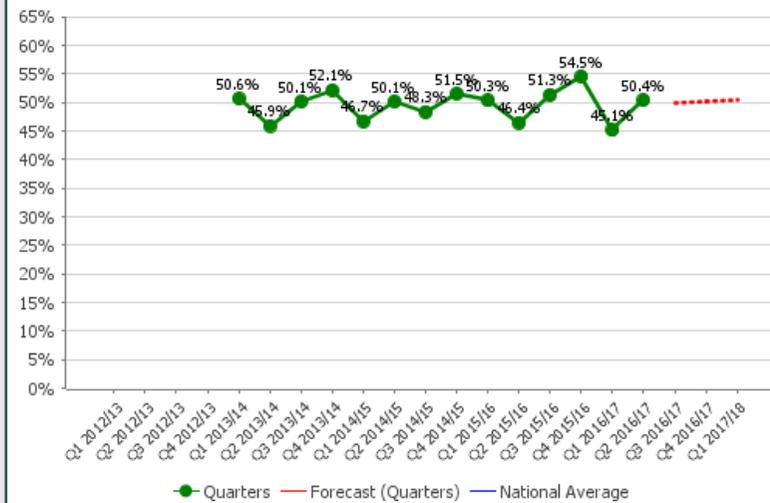
a) Proportion of adults in contact with secondary mental health services in paid employment



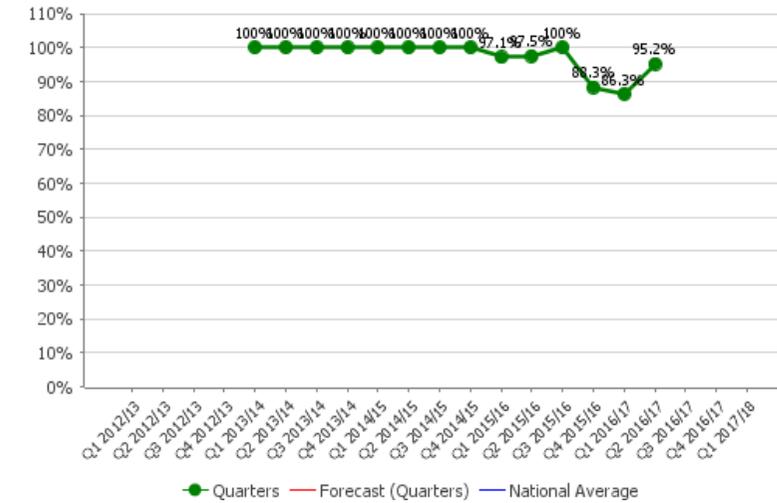
b) Proportion of adults in contact with secondary mental health services living independently, with or without support



c) Proportion of People Completing Treatment and Moving to Recovery



d) CAMHS: % of referrals starting a treatment plan within 8 weeks

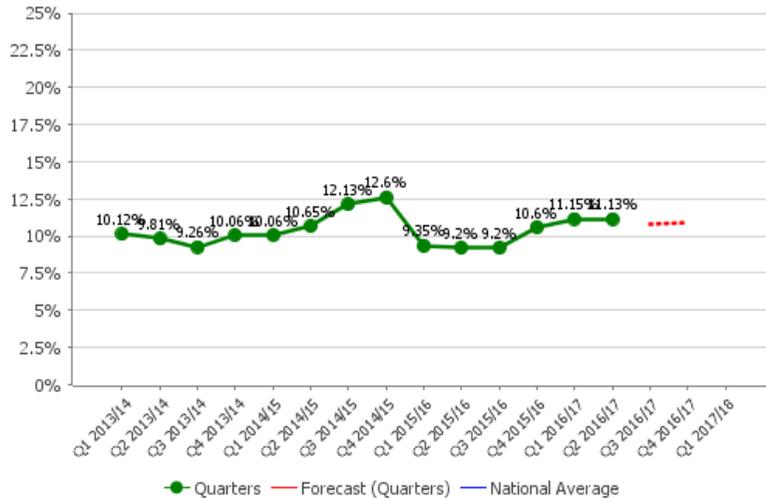


| <p><b>STORY BEHIND THE BASELINE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>There is a slight upward trend for both the proportion of adults in secondary mental health accessing paid employment and also the proportion living independently, with or without support. The Paid employment measure is below the national and regional averages and has been so for some time. The proportion of people living independently is consistently better than the national average.</p> <p>The proportion of people completing treatment and moving to recovery has decreased this quarter and the lowest recorded in the past two years but this is not statistically significant this period.</p> <p>I propose for this time: RDASH, the main provider, are currently completing an audit of care plans around the advice given to patients in connection with employment. This will allow a greater quality marker on the support provided and also opportunities for work experience/unpaid work. The results of this should be available during Q3 to the early part of Q4.</p> <p>The proportion of people living independently is consistently better than the national average.</p> <p>In regards the IAPT recovery rate measure a meeting with the provider, lead Commissioner and Performance Team was held in August and an action plan developed. One of the main reasons for under performance has been identified as increasingly complex patients being referred into the service, some of whom would be more appropriately treated in other settings. Further meetings have been held monthly to review these actions and their impacts. This measure has now seen improvements for 3 consecutive months and is meeting target for Q2.</p> <p>The measure for non-urgent CAMHS referrals has been affected by the capacity of the service in 2016/17 and also increased referrals. The service is now working to resolve this issue through increased staffing.</p> |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ACTION PLAN</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table border="1"> <thead> <tr> <th data-bbox="315 699 1227 746">What we will achieve in 2016-17</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 746 1227 1369"> <p>Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda:</p> <p>Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year two) and deliver the principles of the 5 Year Forward View for Mental Health and the National Suicide Prevention Strategy</p> <p>a. Crisis and acute care pathway<br/>b. Secondary Care &amp; Community Teams</p> <ul style="list-style-type: none"> <li>i. Personality Disorder</li> <li>ii. Perinatal Mental Health</li> <li>iii. Eating Disorders</li> <li>iv. Attention Deficit Hyperactivity Disorder</li> </ul> <ul style="list-style-type: none"> <li>1. Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing.</li> <li>2. Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health &amp; Wellbeing Board</li> </ul> </td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | What we will achieve in 2016-17 | <p>Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda:</p> <p>Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year two) and deliver the principles of the 5 Year Forward View for Mental Health and the National Suicide Prevention Strategy</p> <p>a. Crisis and acute care pathway<br/>b. Secondary Care &amp; Community Teams</p> <ul style="list-style-type: none"> <li>i. Personality Disorder</li> <li>ii. Perinatal Mental Health</li> <li>iii. Eating Disorders</li> <li>iv. Attention Deficit Hyperactivity Disorder</li> </ul> <ul style="list-style-type: none"> <li>1. Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing.</li> <li>2. Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health &amp; Wellbeing Board</li> </ul> | <table border="1"> <thead> <tr> <th data-bbox="1227 699 2145 746">What we will do next period</th> </tr> </thead> <tbody> <tr> <td data-bbox="1227 746 2145 1369"> <ul style="list-style-type: none"> <li>1. Present the Summary Progress Report on the Doncaster Crisis Care Concordat Action Plan to the Health &amp; Wellbeing Board</li> <li>2. Redesign of the Eating Disorders pathway which will be combined with the new children's planning guidance for improving access for young adults to rapidly access Eating Disorder services locally</li> <li>3. Redesign of the Attention Deficit Disorder pathway for young people in transition to adult secondary care services and support general practice to manage people in the community who have ADHD</li> <li>4. The National Guidance for improved Access to Early Intervention in Psychosis has been published and Doncaster CCG will be working with RDASH to improve access response to 2 weeks from referral.</li> <li>5. Support the development of a Psychiatric Liaison Service between RDASH and DBHFT.</li> </ul> </td> </tr> </tbody> </table> | What we will do next period | <ul style="list-style-type: none"> <li>1. Present the Summary Progress Report on the Doncaster Crisis Care Concordat Action Plan to the Health &amp; Wellbeing Board</li> <li>2. Redesign of the Eating Disorders pathway which will be combined with the new children's planning guidance for improving access for young adults to rapidly access Eating Disorder services locally</li> <li>3. Redesign of the Attention Deficit Disorder pathway for young people in transition to adult secondary care services and support general practice to manage people in the community who have ADHD</li> <li>4. The National Guidance for improved Access to Early Intervention in Psychosis has been published and Doncaster CCG will be working with RDASH to improve access response to 2 weeks from referral.</li> <li>5. Support the development of a Psychiatric Liaison Service between RDASH and DBHFT.</li> </ul> |
| What we will achieve in 2016-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda:</p> <p>Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year two) and deliver the principles of the 5 Year Forward View for Mental Health and the National Suicide Prevention Strategy</p> <p>a. Crisis and acute care pathway<br/>b. Secondary Care &amp; Community Teams</p> <ul style="list-style-type: none"> <li>i. Personality Disorder</li> <li>ii. Perinatal Mental Health</li> <li>iii. Eating Disorders</li> <li>iv. Attention Deficit Hyperactivity Disorder</li> </ul> <ul style="list-style-type: none"> <li>1. Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing.</li> <li>2. Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health &amp; Wellbeing Board</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| What we will do next period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>1. Present the Summary Progress Report on the Doncaster Crisis Care Concordat Action Plan to the Health &amp; Wellbeing Board</li> <li>2. Redesign of the Eating Disorders pathway which will be combined with the new children's planning guidance for improving access for young adults to rapidly access Eating Disorder services locally</li> <li>3. Redesign of the Attention Deficit Disorder pathway for young people in transition to adult secondary care services and support general practice to manage people in the community who have ADHD</li> <li>4. The National Guidance for improved Access to Early Intervention in Psychosis has been published and Doncaster CCG will be working with RDASH to improve access response to 2 weeks from referral.</li> <li>5. Support the development of a Psychiatric Liaison Service between RDASH and DBHFT.</li> </ul>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

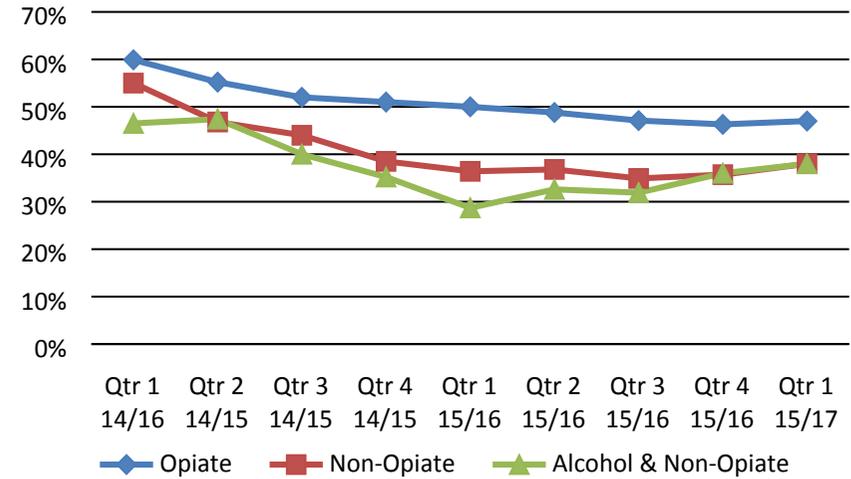
OUTCOME 6

Reduce the harmful impact of drug misuse on individuals, families and communities.

a) Proportion of all in treatment, who successfully completed drug treatment and did not re-present within 6 months (Opiate & Non Opiate)

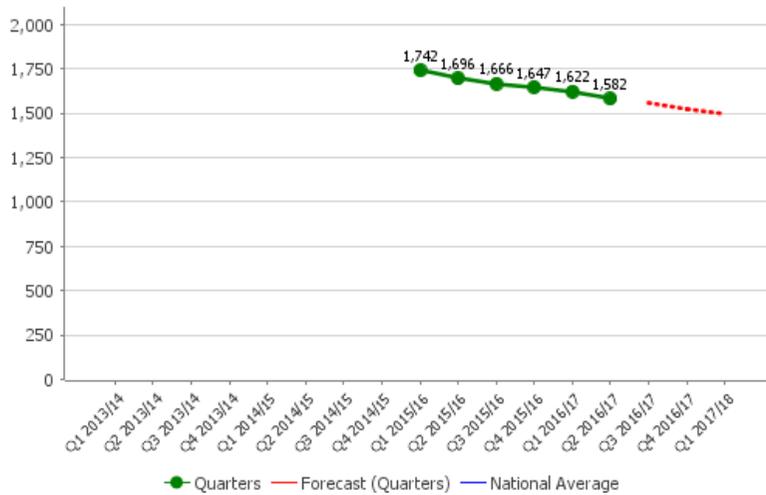


b) The proportion of clients in treatment who live with children

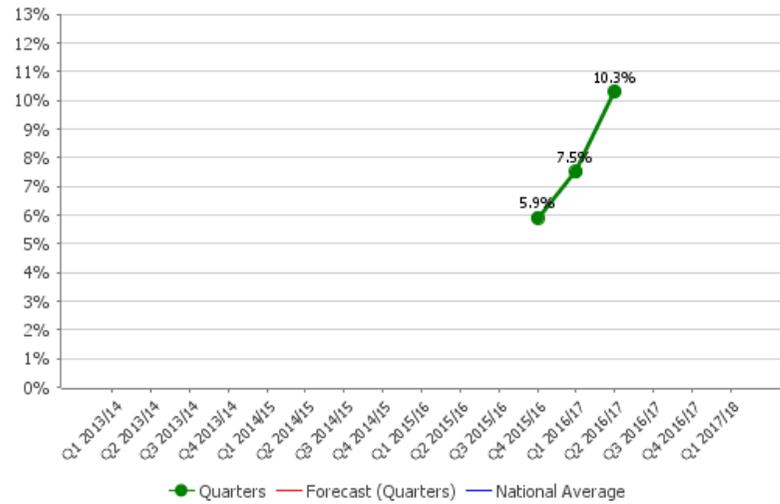


INDICATORS

c) Number of People in Treatment (Opiate and Non Opiate)



d) Re-presentations to drug Treatment



|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>STORY BEHIND THE BASELINE</b></p> | <p>Indicator a: Performance remains good for the non-opiate group, but opiate users have not improved performance. Some of the reasons why this is, may be due to lack of recovery capital and complex needs of this client group such as aging opiate users who are somewhat 'stuck' in the treatment system. An action plan with number of opiate user discharges needed at a keyworker level has been developed and agreed with the provider. This indicator is linked to 2.5% of the annual contract value to be measured at 31st December 2016 (top quartile performance to be achieved)</p> <p>Indicator 3: It could be argued that a decrease in number of clients in treatment is preferable. However, due to the protective nature of treatment and support, an increase in number of clients in treatment is still a positive outcome for the families affected..</p> <p>Measure c: Aiming to increase the proportion of non-opiate users into the treatment system relative to the number of opiate users over the 4 year period of the whole system contract. There is national evidence that numbers of younger (i.e. under 25 years) opiate users is falling, and new drug trends are emerging (New Psychoactive Substance, club drugs, Image and Performance Enhancing Drugs, Over The Counter medication). There is an ageing population of opiate users in the treatment system that have complex health needs that need to be met.</p> <p>Measure 4: Representations continue to perform better than target (14%). This means that for at least 6 months people are not coming back into treatment.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>ACTION PLAN</b></p>               | <p><b>What we will achieve in 2016-17</b></p> <ol style="list-style-type: none"> <li>1. Mobilisation of new whole system model delivered by Aspire from</li> <li>2. A Hidden Harm Strategy is being developed for Doncaster jointly owned by key strategic partners, overseen by the H&amp;WBB with an action plan due to be delivered in 2016/17.</li> <li>3. Targeted awareness/prevention/education campaign is being devised across Doncaster</li> <li>4. A new specialist needle/syringe exchange provision has opened across the Aspire service, including phased implementation at community hubs</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>What we will do next period</b></p> <ol style="list-style-type: none"> <li>1. Mobilisation of new whole system model delivered by Aspire from 1st April 2016. Monthly operational group meetings are taking place in order to monitor the developing service.</li> <li>2. A Hidden Harm Strategy developed for Doncaster jointly owned by key strategic partners, agreed by the H&amp;WBB with an action plan, is due to be amended to include domestic abuse factors.</li> <li>3. A targeted IPED awareness/prevention/education campaign is being devised targeting gyms across Doncaster and training for gym owners and fitness professionals to be delivered in January 2017</li> <li>4. A new specialist needle/syringe exchange provision has opened across the Aspire service, including phased implementation at community hubs</li> </ol> |

**Subject:** Whole Service Review Physical Activity and Sport

**Presented by:** Andrew Maddox

| <b>Purpose of bringing this report to the Board</b> |   |
|-----------------------------------------------------|---|
| Decision                                            |   |
| Recommendation to Full Council                      |   |
| Endorsement                                         | X |
| Information                                         | X |

| <b>Implications</b>              |                                      | <b>Applicable Yes/No</b> |
|----------------------------------|--------------------------------------|--------------------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) |                          |
|                                  | Mental Health                        | X                        |
|                                  | Dementia                             | X                        |
|                                  | Obesity                              | X                        |
|                                  | Children and Families                | X                        |
| Joint Strategic Needs Assessment |                                      |                          |
| Finance                          |                                      |                          |
| Legal                            |                                      |                          |
| Equalities                       |                                      |                          |
| Other Implications (please list) |                                      |                          |

| <b>How will this contribute to improving health and wellbeing in Doncaster?</b>                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work under taken through this whole service review of physical activity and sport will ensure partners existing and new work more cohesively to enable a larger proportion of our population to become active. This in turn will improve the health and wellbeing of residents enabling them to play a full part in Doncaster's future as well as reduce long-term demand on our services. |

| <b>Recommendations</b>                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Board is asked to:- endorse the report and review and request that Doncaster Active Partnership is formally tasked by Health and Wellbeing board to take forward the delivery of the review and be held accountable for its delivery. |

This page is intentionally left blank

**To the Chair and Members of the HEALTH & WELL BEING BOARD**

**DONCASTER'S REVIEW OF PHYSICAL ACTIVITY AND SPORT**

**EXECUTIVE SUMMARY**

**Current picture**

Doncaster has a history of utilising physical activity and sport to improve the lives of its residents. However, there are a number of challenges facing the provision of physical activity and sport.

Since 2005 the Active People's Survey undertaken by Sport England had shown a steady increase in the number of people (post 16yrs) taking part in sport and physical activity from a base line of 28.3% up to 39% in 2012-13, however over the past 3 years we have seen a drop of 11.1% to 27.3% of the population participating in 1 x 30minutes of sport per week. The lack of activity within our population becomes starker when viewed against the following indicators.

**Adults (Active People Survey)**

- 27.3% of the adult population take part in sport once a week
- 31.5% are men and 27% are women (male participation has reduced and female participation has increased since 2005/06).
- 12.9 % of 55+yrs take part in sport once per week (reduction from 14.9% in 2005/06).
- 29.1% of adults are inactive (do less than 30mins/wk).
- 52.6% meet the national recommendations for physical activity (150mins/wk)

**Children (Health & Wellbeing Survey for Doncaster 2015)**

**Primary School**

- Only 33% of boys and 26% of girls responded that they did physical activity on five days or more in the week before the survey.
- Only 8% of pupils responded that they did physical activity for an hour or more that caused them to get out of breath and/or sweaty on at least 5 days in the week before the survey. (This is the national recommendations for children).

**Secondary School**

- Only 38% of boys and 20% of girls responded that they did physical activity on five days or more in the week before the survey.
- Only 8% of pupils responded that they did physical activity that caused them to get out of breath and/or sweaty for an hour or more on at least 5 days in the week before the survey.

## Health data

In Doncaster, circa 234,721 people or 77.6% classify themselves as in 'very good' or 'good' health (Census, 2011). This is worse than the regional figure for Yorkshire and the Humber of 80.0% and also below the England average of (81.4%). There is therefore significant scope to use sport and physical activity as a vehicle to improve health in Doncaster.

This is reinforced on the other end of the spectrum with those who class themselves as being in 'bad' or 'very bad' health. In Doncaster this figure is 21,993 (7.3%) which is higher than both the regional average of 6.0% and the national average of 5.4%.

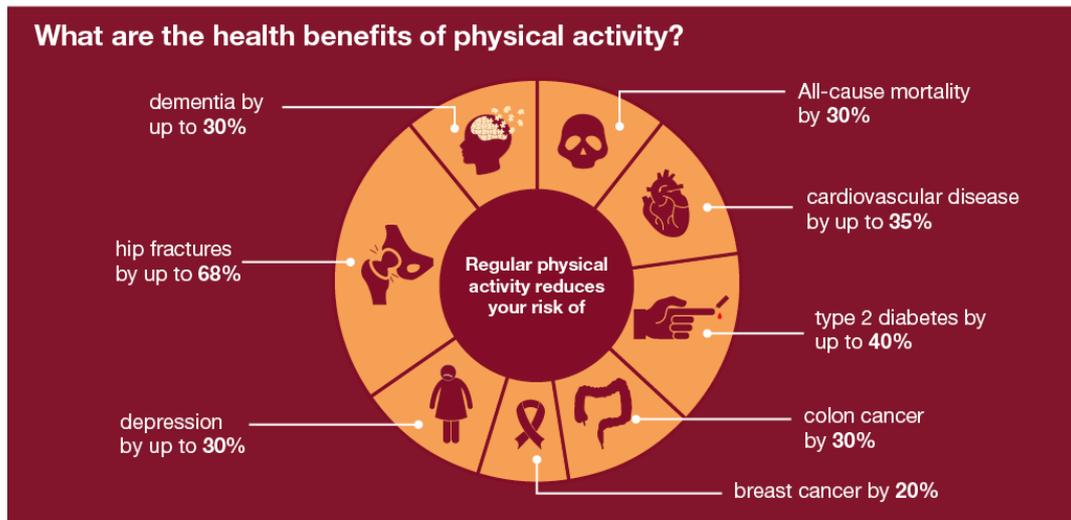
The statistics for Doncaster evidencing the level of overweight or obese adults are a further cause for concern. Doncaster's (2015) Public Health England Profile identifies a 30.4% obesity rate amongst adults which is significantly worse than the England average.

In terms of childhood obesity, over a third (34%) of 10/11 year olds leave primary school classified as overweight or obese, which is a similar rate to the national levels (NCMP 2014/2015).

Doncaster's (2015) Public Health England profile has outlined that the health of people in Doncaster is varied compared with the England average. Deprivation is higher than average and about 23.8% (13,500) children live in poverty. Life expectancy for both men and women is lower than the England average. All Life expectancy is 9.8 years lower for men and 7.0 years lower for women in the most deprived areas Of Doncaster than in the least deprived areas.

Doncaster's ageing population 65+ is projected to increase by 34% with an additional 19,100 people aged 65 years and over by 2030. This projected growth in population poses significant challenges both in terms of health and social care. It is widely acknowledged that having a more active population will reduce and delay the need for support interventions enabling individuals to live longer independent lives

Physical Activity and Sport can have a significant impact on all the above. Regularly being championed that "if exercise were a pill it would be one of the most cost-effective drugs ever invented" Although a bold statement the evidence does indicate this would be the case. Becoming more physically active will reduce the risk of the following by:



Even with the low levels of participation previously mentioned the direct value of saving to the health profession is £20 million per year and associated benefits of participation adds an additional £112.5m of benefits. However the lack of inactivity could be attributed to an additional 24,000 GP visits per year.

## Current Resources

Our open and green space could play an important and crucial role in increasing physical activity of our population DMBC and parish council jointly manage 20 parks with in excess of 400 acres of land. Currently 17.1% of adults utilise green space for exercise and health reasons this is lower than the regional but similar to the national figures of 19.4% and 17.9% respectively.

We all recognise that the financial climate that we now work and the threat to non-statutory services, challenges the position of sport and physical activity in Doncaster.

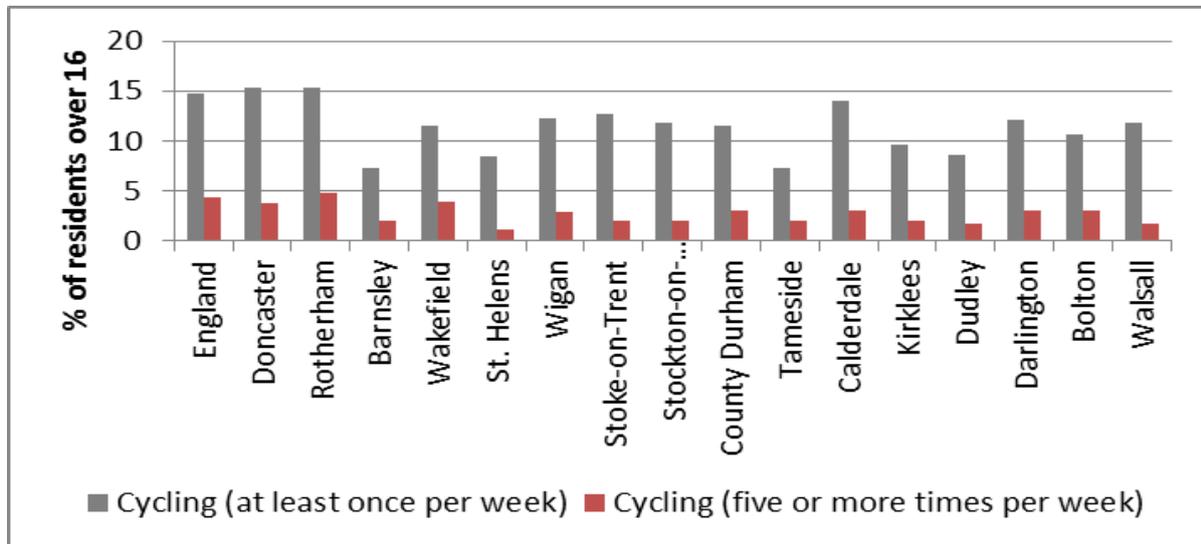
This is most evident when we review our current stock of DMBC owned leisure facilities. In 2016, Dearne Valley Leisure Centre will be our youngest facility being 10 years old with the Dome over 23 years and remaining facilities being between 40 - 55 years old. Investment to maintain the facilities has not kept pace projected to be £5.5m behind recommended spend by 2019.

Doncaster has a strong ethos of volunteering in sport across the borough which is not to be underestimated with a direct worth £54.4m as well as social, mental health and community benefits (sport England economic impact assessment). This sector is little supported and fragmented when compared to other voluntary sectors.

We are also starting to identify dramatic changes in what were previously core sports for instance swimming the country's most popular sport with over 2.5 million people taking part weekly has seen 144,200 fewer people taking to the pool in the last six months and 390,700 in the last year. The long term trend is also very concerning, with 729,000 people

stopping swimming in the last decade as measured by Sport England’s Active People Survey.

But at the same time there has been a dramatic growth in sports and activity such as cycling, high-intensity Pilates and yoga. In the case of cycling we do have the high levels of once a week participation but lower levels of five or more times participation per week( see graph below).



Increasing these low levels may prove difficult due to Doncaster’s current network of cycle ways particularly on road. Currently Doncaster has– 31km of shared and segregated cycle ways on the road, 28km Greenways/off road, and 40km of Trans Pennine Trail which is set against a road network of 1700km in the borough. Is this a good ratio? If not what is?

The revolution in personal technology which enables you to map your activity is also changing the way people access and engaged in sport and physical activity. No longer do we need to be competing at the same time in the same place but are now able to measure progress at the click of a button and compete against friends online.

This all adds to the complex mix of activity and choices that people are able to make when engaging in sport and physical activity

## Action

As outlined above there are a number of issues we (DMBC) and partners need to face if we are to re position physical activity and sport as a key tool to improve the health and wellbeing of our population across all agendas health, education and economic.

There is extensive research that indicates that a more active population is happier healthier and more productive. That young people life chances are improved and their ability to achieve in both their education, work and personal lives is greatly increased by being active.

People who are active also are also less of a burden on the public purse and have the ability to invest personal capital into our communities.

Therefore, any future development and investment in physical activity and sport needs to improve levels of participation and “Get Doncaster Moving” It is crucial that the future offer is varied and entices / motivates people to visit and take part as well as supporting good habits to establish a life of activity.

We need to build relationships to develop shared aspirations and a collective vision for action that leads to a wide offer of physical activity, leisure and sport. We want to look at opportunities to ensure that there are consistent messages, advice and a supportive environment to enable residents to lead active lives.

How do we deliver this change?

To deliver this significant change DMBC with partners is undertaking a systematic review of the delivery and provision of physical activity and sport. This review will :-

- increase awareness of what the sport and physical activity sector can contribute to wider outcomes
- develop the sport and physical activity sector’s ability to engage as a strategic partner
- through shared knowledge and learning develop interventions and services that are shaped locally to deliver outcomes that support partners’ priorities
- improve the prominence and recognition that physical activity and sport has to improve the lives of Doncaster residents

This review will consist of a number of elements:-



## **Current work**

This work will ensure that we have fully aligned strategies and policies adopted by all partners at the highest level which will improve our approach to the development of sport and physical activity across the Borough. Once adopted these key pieces of work will place Doncaster at the forefront of Physical Activity and Sport provision, enabling a step change to developing an active population to “Get Doncaster Moving”

Currently with partners we have commissioned the following:

### **Stakeholder & Commissioning Project**

DMBC & South Yorkshire Sport have co commissioned Liam Hughes to undertake a commissioning project working closely to the CLOA (Chief Culture and Leisure Officers Association) methodology. This will aim to build stronger relationships with other partners and stakeholders, and enable commissioners and key decision makers to better understand how physical activity and sport can support their agendas as well as enable delivery agencies better understand the commissioners’ needs and requirements. The key objectives of this piece of work include:-

- Insight into Doncaster’s key decision makers and commissioners on how physical activity and sport can support their key priorities and objectives and meet mutual outcomes for the benefit of all our residents.
- Identification of Doncaster’s strengths and challenges in relation to positioning physical activity and sport to shape Doncaster as an aspiring place to live.
- Develop shared aspirations and have a collective vision for action of a wide offer for physical activity, leisure and sport.
- Create a live delivery framework that is consistent with the findings of relevant policies and strategies that incorporate the recommendations of the recent leisure facilities review.

### **Review of Doncaster Active Partnership**

As part of the systematic review of physical activity and sport, DMBC are working with South Yorkshire Sport to critically review Doncaster Active Partnership (DAP). This is Doncaster’s strategic sport and physical activity partnership and the review will ensure its membership and governance are fit for purpose to drive forward the recommendations made by the elements of the review.

## **Physical Activity and Sports Strategy**

The process will review current strategy to ensure it is fit for purpose and aligned to meet current national and the new strategies produced by the systematic review. This will be completed May 2017

The systematic review will commit Doncaster to truly developing a strategic approach to positions sport and physical activity to “Get Doncaster Moving” so that it is valued by key local stakeholders and embed in their strategies and business plans ensuring that it positively impacts on the well-being of our population

## **Leisure Facility Review**

DMBC in partnership with South Yorkshire Sport and Sport England have commissioned FMG consulting to undertake a review of Doncaster’s current indoor leisure facility stock. This review has produced a facility strategy including options for consideration of future investment of leisure facilities.

## **Playing Pitch Strategy**

DMBC is in the process of developing its Local Plan to guide future development across the Borough. This initial work has recognised the importance of joining this up with other strategies to ensure sport and physical activity is at the forefront of developments.

A playing pitch strategy is currently being commissioned with financial and technical support from Sport England. This strategy once complete will enable DMBC and partners to make an informed decision for future investment of our pitches including, football cricket, rugby, hockey pitches and bowling greens. This work will take between 12-14 months and is anticipated to be completed February 2018.

## **REPORT AUTHOR & CONTRIBUTORS**

Andrew Maddox, business development manager leisure services  
01302 737377      [andy.maddox@doncaster.gov.uk](mailto:andy.maddox@doncaster.gov.uk)

This page is intentionally left blank



**Subject:** Report of the Steering Group and Forward plan

**Presented by:** Dr R Suckling

| <b>Purpose of bringing this report to the Board</b> |   |
|-----------------------------------------------------|---|
| Decision                                            |   |
| Recommendation to Full Council                      |   |
| Endorsement                                         |   |
| Information                                         | X |

| <b>Implications</b>              |                                      | <b>Applicable Yes/No</b> |
|----------------------------------|--------------------------------------|--------------------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) | Yes                      |
|                                  | Mental Health                        | Yes                      |
|                                  | Dementia                             | Yes                      |
|                                  | Obesity                              | Yes                      |
|                                  | Children and Families                | Yes                      |
| Joint Strategic Needs Assessment |                                      | Yes                      |
| Finance                          |                                      | No                       |
| Legal                            |                                      | Yes                      |
| Equalities                       |                                      | Yes                      |
| Other Implications (please list) |                                      | No                       |

| <b>How will this contribute to improving health and wellbeing in Doncaster?</b> |
|---------------------------------------------------------------------------------|
| This report provides an update on work and health and BME health inequalities.  |

| <b>Recommendations</b>                                                         |
|--------------------------------------------------------------------------------|
| The Board is asked to NOTE the report, and DISCUSS and AGREE the forward plan. |

This page is intentionally left blank

**To the Chair and Members of the  
HEALTH AND WELLBEING BOARD**

**REPORT FROM THE HEALTH AND WELLBEING BOARD STEERING  
GROUP AND FORWARD PLAN**

**EXECUTIVE SUMMARY**

1. The purpose of this report is to provide an update to the members of the Health and Wellbeing Board on the work of the Steering Group to deliver the Board's work programme and also provides a draft forward plan for future Board meetings.

**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

2. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, system management and any decisions that are made as a result of Board meetings.

**EXEMPT REPORT**

3. N/A

**RECOMMENDATIONS**

4. That the Board RECEIVES the update from the Steering Group, and CONSIDERS and AGREES the proposed forward plan at **Appendix A**.

**PROGRESS**

5. At the first full Board meeting on 6<sup>th</sup> June 2013, Board members agreed that there would be a Health and Wellbeing Officer group to provide regular support and a limited support infrastructure to the Board. In March 2016 this support was changed to a steering group.

The Steering group has had one meeting since the last Board in November 2016 and can report the following:

- **Work and Health**

The approval of both the Sheffield City Region integrated employment pilot and the Work and Health Unit Innovation Fund bids are still awaited. Locally work has begun on both areas, in particular the Work and Health Unit Innovation fund. The 'trial outline' was submitted in November and a go live

date of summer 2017. The initial proposal is to support people with ‘low-level’ mental health concerns, musculoskeletal problems and who require employment support. This will require increasing the capacity and capability of the local social prescribing approach, improved pathways as well as ensuring cross working into and with the local Stronger Families approach.

A workshop to develop the local delivery model is planned for 24<sup>th</sup> January 2017.

- **BME Health Inequalities**

The HWB held an evidence safari in December 2016 to review the work undertaken to date including a literature and the collection of over 100 stories from people living in Doncaster. The interim report is expected at the end of January 2017.

- **Forward Plan for the Board.**

This is attached at **Appendix A.**

## **IMPACT ON THE COUNCIL’S KEY OUTCOMES**

6.

|  | <b>Outcome</b>                                                                                                                                                                                                                                                                                                                        | <b>Implications</b>                                                              |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|  | <p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster’s vital services</i></li> </ul> | <p>The dimensions of Wellbeing in the Strategy should support this priority.</p> |
|  | <p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>                                                                                        | <p>The Health and Wellbeing Board will contribute to this priority.</p>          |
|  | <p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>    | <p>The Health and Wellbeing Board will contribute to this priority.</p>          |

|  |                                                                                                                                            |                                                                  |
|--|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|  | All families thrive.<br><ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul> | The Health and Wellbeing Board will contribute to this priority. |
|  | Council services are modern and value for money.                                                                                           | The Health and Wellbeing Board will contribute to this priority. |
|  | Working with our partners we will provide strong leadership and governance.                                                                | The Health and Wellbeing Board will contribute to this priority. |

## **RISKS AND ASSUMPTIONS**

7. None.

## **LEGAL IMPLICATIONS**

8. None.

## **FINANCIAL IMPLICATIONS**

9. None

## **EQUALITY IMPLICATIONS**

10. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The steering group will ensure that all equality issues are considered as part of the work plan and will support the Area of Focus Leads to fulfil these objectives.

## **CONSULTATION**

11. None

## **REPORT AUTHOR & CONTRIBUTORS**

Dr Rupert Suckling, Director, Public Health  
01302 734010 [rupert.suckling@doncaster.gov.uk](mailto:rupert.suckling@doncaster.gov.uk)

Louise Robson, Public Health Theme Lead, Public Health  
01302 734015 [louise.robson@doncaster.gov.uk](mailto:louise.robson@doncaster.gov.uk)

**Dr Rupert Suckling**  
**Director Public Health**

This page is intentionally left blank

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2016

|                                                                            | Board Core Business                                                                                                                                                                                                                           |                             | Partner Organisation and Partnership Issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HWBB Steering Group Work plan                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                            | Meeting/Workshop                                                                                                                                                                                                                              | Venue                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>9th February 2017</b></p> <p><i>(please note change of date)</i></p> | <p><b>Board Time-out and Development session (tbc)</b></p> <ul style="list-style-type: none"> <li>• Board membership</li> <li>• Forward Planning</li> <li>• Process and relationships review</li> <li>• Inductions for new members</li> </ul> | <p>Mary Woollett centre</p> | <ul style="list-style-type: none"> <li>• Plans and reports from                             <ul style="list-style-type: none"> <li>○ CCG</li> <li>○ NHSE</li> <li>○ DMBC</li> <li>○ Health watch</li> <li>○ RDaSH</li> <li>○ DBH</li> </ul> </li> <li>• Safeguarding reports</li> <li>• Better Care Fund</li> <li>• DPH annual report</li> <li>• Role in partnership stocktake</li> <li>• Wider stakeholder engagement and event</li> <li>• Relationship with Team Doncaster and other Theme Boards</li> <li>• Relationship with other key local partnerships</li> <li>• Health Improvement Framework</li> <li>• Health Protection Assurance Framework</li> <li>• Wellbeing and Recovery strategy</li> <li>• Adults and Social care Prevention Strategy</li> <li>• Housing</li> <li>• Environment</li> <li>• Regeneration</li> </ul> | <ul style="list-style-type: none"> <li>• Areas of focus – schedule of reports and workshop plans</li> <li>• Integration of health and social care (BCF) workshop plan</li> <li>• Other subgroups – schedule of reports</li> <li>• Communications strategy</li> <li>• Liaison with key local partnerships</li> <li>• Liaison with other Health and Wellbeing Boards (regional officers group)</li> <li>• Learning from Knowledge Hub</li> </ul> |

## DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2016

|                                   |                                                                                                                                                                                                                                                                                   |                      |  |  |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|--|
| <b>16<sup>th</sup> March 2017</b> | <b>Board Agenda</b> <ul style="list-style-type: none"> <li>• Q3 Performance Update (Focus on Stronger families)</li> <li>• Health and Social care Transformation Update</li> <li>• Health watch Update</li> <li>• BME HNA Update</li> <li>• HWBB Steering group update</li> </ul> |                      |  |  |
| <b>6<sup>th</sup> April 2017</b>  | <b>Workshop</b><br>TBC                                                                                                                                                                                                                                                            | Mary Woollett centre |  |  |
| <b>8<sup>th</sup> June 2017</b>   | <b>Board Agenda</b> <ul style="list-style-type: none"> <li>• Q4 Performance Report</li> <li>• Health and social Care Transformation update</li> <li>• Town centre planning update</li> <li>• C&amp;YP Plan</li> <li>• Housing and Health</li> </ul>                               | Civic office         |  |  |

## DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2016

|                                 |                                                                                       |                      |  |  |
|---------------------------------|---------------------------------------------------------------------------------------|----------------------|--|--|
|                                 | update <ul style="list-style-type: none"> <li>• HWBB Steering group update</li> </ul> |                      |  |  |
| <b>6<sup>th</sup> July 2017</b> | <b>Workshop</b><br>Substance misuse (TBC)                                             | Mary Woollett centre |  |  |

\*Supported Living and Wellbeing workshop/Fuel Poverty workshop to be rescheduled in 2017\* **LGA workshop:** Prevention Matters workshop for Elected members to be scheduled early 2017

**2017 HEALTH AND WELLBEING BOARD MEETINGS**

**16 March 2017** (Venue: Room 27, Mary Woollett Centre, Danum Road, Doncaster, DN4 5HF)

**8 June 2017** (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

**7 September 2017** (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

**2 November 2017** (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster – TBC)

**HEALTH AND WELLBEING WORKSHOP DATES – TOPICS TO BE CONFIRMED (MARY WOOLLETT CENTRE 9AM-1PM )**

9<sup>th</sup> February 9 – 1pm

6<sup>th</sup> April 9 – 1pm

6<sup>th</sup> July 9 – 1pm

5<sup>th</sup> October 9 – 1pm

7<sup>th</sup> December 9 – 1pm

This page is intentionally left blank

### **Briefing for the Health and Wellbeing Board on the use of licensing powers January 2017**

At the November 2016 meeting of the Health and Wellbeing Board a briefing was requested on the use of licensing to secure health improvement. This briefing is based on a response to Health overview and scrutiny that addressed the question of regulatory powers following the publication of the Royal Society of Public Health report “Health on the High Street” in 2015. This report was written in light of the negative changes that have happened to some high streets in the country owing to the rise of out of town and internet shopping and the economic downturn and asked what more local authorities could do to secure a healthy high street.

The report places importance on the high street as an important part of vibrant communities and that they have an important role to play in supporting the public’s health. Unfortunately high streets can be home to business activities that may undermine and harm the public’s health such as fast food restaurants, bookmakers and tanning salons.

The report researched the positive and negative impact that businesses on the high street can have from the public’s health. They reviewed evidence as well as using input from public and expert opinions to develop a table of the best and worst businesses in relation to health promotion.

| <b>Most health promoting</b> | <b>Least health promoting</b> |
|------------------------------|-------------------------------|
| Health services              | Tanning shops                 |
| Pharmacies                   | Fast food takeaways           |
| Leisure centres/health clubs | Bookmakers                    |
| Libraires                    | Payday lenders                |
| Museum and art galleries     |                               |
| Pubs and bars                |                               |

They used this alongside a scoring system based on to what extent these businesses:-

- Encourage healthy lifestyle choices
- Promote social interaction
- Allow greater access to health care services and/or health advice
- Promote mental wellbeing.

The report authors used desk based research in 70 of the largest towns and cities to provide a ranking of the unhealthiest retail areas. This highlighted that the 10 unhealthiest retail areas are situated in some of the areas with the worst health outcomes. Doncaster was ranked **in the top 25% healthiest retail areas**.

The area used for Doncaster is unknown and the information was requested from the RoSPH but unfortunately they were unable to provide the specific location but they do not have access to the data that they used in the report.

It is worth noting with this survey the definition of least and most health promoting. The scoring was on the basis of several factors, including 'promoting social interaction' and 'promoting mental well-being' – it could be argued that whilst we recognise the dangers of out of control gambling and the effect this has on personal economy and wellbeing, it also provides opportunity for social interaction that would otherwise not take place. Alternatively pubs and bars provide social interaction but in some cases where there is proliferation and discount bar promotions which encourage irresponsible drinking behaviour can contribute to unhealthy behaviours.

Therefore it is advised that future work using this approach must consider areas individually based on the specific characteristic of that community and residents.

### **Author**

Clare Henry, Public Health Theme lead [clare.henry@doncaster.gov.uk](mailto:clare.henry@doncaster.gov.uk)

### **Contributors**

Richard Purcell, Head of Planning, [richard.purcell@doncaster.gov.uk](mailto:richard.purcell@doncaster.gov.uk)

Paul Williams, Business Safety & Licensing Manager, [paul.williams@doncaster.gov.uk](mailto:paul.williams@doncaster.gov.uk)

Nick Wellington, Food and Animal Health Manager, [nick.wellington@doncaster.gov.uk](mailto:nick.wellington@doncaster.gov.uk)

Dave McMurdo, Trading Standards Manager, [dave.mcmurdo@doncaster.gov.uk](mailto:dave.mcmurdo@doncaster.gov.uk)

Roy Sykes, Planning Manager, [roy.sykes@doncaster.gov.uk](mailto:roy.sykes@doncaster.gov.uk)

Jeremy Johnson, Policy Manager, [Jeremy.johnson@doncaster.gov.uk](mailto:Jeremy.johnson@doncaster.gov.uk)

Caroline Temperton, Public Health Improvement Coordinator, [caroline.temperton@doncaster.gov.uk](mailto:caroline.temperton@doncaster.gov.uk)

### Appendix 1: Health on the High Street – Mapping of activity in Doncaster

The table below outlines areas of work that supports our high streets in Doncaster to be health promoting and to mitigate business activity that can have detrimental effects on our health. The template is based upon those businesses considered to be the least health promoting and the specific recommendations by the Royal Society of Public Health report “Health on the High Street”. A number of the recommendations made by the RSoPH are aimed at central government policy. Other examples of local work have also been included that may support high streets to become more health promoting.

| <b>All premises</b> |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                     | <b>RSPH Recommendation</b>                                                                                                                               | <b>Examples of Local Doncaster Action</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 1                   | A limit on the proportion of each type of business on a high street to avoid saturation and provide affordable choice (in particular fast food outlets). | DMBC Public Health Intelligence team have been doing a piece of work to map childhood obesity by community to distribution of fast food outlets with the aim to inform future action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 2                   | For planning controls to prevent the proliferation of betting shops, payday lenders and fast food outlets                                                | <p>Planning policies are in place that restrict the number of non-retail uses such as fast food and betting outlets within existing town centres. Non-retail uses must not detract from the character and vitality of the shopping street or create an unacceptable length of non-retail frontage. In addition, proposals that are likely to create or aggravate environment, amenity, traffic or parking problems and are inappropriate in scale and type to the centre will not be permitted.</p> <p>The emerging Local Plan will review how to update and improve planning policy controls over health issues such as betting shops, payday lenders as well location of</p> |  |

|   |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|   |                                                                                                                                              | <p>development, creating accessible &amp; safe places, community interaction, green infrastructure in order to create healthy inclusive communities.</p> <p>Conditions are imposed on planning permissions, where necessary, to restrict opening hours and prevent the use of premises as hot-food-takeaways. Hot-food-take-aways are only permitted in existing centres, employment areas and existing retail parks</p> |  |
| 3 | Include health as a condition for licensing of all types of businesses                                                                       | <p>Changes to the licensing objectives require national government action. In Doncaster, there has been the use of Cumulative Impact Policy in a number of streets in the Town Centre in relation to premises selling alcohol. Doncaster is not going to support the deregulation of late night fast food outlets enabling licensing to have the ability to monitor these establishments.</p>                            |  |
| 4 | For legislation that allows local councils to set their own differential business rates                                                      | <p>If this power becomes available to local councils this could allow favourable business rates to be applied to those businesses that are deemed to be health promoting.</p>                                                                                                                                                                                                                                            |  |
| 5 | Greater promotion of healthy products within shops                                                                                           | <p>Obesity OBA plan aims to work with local organisations to increase access to healthier food.</p>                                                                                                                                                                                                                                                                                                                      |  |
| 6 | Encourage retailers to change the positioning of unhealthy snack foods, such as sweets and chocolates, away from checkouts and queuing areas | <p>A recommendation for government to ban the positioning of unhealthy food items next to checkouts and queuing areas.</p>                                                                                                                                                                                                                                                                                               |  |
| 7 | Encourage shops to move e-cigarettes from next to checkouts                                                                                  | <p>This is a call on government to ban the positioning of e-cigarettes next to all checkouts to prevent the normalisation of their use.</p>                                                                                                                                                                                                                                                                              |  |

|                                                    |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                    |                                                                                                             | Doncaster has a targeted e cigarette project including advisory inspections regarding new underage sales requirements and sampling for product safety.                                                                                                                                                                                                                                                                                                              |  |
| <b>Bookmakers, payday lenders and pawn brokers</b> |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 8                                                  | High street businesses to signpost customers to a wide range of support charities.                          | In Doncaster, we have provided GP surgeries with information on the impact that gambling can have on individual's lives.<br>Recent mapping has identified that there is no correlation between the locations of gambling establishments and areas of high deprivation, but that they are where there are a lot of shops.<br>The Senet Group (promote responsible gambling standards) has promoted gambling addiction services throughout GP practices in Doncaster. |  |
| 9                                                  | Bookmakers to halve the maximum stake on fixed odds betting terminals (FOBTs) from £100 to £50              | This is a recommendation for government action.                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 10                                                 | Introduction of cigarette-style health warnings                                                             | This is a recommendation for government to ensure there are clearly displayed warnings of the health risks to gambling and debt. The association between severe debt and mental health is well-established.                                                                                                                                                                                                                                                         |  |
| <b>Tanning Salons</b>                              |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 11                                                 | Encourage tanning salons to switch from sunbeds to offering spray tans                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 12                                                 | Unmanned tanning salons to be banned in England and the use of safety goggles enforced for all sunbed users | This is a call on the government. In Doncaster, there are 40 sunbed salons and no known unmanned tanning salons. Visits by DMBC are via requests from the premises or if there has been a complaint. Information on the operation of these salons is limited.                                                                                                                                                                                                       |  |

|                                          |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                          | Premises encouraged to comply with legislative controls on radiation levels , product safety and underage sales                        | All premises advised of the legislative changes in radiation limits for these products, the authority is in the process of visiting these premises to gauge compliance and take appropriate enforcement action to gain compliance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Fast Food Outlets</b>                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 13                                       | Fast food outlets encouraged to control portion sizes, adopt healthier cooking methods and improve the health environment they provide | <p>Obesity OBA plan aims to work with local organisations to increase access to healthier fast food outlets, as yet I am aware of no work with local outlets, however, this is a possibility in the future.</p> <p>Doncaster participated in the healthier catering advice pilot for Italian Restaurants and pizza takeaways and for the reduction in trans fats (2013) - the 2 pilots never developed into a full initiative but the info is still available for use – see embedded files</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <br/>             Italian restaurant tips v3.doc         </div> <div style="text-align: center;"> <br/>             Pizza takeaway tips v3.doc         </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <br/>             Tips on artificial trans fats - for testing with         </div> <div style="text-align: center;"> <br/>             Tips on artificial trans fats - Additional infor         </div> </div> |  |
| 14                                       | Mandatory food hygiene ratings and calorie and nutrition labelling for fast food outlets                                               | RSPH recommend that the English government make it mandatory to display food hygiene ratings and for fast food outlets to provide clear nutritional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Premises Licensed to Sell Alcohol</b> |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

|                                                                                                                                                      |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 15                                                                                                                                                   | For tighter controls on the numbers of premises licensed to sell alcohol in already saturated areas | <br>Model CIP for Doncsater.pdf<br><br>Doncaster is one of 20 pilot areas under the Local Alcohol Action Areas. This report outlines the evidence to assess the feasibility of a CIP outside of the town centre for off licenced premises.<br>The Licensing Policy Statement is currently under review with a new policy to be in place by January 2016. It is looking likely that the CIP in the town centre will be retained with the addition of 2 extra streets and new CIP areas will be introduced for part of Wheatley and Bawtry. (TBC 26/11/15). If adopted in their current form these CIPs will apply to all licensed premises including alcohol and late night refreshment premises. |  |
|                                                                                                                                                      | Control of the premises that have already have licences                                             | Intelligence lead inspection programme tacking counterfeit and illicit sales including the use of responsible authority powers to review and possibly revoke premise licences                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Other aspects that impact on a health promoting high street</b> ( these areas are mentioned in the RSoPH report but not in their recommendations) |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                      | <b>Legal Highs</b>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                      | The authority has a zero tolerance to sales of these products and the premises that sell them.      | Seizure of offending product where evidence of the unsafe nature of the products is found. Forfeiture proceedings where products are analysed as being psychoactive and unsafe/dangerous under product safety legislation.<br>Guidance to any retailer on the new legislative requirements that are proposed to be in place                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

|  |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  |                                                                                                                                                                         | in April 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|  | <b>Illegal/counterfeit tobacco &amp; alcohol</b>                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|  | Outlets selling these products are encouraged to comply with legislative controls on tobacco and Nicotine control.                                                      | Intelligence lead enforcement programme tackling illicit and counterfeit tobacco sales.<br>Intelligence lead programme of underage sales enforcement. Including the use of Tobacco banning orders where required<br>Review of compliance with the Tobacco advertising and Promotion at small retail premises.<br>Targeted e cigarette project including advisory inspections regarding new underage sales requirements and sampling for product safety.<br>Partnership Education programme (Fakes cause fires) targeted at fake/illicit tobacco and electrical goods and the increased risk of fire. |  |
|  | <b>Underage sales</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|  | Premises selling products with age restriction                                                                                                                          | See alcohol, Tobacco/Nicotine products sunbed entries.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|  | <b>Good Urban design</b>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|  | Good urban design principles can make a high street attractive and enable residents feels safe as well as encouraging active travel and a place for social interaction. | The Doncaster Core Strategy encourages good urban design via policy CS14. This is supported by detailed guidance in the Development Guidance and Requirements Supplementary Planning Document. Both are adopted Council documents and are therefore material considerations in the consideration of planning applications. Amongst other things they seek to ensure new developments create attractive, safe and accessible commercial environments and public places. Once adopted the new Local Plan will supersede the Core Strategy and introduce a range of planning policies to                |  |

|  |  |                           |  |
|--|--|---------------------------|--|
|  |  | support these objectives. |  |
|--|--|---------------------------|--|

This page is intentionally left blank