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Doncaster
Metropolitan Borough Council

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

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

VENUE: 007 b - Civic Office
DATE: Wednesday, 15th March, 2017
TIME: **10.00 am**

Members of the public are welcome to attend

Items for Discussion:

Page No

1. Apologies for Absence.

2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.

3. Declarations of Interest, if any.

4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 2nd February, 2017. 1 – 8

5. Public Statements.

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

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

Jo Miller
Chief Executive

If you require any information on how to get to the meeting by Public Transport, please contact (01709) 515151 – Calls at the local rate

Issued on: Tuesday, 7th March, 2017

Senior Governance Officer for this meeting: Caroline Martin (01302) 734941

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

Chair – Councillor Rachael Blake
Vice-Chair – Councillor Cynthia Ransome

Councillors Elsie Butler, Jessie Credland, Linda Curran, George Derx, Sean Gibbons, Pat Haith and Sue Knowles

Invitees:

Lorna Foster (UNISON)

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 2ND FEBRUARY, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 2ND FEBRUARY, 2017 at 12.30 PM

PRESENT:

Chair - Councillor Rachael Blake

Councillors George Derx, Sean Gibbons and Sue Knowles

ALSO IN ATTENDANCE:

Deputy Mayor, Councillor Glyn Jones
Kim Curry, Director Adults, Health and Wellbeing
Karen Johnson, Assistant Director Communities
Pat Higgs, Assistant Director Adult Social Care
Jon Tomlinson, Interim Assistant Director Commissioning
Ian Campbell, Interim Head of Service, Commissioning
Lee Golze, Doncaster Clinical Commissioning Group

APOLOGIES:

Apologies for absence were received from Councillors Cynthia Ransome, Elsie Butler, Jessie Credland, Linda Curran and Pat Haith

		ACTION
21	DECLARATION OF INTEREST, IF ANY.	
	There were no declarations made at the meeting.	
22	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 23RD NOVEMBER, 2016.	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on the 23rd November, 2016 were agreed as a true record. Further to a request made at the September meeting, Councillor Sean Gibbons requested updates be provided from Director of Regeneration and Housing on Welfare Assistance and Third Sector Strategy.	All to note

23	PUBLIC STATEMENTS	
	There were no public statements made at the meeting.	
24	THE ADULTS, HEALTH AND WELLBEING TRANSFORMATION PROGRAMME.	
	The Panel received a presentation by Kim Curry, Director of Adults, Health and Wellbeing and Patrick Birch, Improvement Director on the Transformation Programme considered at Cabinet on 29th November, 2016. Members were provided with a copy of the presentation at the meeting. Details of progress so far and the programme of work was highlighted within the presentation. Following the presentation, Members were afforded the opportunity to make comments and ask questions. The Chair, Councillor Rachel Blake thanked officers for the presentation and stated that it was pleasing to see the improvements so far. The following areas were discussed:- It was asked how the Council would ensure that the Community Lead would remain fit for purpose. Members were advised that the projects would be led by local communities and each locality would be tasked with engaging with the public within that area. It was advised that Thorne was being used as a pilot for the project and a launch had taken place. Around 40 people attended the launch expressing their views and concerns regarding the area. It was advised that a good response to the scheme had been received and it was the intension to undergo intensive work with families within the Thorne area. It should also be noted that whilst the scheme would be starting within the eastern part of the borough this would eventually be rolled out to other areas of Doncaster. It was noted that existing buildings would be used. It was envisaged that communities would coordinate the search for premises. Some suggestions were provided, such as GP surgeries, community centres etc. Members were advised that a mapping exercise had been carried out and identified possible premises for the Hubs throughout the whole of the borough. An update was sought with regard to Direct Payments. Members were advised that significant work had been carried out with regard to direct payments with up to 565 people now using the system. It was envisaged that this would be increased to over 600 by the end of March. It was noted that whilst there was still more to be done particularly with regard to money management there had been a positive increase and the Council were in a much better position now than last year. It was also noted that staff were feeling much more confident with the system which in turn had made the process much	

	swifter. Discussion took place with regard to savings and investment figures highlighted within the presentation and an explanation was provided to Members on the details of what some of the services were. With regard to Housing related support, Members were notified it was envisaged that these savings could be found. However, if the savings were not achievable they will need to be identified from elsewhere, but members were assured that these were informed estimates. Although staffing costs were covered within customer journey and other savings, Members felt that there needed to be more information and explanation for staffing costs. Clarification was sought as to what the definition was for “meaningful conversation” and it was requested that plain language needed to be used when talking to service users to ensure that they understand what they were being told. It was advised that it would be beneficial for a further briefing to Members on this subject. It was hoped that staff were not just undertaking a tick box exercise rather than seeing the person. It was advised that all of the 7 projects highlighted within the presentation were independent and the process would be managed by Patrick Birch, Improvement Director, Adults, Health and Wellbeing. Further discussion took place with regard to Telecare and the Tunstall pendent alarms, a service still offered by the Council to residents of the borough. Members were advised that there was now an opportunity for the Council to offer more products for service users which were cheaper to enable people to stay at home for longer. Concern was raised with regard to the computer software not being compatible. It was advised that this issue had not yet been resolved. However the contract for the computer system was due for renewal and it was clear that there was a need for computer systems to talk to each other. Members were advised that Doncaster was not unique and other Authorities experienced some the same problems. The Chair queried why Thorne had been chosen for the pilot. It was advised that the decision was made purely on greatest social care need and whilst areas of deprivation was highlighted as a high need issue to be addressed in other areas across the borough, it was stressed they would also be looked at in future. It was asked whether there would be any funding available for groups to enable them to meet the costs of renting buildings. It was advised that within the Transformation Plan it was clearly noted that there was a need to invest. There may be opportunities available through the better care fund and existing groups applying for grant funding but further work would need to be done on this. It was also advised that further liaison with Commissioning was needed to identify where the	

	needs were. In addition, the Chair asked officers for their opinion on how the Council would know if this had been a success. It was reported that the Council do carry out yearly surveys and this was a question to be asked and were there areas requiring improvements. It was also highlighted that personal stories from service users were also an excellent way of identifying any concerns or required improvements. It was also advised that if Members had any concerns then these could be emailed to any officers within the directorate. RESOLVED that the presentation and update on the Adults, Health and Wellbeing Transformation Programme be noted.	All to note
25	COMMISSIONED CARE AND SUPPORT AT HOME (CCASH) UPDATE.	
	The Panel considered an update report on the commissioned care and support at home. It was reported that on 24th May 2016, Cabinet noted an update report on the transformation of Adult Health and Wellbeing Services in Doncaster specifically referring to the Commissioned Care and Support at Home (CCASH) Service. The report outlined that the proposed new model of service to address current failings in the local market, provide greater stability, improve local connections and provide the platform for further transformational change. The new contracts were awarded on the 1st November, 2016 to significantly contribute towards the following objectives:- • Supporting more people to be helped to live at home as an alternative to residential care. • Developing robust strategic relationships with the new Strategic Lead Providers in order to provide a platform for on-going transformational change of the service. • Greater market sustainability through zoning • A commissioning for outcomes focus underpinned by an asset and strength based approach to assessment and care management. Details of the main characteristics and features of the new service were also identified within the report. Members noted the report presented to them and comments made by the Deputy Mayor Councillor Glyn Jones. RESOLVED that the update of the CCASH Service be noted.	All to note
26	OVERVIEW OF MENTAL HEALTH SERVICES FOR CHILDREN.	

	The Panel received a presentation from Lee Golze, Doncaster Clinical Commissioning Group (CCG) promoting, protecting and improving our children and young people's emotional well-being and mental health. It was outlined to the Panel that the CCG had a five year vision to transform the whole system. The Local Transformation Plan had recently been refreshed and signed off by the Health and Well-being Board. Provision covered four tiers from early intervention, for example support in schools for emotional health issues, to the need for long term psychiatric beds. The following areas were discussed: Good outcomes for children and young people – it had been found that children reacted more positively to people and settings they were familiar with or a professional. New model of provision – would include key officers in school where symptoms of emotional health or mental health could be identified by people who know the children and young people well. It was hoped that such intervention could provide earlier and correct access to support services in their own communities rather than through the traditional GP route. Accident and Emergency – A Paediatric nurse was now based in the department to help young people who were entering Accident and Emergency on Friday evenings, for example, due to self-harming. The nurse would be more equipped to deal with children and young people leading or suffering from chaotic lifestyles. Foster Carers – with specialised knowledge were providing temporary short term care to ensure that children and young people in crisis with mental/emotional health issues were ensuring the right care package was in place. Eating disorders – wrap around support was currently available for young people 0 to 19 years but there was aspiration that it the service be commissioned for 0 to 25 years. It was noted that obesity was also being addressed with Public Health as part of the 5 year plan. Members highlighted the positives from the Active Kids programme in school holidays and the HENRY programme that had been developed to tackle early years obesity prevention. Family Therapeutic Service – it was confirmed that the service looked at families as a whole and, working with partners, provided the correct support package. Emotional well-being questionnaires – following Members concern it was noted that if children and young people were asked to complete the same style of questionnaire as an adult it would only provide a snapshot of their emotional/mental state on a particular day and would	

	not give support services a true picture. Members acknowledged that when professionals work with children and young people they can raise a variety of issues that provides information about the root of the problem. When dealing with cases, quality reports are provided to ensure Commissioners can gain a better understanding of the mental health. Consultation and Advice Locality Workers – it was noted that academisation did not have an impact on provision of the service and there had been no difficulty working with the schools. 81% of Doncaster's schools had provided the CCG with a school lead contact for emotional well-being. It was recognised that a small number of schools already had excellent pastoral support, but this was a service schools had been requesting for a long period of time and therefore had been easy to embed. It was important that such a support service was available as children and young people suffering with anxiety/mental health would hide events that happen at home. RESOLVED that the report and presentation be noted.	All to note
27	OVERVIEW AND SCRUTINY WORK PLAN REPORT 2016/17 UPDATE.	
	The Panel gave consideration to the Panel's work plan and following earlier discussions on the agenda, the Chair proposed that the next meeting of the Scrutiny Panel (15th March, 2017) be held at the Vermuyden Centre, and at the same time take the opportunity to have a look at the new assistive technology/telecare items available. The Panel considered that the 15th March, meeting take the following format: 1. Public Health Protection/Air Pollution – Victor Joseph and Ian kellet 2. "Your Life Local" Community led support – discussion with Karen Johnson 3. Hold an assistive technology demonstration. The item relating to Intermediate care be removed from the agenda. RESOLVED that:- 1. the report be noted; 2. the Panel at its meeting on 15th March, consider the following: Public Health Protection/Air Pollution – Victor Joseph and Ian kellet	All to note All to note

		“Your Life Local” Community led support – discussion with Karen Johnson Have a look at new assistive technology available and a look around the Vermuyden Centre building; and	
	3.	intermediate care, be removed from the agenda.	All to note

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Doncaster
Metropolitan Borough Council

15 March 2017

To the Chair and Members of the

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2016/17

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight - Portfolio holder for Public Health and Wellbeing	All	Yes

EXECUTIVE SUMMARY

1. This is the annual report on health protection assurance in Doncaster covering the financial year 2016/17.

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

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

   - The Public Health Outcomes Framework, Public Health England
   - Local Air Quality Management Policy Guidance 2016, Department for Environment, Food and Rural Affairs.
   - NICE Guideline (draft for consultation Dec 2016): Air Pollution, Outdoor air quality and health.
   - Health Protection reports to Doncaster Health Protection Assurance Group and the South Yorkshire Screening and Immunisation Oversight Group.

This report is structured as follows:

1. Background
2. Progress from 2015/16 to 2016/17
3. Specific areas of focus for 2017/18:
   a. Air Quality
   b. Vaccines and Immunisations
4. Recommendations

EXEMPT INFORMATION

4. None

RECOMMENDATIONS

5. The Health and Adult Social Care Overview and Scrutiny panel is asked to:

- **Note** and comment on the progress made against areas identified for development in 2016/17; and the specific areas of focus for 2017/18.
- **Support** the recommendations made in the report.

Recommendations

The Overview and Scrutiny Panel is asked to:

a. Note the progress made from 2015/16 to 2016/17 on addressing health protection matters in Doncaster;
b. Support the following recommendations in relation to Air Quality:
    i. The Directorate of Regeneration and Environment working in conjunction with Public Health Team will explore the possibility of monitoring PM 2.5 and work to reduce the emission and ambient concentrations of PM2.5 in Doncaster.
    ii. Continue to progress the work of Doncaster Active Travel Alliance.
    iii. Establish an air quality Steering Group with respect to producing and progressing the Council's air quality action Plan.
c. Support the following recommendations in relation to immunisations:
    i. Continue to work with local partners to monitor in particular the uptake of flu vaccinations and MMR.
d. Support continued work in monitoring and reporting on progress on health protection indicators in the borough.

BACKGROUND

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

7. The scope of health protection is broad and includes:

- Emergency preparedness, resilience and response (EPRR)
- Management of communicable (infectious) diseases, including managing of outbreaks.
- Management of other health protection Incidents e.g. environmental hazards
- Infection prevention and control (IPC) in health and social care, including healthcare acquired infections (HCAI), communicable disease and infection prevention and control standards in community settings;
- Screening
- Vaccines and immunisation including routine and targeted programmes
- Contraception and Sexual Health
- Surveillance, alerting and tracking
- Port Health (e.g. airport health)

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

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

The Responsibilities for Local Authorities in relation to Public Health

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

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

10. According to the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, the Local Authority Director of Public Health (DPH) has responsibility for strategic

leadership of health protection in a unitary/upper tier authority. This should be exercised by:

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

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

Who else is responsible for health protection?

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

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

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

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

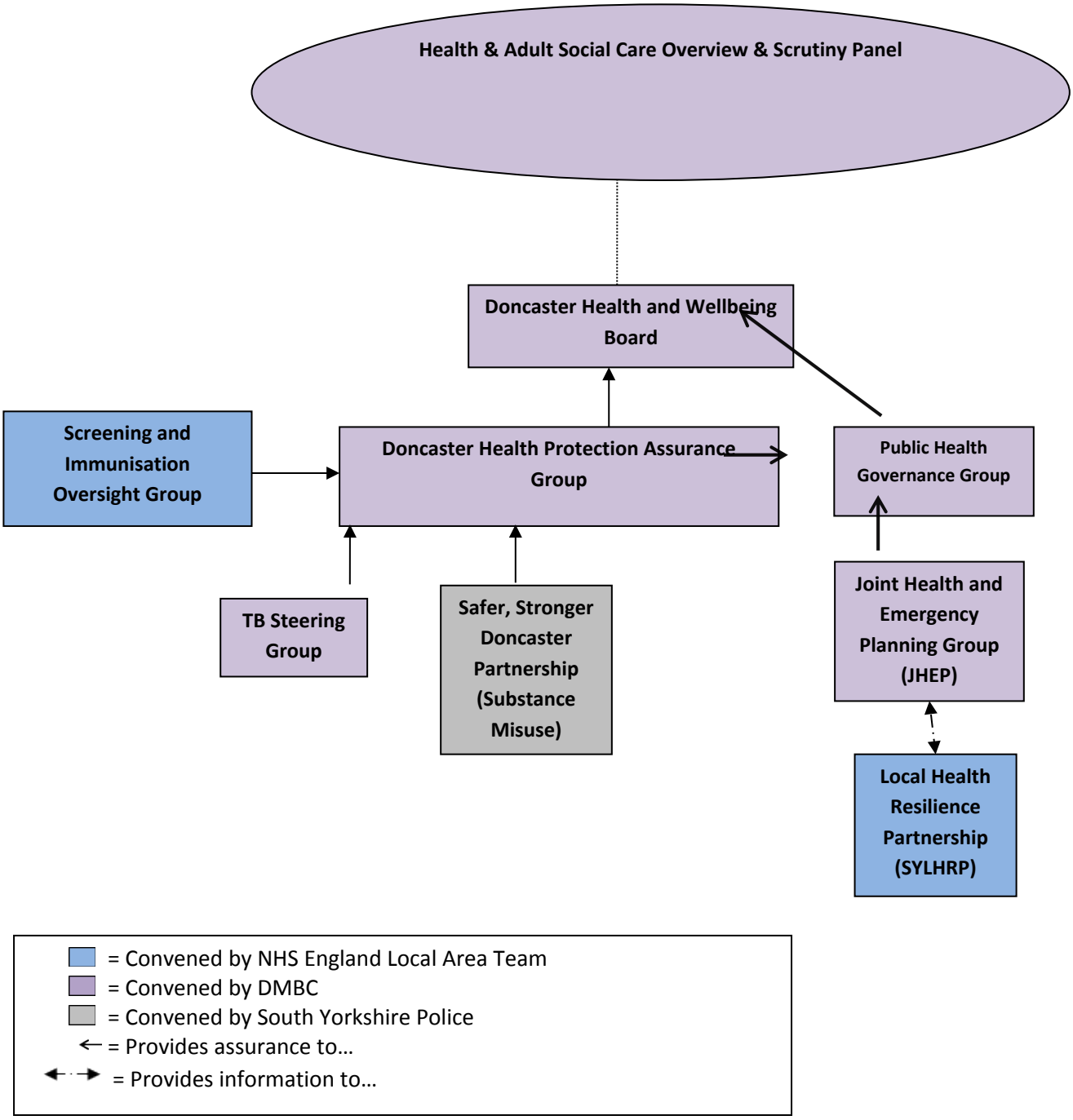
Monitoring and Assurance

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

15. At a local level, the Health Protection Assurance Group reports to the local Health and Wellbeing Board. Health Protection reports are also submitted to the Public Health Governance group (within the Public Health Team in DMBC) on a regular basis. The Health Protection Assurance Group meets quarterly and is chaired by a Consultant in Public Health. A full list of the membership for the HPAG is included in Appendix 1 of this paper (Terms of Reference).

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

Figure 1: Governance Structures for Health Protection in



Progress from 2015/16 to 2016/17

Progress on recommendations made in 2015/16 annual report

17. The health protection annual report in 2015/16 recommended a number of actions for 2016/17 and progress on these is summarised in Table 1 below.

Table 1: Progress on recommendations in 2015/16 Health Protection Report

RECOMMENDATIONS FOR ACTION IN 2016/17	PROGRESS
1. Further work could be undertaken to raise the profile of Health Protection and how this integrates with other functions across the local authority.	Public Health Team has a programme of work (Plan on a Page) across all the Directorates of the Council, with identified leads working with each Directorate. The work programme aims to add value to functions of the Directorates of the Council and to improve health of the people of Doncaster. A section of this year's report covers air quality in Doncaster.
2. Work with environmental health to provide updates on air quality to the Health and Adult Social Care Overview and Scrutiny committee when required.	
3. Continue to strengthen and develop existing joint working between Public Health and Environmental Health as a whole.	
4. Address air quality in Doncaster wards.	
5. Review the roles and responsibilities for organisations involved in the District Infection Prevention and Control Committee	The District Infection Prevention and Control Committee, which was formerly chaired by Doncaster CCG has been incorporated as part of Doncaster Health Protection Assurance Group (HPAG). A revised terms of reference of the HPAG was reviewed and adopted on 2 August 2016 (See Appendix 1).
6. Continue work on the Mass Treatment plan for Doncaster.	The Doncaster Multi-agency mass treatment plan was developed through the JHEP (Joint Health and Emergency Planning Group) and signed off by strategic level representatives from each organisation in November 2016
7. Complete and get sign-off of Doncaster TB strategy and service specifications in view of new national	The national strategy for tackling TB has been adopted locally, with a local profile of TB in Doncaster. A local TB service

RECOMMENDATIONS FOR ACTION IN 2016/17	PROGRESS
TB strategy and NICE guidance.	specification was developed and approved by Doncaster TB Steering Group on 30 November 2016. Doncaster CCG is working towards embedding the service specification into contract.
8. Continue to review contingency plans as appropriate according to national and local guidance, and ensure further testing response arrangements.	The following contingency plans were reviewed in 2016/2017: • Doncaster Council Pandemic Flu Contingency plan • Doncaster Council Heat Wave contingency plan; • Doncaster Council Public Health Cold weather contingency plan; • Doncaster Multi-agency outbreak plan; • Doncaster Multi-agency Mass treatment plan; • The Management of Sexually Transmitted Infection (STI) Outbreaks and Incidents in Doncaster In 2016/2017 a number of exercises have taken place that Doncaster Council has been involved in, including but not limited to: • Exercise Cygnus (National, strategic level pandemic flu table top exercise; October 2016); • Exercise Swan (South Yorkshire, tactical level pandemic flu table top exercise; October 2016) • Exercise Cygnus Mortus (Doncaster table top management of excess deaths exercise; November 2016) Lessons identified and recommendations are incorporated into subsequent plan reviews.
9. Ensure that there is an on-going approach to learning from experience and that issues identified from real events are acted upon.	Learning from experience and incidents continues to be facilitated through the JHEP, LHRP and the South Yorkshire Health Resilience group (sub-group of the LHRP) South Yorkshire Health Protection Network has been established with a reporting mechanism to the Directors of Public

RECOMMENDATIONS FOR ACTION IN 2016/17	PROGRESS
	Health. The Network provides a forum for sharing learning from real events across South Yorkshire. In addition, a learning set consisting of heads of health protection in each of the South Yorkshire local authority. The learning set also provides opportunity to learn lessons on prevention and control of health protection incidents / outbreaks.
10. Work with NHS England to improve areas of performance where Doncaster is not meeting national targets.	Continue to work with NHS England to review the performance of health protection related to vaccination & immunisation; and screening in Doncaster.
11. Review performance indicators to determine the measure are relevant to Health Protection.	
12. Review local data to explore inequalities in uptake of cancer screening and stage of cancer diagnosis.	
13. Continue work on Breathe2025. A regional initiative with a vision of seeing the next generation of children born and raised in a place free from tobacco, where smoking is unusual. It is calling for people and organisations to sign up. http://www.breathe2025.org.uk/.	There has been a continued work and support from Yorkshire and the Humber to address the common challenge of tobacco control. In addition, a collaborative work among public health leads on tobacco across local authorities in South Yorkshire is on-going.
14. Finalise local Tobacco Strategy following the release of the National Strategy later in 2016.	A draft local tobacco strategy is in place. We are still awaiting for the publication of Tobacco Control plan for England.
15. Demonstrate the impact specific interventions have had on reducing smoking prevalence in Doncaster.	The latest statistics appear to show that the prevalence rate of smoking is decreasing; at 19.6% in 2015 (from 22.7% in 2014). This represents a welcome steady decline in smoking rate among adults. However, the rate is still significantly higher than that seen in England (16.9%).
16. Embedding Making Every Contact Count (MECC) or very brief advise into routine practice among Health and Wellbeing partner organisations	Limited progress has been made. An e-learning for MECC has been produced by the Council; and primary care service specification has been produced by CCG to enable primary care staff use MECC for

RECOMMENDATIONS FOR ACTION IN 2016/17	PROGRESS
in Doncaster. (Q12)	patients with multiple long-term conditions.

Progress on Public Health Outcome Indicators for Health Protection (from 2015/16 to 2016/17)

Vaccines and Immunisations (Area of Focus)

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

18. Work is underway with relevant partners and the NHSE screening and immunisation oversight group. Concerns have been raised across the South Yorkshire and Bassetlaw region with regards to the number and management of persistent patients who do not attend (DNAs) appointments. A multi-stakeholder task and finish group has been convened to consider the issue and potential problems. Specific concerns regarding uptake are included in local improvement plans.

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

    a) MMR (uptake of two doses at 5 years old):
    Doncaster achieved 86.5% against a national target of 95% (European region of the WHO target). This is based on 2015/16 data in the Public Health Outcomes Framework. It is worth noting that the rate for 1 MMR dose before the age of 5 years exceeds the 95% target.
    However the 86.5% coverage rate for (two doses) 2015/16 is below target and in need of improvement. It is not a significant change from the previous year's rate.

    b) Flu (aged 65+)
    Doncaster achieved 72.3% against a national target of 75% (WHO target). This is based on 2015/16 data in the Public Health Outcomes Framework. The 72.3% coverage rate for 2015/16 is a decrease on the coverage rate of 73.4% that Doncaster achieved in 2014/15

    c) Flu (at risk individuals)
    Doncaster achieved 46.8% in 2015/16 against a national target of 55%. This is a decrease on the coverage rate of 51.4% achieved in 2014/15.

    d) Flu (aged 2-4 year olds)
    Doncaster achieved 35.4% in 2015/16 against a national target of 65%. This is the first year this indicator has been reported.

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

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – Hepatitis B (1 year old) - %	2014/15	100*	N/a	N/A
Population vaccination coverage – Hepatitis B (2 years old) - %	2014/15	0**	N/a	N/A
Population vaccination coverage – DTAP/ IPV / HiB (1 year old) - %	2015/16	94.4*	93.6	*95%*
Population vaccination coverage – DTAP/ IPV / HiB (2 years old) - %	2015/16	95.7*	95.2	95%
Population vaccination coverage – MenC (Group C Meningooccal vaccine) %	2015/16	96.5*	N/A	95%
Population vaccination coverage – PCV (pneumoccal conjugate vaccine) %	2015/16	94.2*	93.5	*95%*
Population vaccination coverage – Hib / MenC booster (2 years old) %	2015/16	90.8	91.6	*95%*
Population vaccination coverage – Hib / MenC booster (5 years old) %	2015/16	93.6	92.6	*95%*
Population vaccination coverage – PCV booster %	2015/16	91.1	91.5	*95%*
Population vaccination coverage – MMR for one dose (2 years old) %	2015/16	90.8	91.9	*95%*
Population vaccination coverage – MMR for one dose (5 years old) %	2015/16	96.0	94.8	*95%*
Population vaccination coverage – MMR for two doses (5 years old) %	2015/16	86.5	88.2	*95%*
Population vaccination coverage – HPV %	2014/15	89.1	89.4	*90%*
Population vaccination coverage – PPV (Pneumococcal Polysaccharide Vaccine) %	2015/16	72.0	70.1	*75%*
Population vaccination coverage – Flu (aged 65+) %	2015/16	72.3	71.0	*75%*
Population vaccination coverage – Flu (at risk individuals)	2015/16	46.8	45.1	*55%*
Population vaccination coverage – Flu (2-4 year olds)	2015/16	35.4	34.4	*65%*
Population vaccination coverage – Shingles (70 years old)	2015/16	53.6	54.9	*60%*

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

Screening

20. Doncaster has performed well compared to the England average in measures for cancer screening and Abdominal Aortic Aneurism or AAA screening.

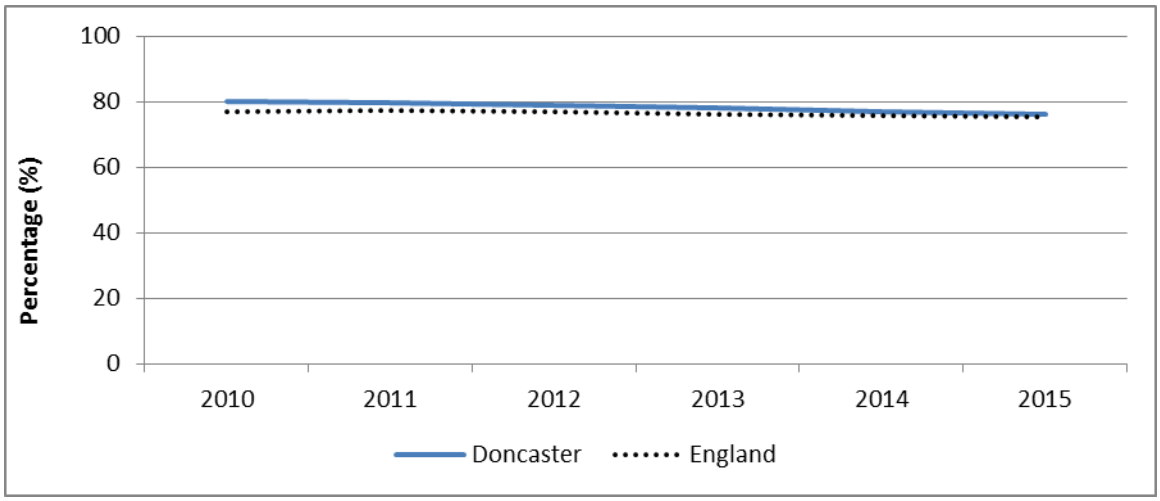
1. Source (Based on Published PHOF by Public Health England, 7th February 2017): http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000017/iid/30301/age/30/sex/4

Performance on new born screening indicators shows improvement from last year and is not statistically different from the England average. See Table 3 and Figure 2 below.

Table 3: Public Health Outcomes Framework Screening Indicators

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

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



Smoking

21. Smoking is a major Public Health problem in Doncaster, but improvements are being made. Currently, 19.6% of adults aged 18 years and over smoke in Doncaster, compared with 18.6% in Yorkshire and Humber and 16.9% in England. This is a reduction from 22.7% of smokers in 2014 and equates to approximately 7,374 less smokers in 2015 than in 2014. Further work is required to reduce the rate below the Y&H and England rates. See Table 4 and Figure 3 overleaf.

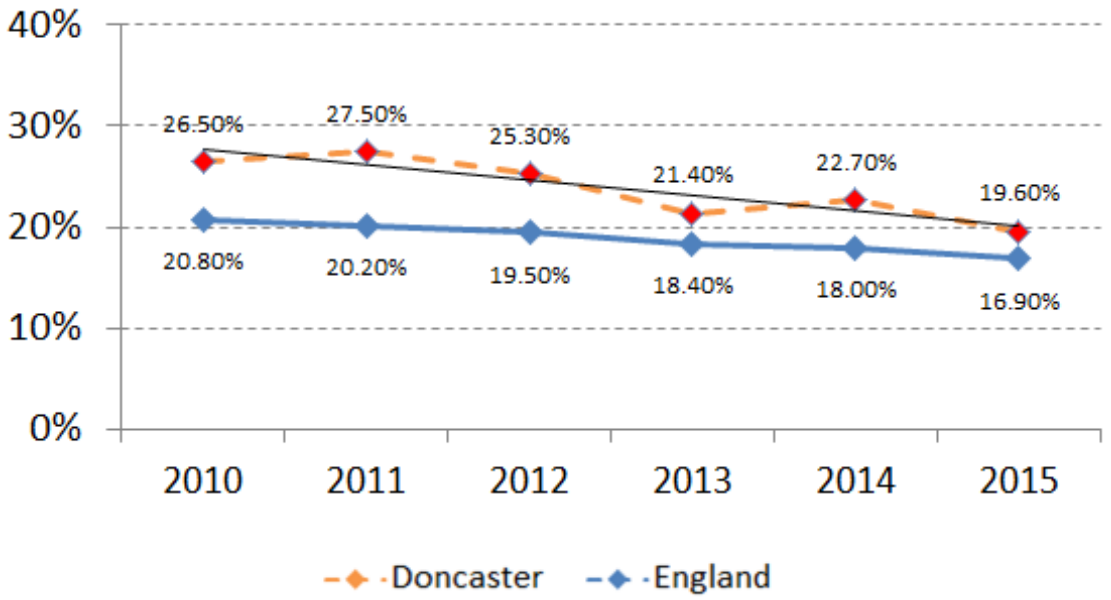
22. Whilst Doncaster is significantly higher than the national average figure for women smoking at the time of delivery this figure, 12.9%, is a significant improvement and demonstrates persistent reductions from previous years, 20.5% in 2014/15, 22.1% in 2013/14 and 22.5% in 2012/13.

23. *Doncaster has undertaken a self-assessment on tobacco control and an action plan developed. A refresh of the Doncaster Tobacco Strategy has been drafted, awaiting national strategy due later in 2017. Once the national strategy on* tobacco is out, our local strategy will be finalised.

Table 4: Public Health Outcomes Framework Smoking Indicators

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

Figure 3: Smoking prevalence 18+yrs - % of current smokers in the Household Survey for England (sample of 1,500-1,800 per quarter in Doncaster). (Source - PHE, Local Tobacco Control Profiles. Updated December 2016)



Other Health Protection Indicators

24. Chlamydia

Doncaster is meeting the national target for detection of Chlamydia and is average for the proportion of people presenting with HIV at a late stage of infection (see Table 5).

25. Tuberculosis

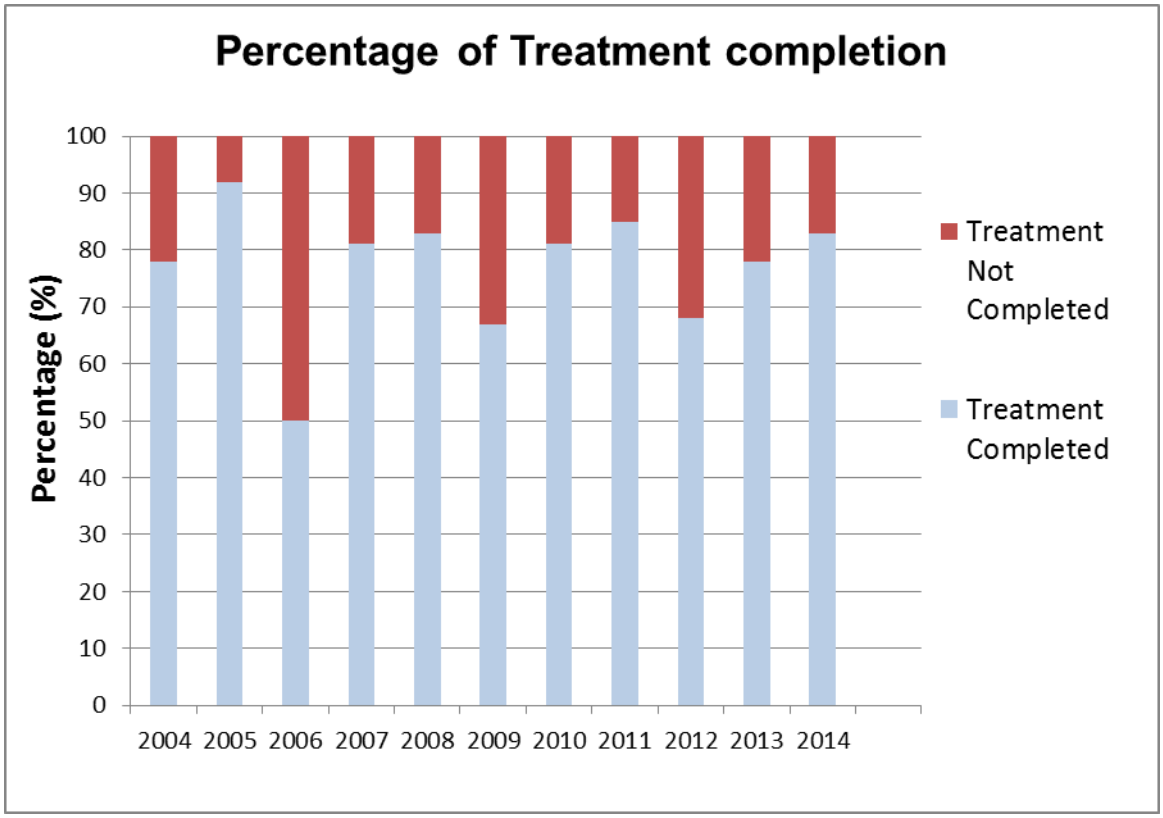
Doncaster's incidence of TB is low, and as such it is considered as a low incidence area compared with other areas in England.

The percentage of people with TB who complete treatment in Doncaster in 2014 was reported as 76.7%, according to national return. Local evidence showed that the local treatment completion rate was higher. In 2014, the total number of TB cases reported in Doncaster was 29 of which 24 (83%)[2] patients completed treatment within the year. Treatment was stopped for three[6] patients during the period as they were atypical TB cases while another patient had to stop treatment as it was thought to be medically inappropriate to continue. One[6] patient was undergoing treatment. During the period, none of the cases were lost to follow-up or death. Figure 11 showed TB treatment completion over the past decades in Doncaster.

Figures for year 1 April 2014 to 31 March 2015, based on local performance indicated that the TB treatment completion in Doncaster was 100%.

Figure 11: Percentage of TB cases completing treatment (2004-14)

[2] TB SpecNRs outcomes report March 2014 and TB SpecNRs Dashboard February 2015



Source: PHE; Tuberculosis in Yorkshire and the Humber 2013, TB SpecNRs outcomes report March 2014 and TB SpecNRs Dashboard February 2015.

The national strategy for tackling TB has been adopted locally, with a local profile of TB in Doncaster. A local TB service specification was developed and approved by Doncaster TB Steering Group on 30 November 2016. This was received by Doncaster CCG to embed into service contract.

26. *Antibiotic prescribing*

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

Table 5: Public Health Outcomes Framework Other Health Protection Indicators

Indicator	Period	Doncaster value	England value	Target
Fraction of mortality attributable to particulate air pollution (PM2.5)	2015	4.5	4.7	*N/A*
Chlamydia detection rate (15-24 year olds) (per 100,000)	2015	2549	1887	*>2300*
HIV late diagnosis - %	2013 - 15	47.9	40.3	*<25*

*Treatment completion for TB - %	2014	76.7	*84.4*	*Target is >90th percentile of LAs. Doncaster is <50th percentile*
Incidence of TB (rate per 100,000)	2013-15	7.3	12.0	*<10th percentile of LAs. Doncaster is between 10th and 50th percentile.*
NHS organisations with a board approved sustainable development management plan - %	2014-15	40.0	56.5	*N/A*
Adjusted antibiotic prescribing in primary care by the NHS	2015	1.25	1.1	*<England 2013/14 prescribing rate*
Suicide rate – age standardised per 100,1000 population (persons)	2013-15	10.1	10.1	*No target*
Suicide rate (males)	2013-15	16.4	15.8	*No target*
Suicide rate (females)	2013-15	*Cannot be calculated as cases too small*	4.7	*N/A*

Specific area of focus for 2017/18

Air Quality

Background to air quality monitoring

27. Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas.

28. The statutory duty for local authorities to assess the air quality in their area was first introduced by Part IV of the Environment Act 1995 and subsequent regulations.

29. The air quality across the majority of the Borough is good with respect to the current Air Quality Regulations, 2015. However there are seven areas where this is not the case and as such they have been declared air quality management areas (AQMAs).

30. Broadly speaking the areas affect properties in:- the Town centre along Trafford Way and Church Way; along the A630 from the A1(M) to the Balby Flyover; the length of Carr House Road; in Bessacarr between the M18 and Warning Tongue Lane; Conisbrough Low Road and along the A630; Skellow adjacent to the A1 and Hickleton along the A635.

31. All of these AQMAs are due to exceedances (act of exceeding standard for air quality) of the nitrogen dioxide objective attributable to emissions from road transport.

32. The regulations also require that a local authority assess the air for PM10s. This is particulate matter which has a size of 10 microns or less, essentially dust that can be inhaled but invisible. The PM10 fraction was originally selected because it is the size that is small enough to pass through the human nasal defences and reach the lungs. No exceedances of the PM10 limits have been identified within the borough.

PM 2.5

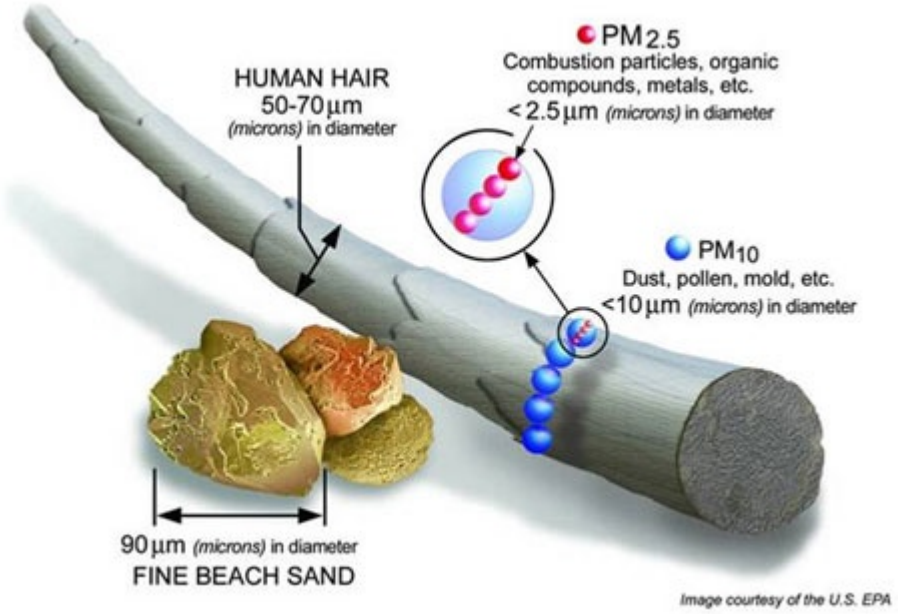
33. The Public Health Outcomes Framework (PHOF) introduced an indicator with respect to mortality attributable to PM 2.5, which is caused by human activities. This fraction is deemed small enough to pass from the lungs and into the blood stream. The intention of this indicator is to enable Directors of Public Health to prioritise action on air quality in their area and thereby reduce the burden on health. The full description of the indicator is:

    3.01 - Fraction of all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution (measured as fine particulate matter, PM2.5)

    PM2.5 is fine particular matter with a diameter of less than 2.5 micrometres.

    The difference between PM10 and PM2.5 is illustrated in Figure 4.

    Figure 4: Comparative sizes of PM10 and PM2.5



Source: https://www.quora.com/What-is-the-difference-between-PM2-5-and-PM10-with-respect-to-the-atmospheric-pollutants (Accessed online on 14 February 2017)

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

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

Statutory Policy

34. In 2016 statutory policy and technical guidance was issued by Department for Environment Food and Rural Affairs (DEFRA) within which is a requirement that local authorities (LAs) consider PM $_{2.5}$ as part of its air quality regime and thus align with the PHOF indicator.
35. DEFRA's policy guidance does not expect LAs to undertake monitoring for PM2.5, but instead make use of data from national monitoring. PM2.5 is reported annually by DEFRA.[3] However DEFRA's technical guidance encourages an increased frequency of monitoring where possible.

[3] https://uk-air.defra.gov.uk/data/pcm-data#pm25

36. The Council needs to address, to the satisfaction of both the public health and air quality perspectives, the monitoring for PM 2.5. This may have resource implications.

37. The guidance also recognises that the air quality indicator has beneficial interactions with other indicators such as active travel. Initiatives on this indicator will not only encourage more physical activity that result in reductions of excess weight, better respiratory and cardiovascular functions but also reduce transport emissions thereby contributing to improved air quality.

38. The DEFRA guidance emphasises that improving or protecting air quality requires a multi-disciplinary and integrated approach. Such an approach is ideally provided by LAs with their planning, transport, highways, public health and environmental departments along with their Health and Well-Being Boards and an overarching management structure.

Actions

39. Achieving a significant, long-term improvement in air quality by reducing emissions from traffic is a tremendous challenge, not just for Doncaster, but for the country, Europe or indeed wherever air aspirated, carbon fuelled combustion engines are used to power motor vehicles.

40. To quantify the issue, it is estimated that there are 35 million vehicles on the UK roads alone.

41. The following actions have been taken:

    a) Public Health Team has established the Doncaster Active Travel Alliance, upon which the Council's air quality officers are active member. The purpose of Doncaster Active Travel Alliance is to bring together partners to work collectively to increase and promote active travel across Doncaster. The main functions are to develop, implement and deliver a joint Active Travel Action Plan, implement and monitor the Doncaster Cycling Strategy 2014/15 action plan, and inform and involve relevant partner organisations of the Active Travel agenda as it evolves. This Alliance contributes to air quality by providing an overview of infrastructure for low- and zero-emission travel and encourage and walking and cycling.

    b) Air quality officers are actively promoting the use of low emission vehicles:

        - Ian Kellett, Senior Pollution Control Officer organised a presentation to the Directorate Leadership Team of Regeneration and Environment on the air quality and sustainability advantages of using hydrogen fuel cell vehicles (HFCV). As a follow up, a visit to a local hydrogen generator/supplier was undertaken on 31January 2017. Hydrogen fuel cell vehicles have no emission other than water vapour.
        - In conjunction with the Council's fleet management, the Council has obtained an electric car for a trial use.
        - An Air Quality Technical Planning Guidance document is at the draft stage. The aims of the guidance are to integrate air quality

considerations into the planning system whilst providing clarity and consistency for developers, planners and communities.

c) The Chief Executive of the Council has been briefed on the 2016 guidance and DEFRA's expectations as indicated within a letter from the Head of Local Air Quality Policy, Atmosphere and Industrial Emissions Team from DEFRA.

OPTIONS CONSIDERED

42. There are no specific options to consider within this report as it provides an opportunity for the Panel to receive and hold to account the progress and work undertaken as part of the Council's responsibilities for Health Protection.

43. This report provides the Panel with an opportunity to receive and hold to account the progress and work undertaken as part of the Council's responsibilities for Health Protection.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

	Priority	**Implications**
	We will support a strong economy where businesses can locate, grow and employ local people. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	Health is a resource for life, and economic productivity. Healthy people contribute to the economy, and health protection functions aims to protect the health of the population, including those who are current and potential workforce.
	We will help people to live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	Health protection impacts on how we keep our population safe from certain diseases, which are preventable by vaccination (e.g. MMR) and conditions that could be identified early by screening so that appropriate treatment can be given. Health protection is also about protecting the health of our people from risks and hazards related to major emergencies and incidents.
	We will make Doncaster a better place to live, with cleaner, more sustainable communities. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding*	

	our Communities • *Mayoral Priority: Bringing down the cost of living*	
	We will support all families to thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Health Protection contributes to healthy families and their ability to thrive and realise their full potentials.
	We will deliver modern value for money services.	The health protection work is delivered within Public Health financial grant.
	We will provide strong leadership and governance, working in partnership.	The Health Protection Assurance Group provides the leaders to ensure appropriate plans are in place to protect the health of the people of Doncaster. It has appropriate governance to ensure the delivery of health protection functions.

RISKS AND ASSUMPTIONS

44. The Health Protection Assurance system in Doncaster is a risk management system.

45. The areas for development identified in this report will further strengthen Doncaster.

46. Council's ability to manage health protection risks. Risks are reviewed by Health Protection Assurance Group, and reported to Public Health Governance Group on quarter basis.

47. One of the main risks identified and treated in the past year related to infection prevention and control in care homes in Doncaster. This risk was addressed by commissioning an infection prevention and control service, which is now in place. The risk of tuberculosis poses a threat to the local population and this is being managed through TB steering Group to ensure that the national plan is implemented locally.

48. Other risks related to low coverage of vaccination, especially Flu vaccination update among the local population.

LEGAL IMPLICATIONS

49. Supporting the recommendations in this report will enable DMBC to continue to discharge its statutory duty to protect the health of the public effectively.

FINANCIAL IMPLICATIONS

50. Managing risk effectively will reduce potential financial implications of health protection incidents to DMBC. There is potential financial implication to the council if a system is set up to monitor air quality in relation to PM2.5.

CONSULTATION

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

This report has significant implications in terms of the following:

Public Health	✓	Crime & Disorder	
Human Resources		Human Rights & Equalities	✓
Buildings, Land and Occupiers		**Environment & Sustainability**	✓
ICT		Capital Programme	

BACKGROUND PAPERS

51. Background papers include;

- Health Protection Assurance Framework
- Ways of working document between DMBC & PHE
- MOU between CCG and DMBC
- Terms of Reference of Health Protection Assurance Group
- Public Health Governance Terms of Reference
- Delivering Excellence in Local Public Health (Public Health Self-assessment tool for sector led improvement produced by DsPH Network for Yorkshire and the Humber).

REPORT AUTHOR & CONTRIBUTORS

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Clare Henry, Public Health Specialist, DMBC

Dr Rupert Suckling
Director of Public Health, DMBC

Peter Dale
Director of Regeneration and Environment

Doncaster
Metropolitan Borough Council

Appendix1: Doncaster Health Protection Assurance Group Terms of Reference

Reporting to:	Doncaster Health and Wellbeing Board
Health Protection Group authorised by:	Doncaster Health and Wellbeing Board
Responsible Directorate:	Adult Health and Wellbeing, Doncaster Metropolitan Borough Council (DMBC)
Approval date of TOR:	8 October 2013
Reviewed date:	16 April 2014
Reviewed date:	17 April 2015
Reviewed date:	6 April 2016
Reviewed	2 August 2016

Document history (author)

Draft Version 1.1 (VJ):	22 July 2013
1.2 (JW comments incorporated)	29 July 2013
1.3 PH DMT input	5 August 2013
1.4 Statement added on Local Health Resilience Partnership and outbreak responsibilities re: school nurses, etc. (Section 5.1)	23 September 2013
1.5 Final draft agreed by HP Assurance Group	8 October 2013
2.1 Amended frequency of meeting to be quarterly (VJ)	16 April 2014
PHE representation: South Yorkshire Health Protection Team, Public Health England (VJ).	17 April 2015
Reviewed linkages and membership of the Group	64 April 2016
Reviewed to incorporate essential functions from District IPC (VJ and WF)	2 August 2016
Amended titles of representation from RDASH in 6.7; and clarified who are core members (6.6-6.8).	12 December 2016

1. Purpose:

1.1. The purpose of the Health Protection Group is to ensure co-ordinated action across all sectors to protect the health of the people of Doncaster from health threats, (including incidents and emergencies) and any Infection Prevention and Control (IPC) issues.

1.2. It supports the Director of Public Health (DPH) to carry out statutory responsibility to protect the health of the community through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prevent and respond to threats to public health and safety.

1.3. The Health Protection Group will provide strategic direction and assurance on matters relating to health protection policy, risks and incidents.

1.4. The Health Protection Assurance Group will obtain assurance from Healthcare providers that they are compliant with the Health & Social Care Act (2015). The group will oversee and monitor all matters pertaining to Infection Prevention and Control across the Doncaster health economy.

1.5. All agencies will work collaboratively to exchange information and share knowledge and where appropriate pool resources for the purpose of protecting Public Health.

2. Functions:

2.1. To ensure that public health (PH) threats requiring local intervention are identified, analysed and prioritised for action to protect public health.

2.2. To inform agencies about any serious problems or potential risks relating to Infection Prevention and Control

2.3. To monitor progress against annual infection prevention & control annual work programmes

2.4. To monitor progress against national, regional, and local IPC requirements

2.5. To ensure that health threats (including IPC) are prevented through implementation of relevant national strategies and regulations to protect public's health e.g. zero tolerance – MRSA blood stream infection.

2.6. To ensure plans exist to coordinate responses to public health / IPC outbreaks, emergencies and threats.

2.7. To ensure appropriate governance for all health protection activities.

2.8. To ensure appropriate policies and plans associated with health protection, including Infection Prevention & Control activities, are in place.

2.9. To establish local health protection assurance system and support organisations to deliver against the health protection outcomes (part of public health outcomes framework).

2.10. To receive quarterly reports, and annual reports from Provider Infection Prevention & Control committees, that demonstrate compliance with, and progress against, Infection Prevention & Control outcomes.

2.11. To receive reports from health protection areas other than IPC based on forward plan.

2.12. To ensure plans are in place for prompt and effective cascade of major health protection alerts (including Chief Medical Officer cascade, Medicines and Healthcare products Regulatory Agency (MHRA) alerts, Met Office alerts, and other major alerts) to appropriate audiences and to confirm that systems are in place for responding to such alerts.

2.13. To scrutinise incidents (including outbreaks of infection), considering the responses of providers and commissioners so giving an overview to the Health Protection Group as well as their respective Trust board / Governing body.

2.14. To provide health protection assurance and statements on regular (quarterly) basis to Doncaster Health and Wellbeing Board and any other relevant local bodies via the Director of Public Health.

2.15. Approve the IPC Training, Education and Audit programme for each of the healthcare providers. Share this information with commissioners

2.16. The Health protection Assurance group will receive and monitor routine alert organism surveillance data from the providers. This will be discussed and recommendations will be made where and when appropriate.

2.17. The Health Protection Assurance Group will receive and discuss (where required) the minutes from the Decontamination and Waste Management groups from respective provider organisations

3. Accountability and Reporting Arrangements

3.1. The Health Protection Group will report to Doncaster Health and Wellbeing Board (HWBB).

3.2. The DPH is accountable to the Chief Executive of DMBC on discharging health protection duties of the local authority.

3.3. The minutes of the Health Protection Assurance Group will be shared with Doncaster Clinical Commissioning Group, Doncaster & Bassetlaw NHS Foundation Trust, and Rotherham Doncaster and South Humber Trust

4. Scope

The scope of the Health Protection Group is to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of Doncaster. (Links will be established with professionals in Bassetlaw and other areas as appropriate). Thematically, the scope covers the

following health protection areas in the Health Protection Assurance Framework for Doncaster:

4.1. Vaccination & Immunisations

4.2. National screening programmes

4.3. Infection prevention and control (IPC) related to healthcare associated infections (Core);

4.4. Drugs and substance misuse; & Alcohol

4.5. Injury prevention (including suicide prevention)

4.6. Sexual health

4.7. Surveillance Report: Communicable disease control including TB, blood-borne viruses, gastro-intestinal (GI) infections, seasonal and pandemic influenza

4.8. Public health advice regarding the planning for and control of pollution; Climate change; Sustainable environment.

4.9. Regulation and enforcement (core related to IPC).

5. Strategic Linkages: to receive minutes and update from relevant committees / groups

5.1. Local Health Resilience Partnership (LHRP): There will be linkage with emergency preparedness, resilience and response (EPRR) for which there is an established process for assurance through LHRP, which is co-chaired by a Director of Public Health; and the Joint Health Emergency Planning Group (JHEPG). The LHRP and the JHEPG shall provide statement of assurance and minutes of their meetings to the Health Protection Assurance Group. Locality areas provide assurance to the LHRP that the following services are in place to respond to any major outbreak if it occurs: school nursing services, community nursing services, out-of-hours services, walk-in centres, and medicine

management services.

5.2. Safer Doncaster Partnership (SDP): for substance misuse

5.3. Doncaster Data Observatory: for intelligence related to health protection

5.4. Public Health England: for surveillance data and outbreak control

5.5. NHS England: Screening and Immunisation Advisory Board for South Yorkshire and Bassetlaw

5.6. Strategic Intelligence and Quality Team (Adults Health and Wellbeing, DMBC)Doncaster Children Trust

5.7. Any other groups whose work remits are linked to the health protection assurance framework.

6. Membership of Health Protection Group:

6.1. Consultant in Public Health (Chair), DMBC

6.2. Director of Public Health (Deputy Chair), DMBC

6.3. Senior Nurse Quality & Patient Safety, Doncaster CCG

6.4. Representative from Screening and Immunisation, NHS England

6.5. South Yorkshire Health Protection Team, Public Health England

6.6. Director of Infection Prevention and Control and Lead IPC Nurse, DBHFT. **(Core member)**

6.7. Head of Nursing (RDASH); and Senior Clinical Nurse Specialist Infection Prevention & Control (RDASH). **(Core member)**

6.8. Representatives (2) from Regulation and Enforcement, DMBC; with Environmental Health as **core member** attending at all meetings.

6.9. Representative from Strategic Intelligence and Quality Team, (Adults, Health and Wellbeing Directorate, DMBC)

7. Co-option of members

7.1. Other Leads of health protection elements maybe co-opted as and when appropriate.

7.2. Doncaster Children Trust

8. Declarations of Interest

8.1. If any member had an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the

discussion. The Chair will have the power to request that member to withdraw until the Health Protection Group has given due consideration to the matter.

8.2. All declarations of interest will be minuted.

9. Deputising

9.1. All members must make every effort to attend. If members are unable to attend they must send formal apologies, otherwise they will be recorded as 'did not attend'. Deputies should attend only when necessary.

10. Quorum

10.1. Chair or Deputy; and at least 3 other members from different agencies, including core members.

11. Frequency of meetings:

11.1. Quarterly as from April 2014.

12. Agenda deadlines:

12.1. Items to be received two weeks prior to meeting

12.2. Agenda to be circulated within two weeks of meeting.

13. Minutes:

13.1. Minutes will be circulated within two weeks of the meeting.

13.2. Minutes will be circulated to all members of the Health Protection Group.

14. Urgent matters

14.1. Any urgent matters arising between meetings will be dealt with by Chair's action after agreement from three other members of the group.

15. Administration:

15.1. Public Health Support Officer, Public Health Team, DMBC

16. Attendance:

16.1. Members (or their nominated deputies) are required to attend a minimum of 4 out of 6 meetings annually.

GLOSSARY

CCG – Clinical Commissioning Group

Communicable Disease - A disease that can be spread from one person to another, by direct or indirect means.

DBHFT – Doncaster and Bassetlaw NHS Foundation Trust

DPH – Director of Public Health

EPRR – Emergency Preparedness, Resilience and Response

Healthwatch – The independent consumer champion organisation for health and social care

HCAI – Healthcare Acquired Infections are acquired as a result of healthcare interventions. They include infections such as MRSA and C.Difficile.

HPAG – Health Protection Assurance Group

HWBB – Health and Wellbeing Board

IPC – Infection Prevention and Control

JHEP – Joint Health and Emergency Planning Group

LHRP – Local Health Resilience Partnership

NHSE – NHS England

Notifiable Disease - Any disease that is required by law to be reported to government authorities.

PH – Public Health
PHE – Public Health England

PHOF – Public Health Outcomes Framework

RDaSH – Rotherham, Doncaster and South Humberside NHS Foundation Trust

SoS – Secretary of State (for Health in this paper)

STI – Sexually Transmitted Infections

Doncaster
Metropolitan Borough Council

15 March 2017

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

Intermediate Health and Social Care Services in Doncaster

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Glyn Jones, Cabinet Member for Adult Social Care and Equalities Councillor Pat Knight, Cabinet Member for Public Health and Well-being	All	None

EXECUTIVE SUMMARY

1. The purpose of this report is to provide Members with an update on the developments in Intermediate Health and Social Care Services in Doncaster.

EXEMPT REPORT

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

REOMMENDATIONS

3. That the Scrutiny Panel considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

5. Following the previous presentation at the Health and Social Care Scrutiny Panel, Members requested an update from officers on progress. A presentation, attached at Appendix A, will be provided to the Panel by Debbie John-Lewis, Head of Service Intermediate Care and Debbie Aitchison, Intermediate Care Redesign, NHS Doncaster CCG relating to Intermediate Health and Social Care Services in Doncaster.

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

6. There are no alternative options within this report as the intention is to provide the Panel with an update on progress on Intermediate Health and Social Care Services in Doncaster.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

7.

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

RISKS AND ASSUMPTIONS

8. There are no specific risks associated with this report, however risks associated with

any new model going forward will be fully considered and managed by the partnership Intermediate Care Board.

LEGAL IMPLICATIONS

9. There are no specific legal implications arising directly from this report, however legal implications associated with any new model going forward will be fully considered and managed by the partnership Intermediate Care Board.

FINANCIAL IMPLICATIONS

10. There are no specific financial implications arising from the recommendations detailed in this report, however, financial implications associated with any new model going forward will be fully considered and managed by the partnership Intermediate Care Board.

HUMAN RESOURCES IMPLICATIONS

11. There are no specific human resource implications arising directly from this report, however, however any HR implications associated with any new model going forward will be fully considered by the Council as well as being identified by the Intermediate Care Board.

TECHNOLOGY IMPLICATIONS

12. There are no technology implications arising from this report, however, any technology implications associated with any new model going forward will be fully considered by the Councils Information Governance Board and also managed by the partnership Intermediate Care Board.

EQUALITY IMPLICATIONS

13. There are no significant equality implications associated with this report, however, Intermediate Care services are primarily targeted at those with protected characteristics (such as older people, people with disabilities). Equalities implications are captured as part of the overall Intermediate Care programme and will be reported within DMBC and also to the partnership Intermediate Care Board. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

14. There is no consultation required for this report; however, any proposals going forward will be subject to consultation with partners and service users.

BACKGROUND PAPERS

15. None

REPORT AUTHOR & CONTRIBUTORS

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Kim Curry
Director of Adults, Health and Wellbeing

Intermediate Care Update **Overview & Scrutiny**

15th March 2017

Recap…

Intermediate care delivers a short burst of extra care and rehabilitation outside hospital to help people recover and regain their independence as quickly as possible.

It can provide support in many situations, such as: when an older person has an illness like a water or chest infection that can easily be treated at home rather than hospital; when an existing health condition worsens; when an older person has fallen and lost their confidence; if someone is weak and needs help to settle back home following a hospital stay; or if their carer is unwell and not able to look after them.

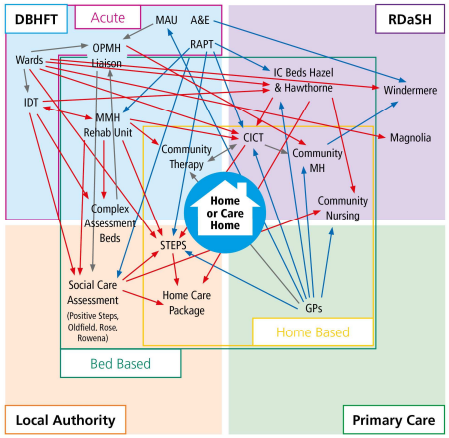
NHS Doncaster CCG and Adult Social Care in DMBC are working together to develop intermediate care services further so:

- there's more of this type of community support;
- they can be easily accessed when people need them; and
- they are equipped to meet the needs of an increasingly ageing local population.

Vision for intermediate care in Doncaster

We want to move away from the current configuration of;

- **two** community teams
- **four** bed based services (100 plus beds)
- **two** hospital based assessment teams
- with **six** access routes
- delivered by **four** providers
- providing more step down than step up support…



…to a more streamlined, integrated health and social care service, providing a more even balance of step up and step down support**.**

Offering;

- **a single point of access and assessment.**
- rapid response and short term interventions,
- medium term rehabilitation and re-ablement in the community
- and a smaller integrated health & social care bed based service.

Testing Update

- We are currently testing some of the proposed changes, refining the future model and preparing staff for transition.

- By May 2017 we will hope to have agreed a joint health and social care model for commissioning and providing intermediate care and will start full implementation.

- We have started by asking providers to work together to develop a rapid response…

Rapid Response to Falls Progress Update

Rapid response to falls pathway opened to Yorkshire Ambulance Service on the 23 January 2017

- Operating 8am – 8pm – 7 days per week.
- Speedy access to a multi agency assessment.
- Single point of coordination and care planning.
- Support for up to 72hrs.
- Access to equipment, and technologies such as telecare to support people to remain at home safely after a fall.
- Referrals onto other community services where needed.
- Brings together existing falls responses.
- Focus has been on a single referrer initially to test and build confidence.

Partnership response

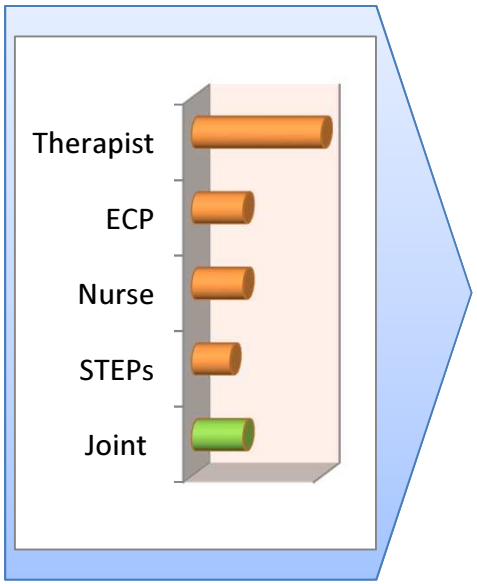
Doncaster and Bassetlaw Hospitals NHS Foundation Trust

NHS
Doncaster
Clinical Commissioning Group

Overview of month one…

First responder

16 referrals



1 person transported to A&E by ambulance service following discussion with rapid response triage practitioner.

Types of care and support provided

- Provision/ adjusting of equipment.
- Therapy assessment/advice.
- Dressing/ monitoring of wounds.
- Medication review arranged.
- Key safe info.
- Telecare.
- Temporary increase in care package
- Advice on arranging respite
- Reablement support.
- Referral/ signposting.

Sample- data collection incomplete

Outcome of referrals accepted.

13 (86%) supported at home

1 person taken to A&E for an x-ray

1 person admitted to hospital.

CASE STUDY- To be presented on the day.

Initial staff feedback

Staff Survey

- Responses from 21 staff involved in delivering the rapid response
- Majority of ratings were good or very good.

Refreshing	successful
good	unchanged
Encouraging	EXCITING
Very interesting	supported
Progressing	collaboration
Fine	excellent
Enlightening	Fantastic
meaningful	Positive
ok	Rewarding

I have had a very positive experience of integrated working

Next steps

- Integrated IT solutions.
- Further staff training
- Mental health expertise and AGE UK will be available as part of the response from mid March 2017.
- Further communications.
- Ongoing evaluation.
- Increase number of referrals…

Phased Expansion

Areas of Expansion	Timeline
GP referrals to prevent admission.	March 2017
Care Home Falls	Mid April 2017
Open to other referrals from the ambulance service including local infections e.g. urinary tract infections, chest infection. (These need to be agreed)	May 2017
Identifying people who have attended A&E but could be seen at home by the rapid response instead.	April – May 2017

Other activities

- Carers survey – to understand what influences how carers access support for their loved ones in a crisis.

- User and carer walk through on 30th March – opportunity for people who have used or may need to use the rapid response to work with staff to contribute to the design of the pathway.

- Workforce review – joint health and social care skills assessment across all intermediate care teams to identify gaps and development needs.

Next Steps

- Scoping the development of an integrated model of health and social care community based rehabilitation and reablement by starting to integrate the current health reablement service (CICT) and social care reablement team (STEPS)

- The new model will complement the locality based neighbourhood teams and community led support.

- Update on this will be provided at future Overview & Scrutiny committee meetings.

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Doncaster
Metropolitan Borough Council

15 March, 2017

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

OVERVIEW & SCRUTINY WORK PLAN REPORT 2016/17 UPDATE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing Councillor Glynn Jones – Cabinet Member for Deputy Mayor and Portfolio holder for Adult Social Care and Equalities	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to consider and review the updated work plan report for 2016/2017.

EXEMPT REPORT

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to: -

   i. Consider and review the Health and Adult Social Care Overview and Scrutiny work plan for 2016/17 and agree when items be programmed for consideration or removed.

   ii. Note that the work plan is a living document which is subject to change and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and developing policy. The Overview and Scrutiny of health is an important part of the Government's commitment to place patients at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, local authorities can assist to

reduce health inequalities and promote and support health improvement. The Health and Adult Social Care Overview and Scrutiny Panel have been designated as having responsibility of carrying out the health scrutiny function.

BACKGROUND

5. An updated version of the work plan is attached at appendix A for consideration and the Panel is asked to consider the unresolved issues and agree when items should be programmed or removed from the list. It should be noted that the work plan highlights those items that have been considered up to end of October, 2016 and those that are planned at the time this agenda is published.

OPTIONS CONSIDERED

8. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2016/17.

REASONS FOR RECOMMENDED OPTION

9. This report provides the Panel with an opportunity to develop a work plan for 2016/17.

IMPACT ON COUNCIL'S KEY OUTCOMES

	Outcomes	**Implications**
1.	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and developing policy through robust recommendations, monitoring performance of council and external partners services and reviewing issues outside the remit of the council that have an impact on the residents of the borough.
2.	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
3.	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding*	

	our Communities • *Mayoral Priority: Bringing down the cost of living*	
4.	All families thrive. *Mayoral Priority: Protecting Doncaster's vital services*	
5.	Council services are modern and value for money.	
6.	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS

11. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those references Overview and Scrutiny Management Committee will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).

12. Specific legal implications and advice will be given with any reports when Overview and Scrutiny have received them as items for consideration.

FINANCIAL IMPLICATIONS

13. The budget for the support of the Overview and Scrutiny function 2016/17 is not affected by this report however, the delivery of the work plan will need to take place within agreed budgets. There are no specific financial implications arising from the recommendations in this report. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES IMPLICATIONS

14. There are no specific human resources issues associated with this report.

TECHNOLOGY IMPLICATIONS

15. There are no specific technological implications resources issues associated with this report.

EQUALITY IMPLICATIONS

16. This report provides an overview on the work programme undertaken by Health

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

CONSULTATION

17. The work plan has been developed in consultation with Members and officers.

BACKGROUND PAPERS

18. None

REPORT AUTHOR & CONTRIBUTORS

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Kim Curry
Director of Adults, Health and Wellbeing

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

Schedule of Overview & Scrutiny Meetings

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
May	**Fri, 20th May 2016, 11am – Chamber (CR)** • Commission Care & Support (FP)	**Mon, 23rd May 2016, 2pm – Sheffield (CR)** Regional Health Scrutiny; • Working Together Programme		**Wed, 25th May 2016, 1:30pm Rm 209 (CM)** • Work planning – R&H O&S	
June	**Fri, 10th June 2016 at 9am – Chamber (CM)** • Work planning - OSMC	**Mon 6th June 2016, 10am - Rm 410 (CR)** • Work planning – HASC O&S	**Thurs 2nd June 2016, 9am – Rm 210 (CM)** • Work planning – CYP O&S		**Wed, 1st June 2016, 3:30pm, Rm 210 (CR)** • Work planning – C&E O& S
	Fri, 10h June 2016, 10am – Chamber (CM) • O&S Draft Work Plans • O&S Membership				
	Mon, 27th June 2016 – Rm 209 (CR) • Corporate Plan (Refresh)				
July	**Thurs, 7th July 2016, 10am – Chamber (CM)** • DMBC Finance & Performance Qtr 4 15/16 • SLHD Finance & Performance Qtr 4 15/16 • Youth Justice Plan	**Wed 6th July 2016, 10am – Rm 409 (CM)** • Intermediate Care – changes to current service	**Mon, 11th July 2016, 10am – Chamber (CR)** • Education White Paper Update – Implications for Doncaster • Accountability Arrangements • Childrens Trust Update Qtr 4 1516		
Aug	**Friday 12th August, 2016 at 10am - (CM)** • Budget discussion	**Mon, 8th August, 2016– 3:30pm (CR)** Regional Health Scrutiny; • Working Together Programme (Doncaster supporting this meeting).			**Thurs 11th August 2016 – All Day, Rm 210 (CM & CR)** Domestic Abuse (one day review) 1. Strategy 2. Meet Victims 3. Meet with Partners: • Growing Futures • Perpetrator Programme – Foundation for Change

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
					• Changing Lives • Police (Safeguarding Adults Team) • Riverside • DMBC Officers Sandra Norburn/Bill Hotchkiss 4. Refuge Visit (separate session) – two members only
					Wed 17th August 2016 – 2:30pm, Council Chamber (CM)
					• Isle of Axholme Strategy - including Hydraulic Modelling. Meeting with the Environment agency
Sept	**Thurs, 1st Sept. 2016, 2pm – Chamber (CR)**	**Wed, 21st Sept. 2016, 10am – Rm 008 (CM)**	**Tues, 27h Sept. 2016, 10am – Chamber (CM)**		
	Core annual 'define & deliver' cycle	Health Inequalities. Incl. • description of overall approach • focus on the health needs of BME populations • plans to update the assessment • Veterans Information session to follow: • Health Watch - Chair	• Childrens Trust Update – Split Screen report • DFE Achievements of Children • Inspections Framework SEN • School Results (by pyramid/sub-groups)		
Oct	**Thurs, 6th October 2016, 10am – Chamber (CR)**			**10th October, 2016, 9am – Room 008 (CM)**	**Mon, 3rd October 2016, 10am – 3pm, 410 (CM)**
	• DMBC Finance & Performance Qtr 1 16/17 • SLHD Finance & Performance Qtr 1 16/17			• Economic Plan – Outline • Place Marketing – update • Additional Housing Update	Domestic Abuse Review continued: • 10am – meeting with victims who have experienced domestic abuse and been supported.

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

Nov	**Weds, 2nd Nov 2016, 1pm – Chamber (CM)** • Call-In **Thurs, 10th Nov 2016, 10am – Chamber (CR)** • Stronger Families Update	**21st Nov 2016, 3.30pm Oak House Junc 1 M18 (CM)** CWT Joint Scrutiny **Wed, 23rd Nov 2016, 10am – 007b (CM)** • Adult Safeguarding Report • Doncaster Immediate Care - Changes to Current Services – Update • STP (Sustainability and Transformation Plan) • Health and Care Local Place Plan		**Mon, 28th November 2016, 9.30am - Room 409 (CR)** • Homelessness across the Borough	**Friday 25th November, 2016 at 9.30a, room 410 (CR)** Domestic Abuse Review - Strategy and review recommendations
Dec	**13th Dec 2016, 11am - (CM)** • Budget (informal) **Thurs, 15th Dec 2016, 1pm – Chamber (CR)** • Progress on Digital Council • Children's Trust Recovery Plan • DMBC Finance & Performance Qtr 2 16/17 • SLHD Finance & Performance Qtr 2 16/17		**Tues, 6th Dec 2016, 10am – Chamber (CM)** • Childrens Trust Update (DMBC) • Education & Skills Commission (Standards & Strategy) • Chair Children's Safeguarding Board: – a) Annual report b) CSE Update c) Outline and Function of the Performance Account Board (PAB) • CIC – Virtual School		
Jan	**Thurs, 19th Jan 2017, 10am – Chamber (CR)** • Budget (formal)			**Wed 18th Jan 2017 9.30am – Council Chamber (CR)** Homelessness Strategy • Update on Homelessness Summit • Progress with the Homelessness Partnership • Details on length of stay in temporary accommodation; and • Doncaster's and neighbouring authority homeless figures.	**10th & 17th January 2017 (CM)** Domestic Abuse Review - Strategy and review recommendations

Feb	**2nd Feb 2017, 9am – Chamber (CM)** • Corporate Plan Update **15th Feb 2017, 1pm – Chamber (CM)** • DCST Financial Recovery Plan	**2nd Feb 2017, 12:30pm – 007b (CR) (Was 25th Jan)** • Transformation programme as that will cover direct payments and the development of the community led model • Update on Care and Support at home • Mental Health within Children's Services (invite to CYP O&S) – NHS CCG/DMBC	**H&ASC/CYP O&S - Invite 2nd Feb 2017, 12:30pm – 007b (Was 25th Jan)** CYP O&S Invite for the following; • Mental Health within Children's Services **Fri, 24th Feb 2017, 10am Chamber (CR) (Was Mon, 27th Feb)** • Children's Trust Update split screen report • Children's Trust Annual report • Annual Complaints - DCST • Exam Results (& update on actions from E&SC) • Council's response to the Education & Skills Commission • Effectiveness of Pupil Premium across Doncaster • Youth Council Overview	**R&H O&S End Feb 2017, TBA (CM or CR)** • Economic Plan Refresh	**Mon, 13th Feb 2017, 10am – 007b (CR)** • Crime & Disorder Meeting ○ Performance & Update on Priorities ○ Community Safety Strategy • Fly Tipping – Enforcement • Hate Crime
Mar	**Thurs, 23rd March 2017, 10am –Chamber (CM)** • DMBC Finance & Performance Qtr 3 16/17 • SLHD Finance & Performance Qtr 3 16/17 • Approach to Equalities and Future Direction – Action Plan	**15th March 2017, 10am – 007b (CM)** • Public Health Protection Responsibilities (annual) to include: - Vaccinations – how is data on reactions used - Air Pollution (performance targets/impact on public health • Intermediate Care – changes to current service – NHS CCG • "Your Life Local" Community led support –			**H&ASC O&S - Invite 15th March 2017, 10am – 007b - invite** C&E O&S Invite for the following; • Public Health Protection Responsibilities (annual) : - Air Pollution (performance targets/impact on public health

		discussion and assistive technology		

Other potential issues to be considered and confirmed

<u>Ongoing annual list of Council Plans</u> Council Plans: • Corporate Plan Refresh - 27th June 2016 and 2nd Feb 2017 Statutory Plans: - • Local Transport Plan – TBC • Community Safety Plan (known as Crime and Disorder Reduction Strategy – Refresh 2016/New Plan 2017) – May refer to Crime and Disorder Committee • Health and Well-being Strategy - not required 2016 • Local Plan (Development Plan) – TBC 2017 Maybe carried to 2017/18 work plan Other: • Library/Training/Museum/Cultural Centre (FP Item) - TBC • Borough Strategy (Sustainable Community Strategy no longer obliged to have as a Statutory Plan) • Community Engagement Strategy – TBC • Devolution (was 9th Nov) – deferred.	Transformation Programme – 7 key projects – ongoing: • IAG (Information Advice and Guidance) • Community Led Support • Learning Disability part of the commissioning key project • Commissioning Other: • Quality Accounts (annual) – when produced by partners • Updates e.g. NHS England, CCG,H&WB – when approached by partners • CWT Joint Scrutiny final proposals (TBC) Areas to be transferred for possible consideration in 2017/18: • District Nurse Access • Review - Developing an Age Friendly Doncaster	Other TBC: - • ETE Opportunities for CIC – Career Advice & Guidance (possible CYP O&S Members involvement)	• Economic Plan Refresh – to consult with the Panel - first meeting 10th October and to be programmed further when available.	Other TBC:- • Vol/Com Strategy – update and impacts of the new grant scheme.

FP – Forward Plan Decision

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Doncaster
Metropolitan Borough Council

15 March 2017

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

"YOUR LIFE LOCAL" – COMMUNITY LED SUPPORT (CLS)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Glyn Jones, Cabinet Member for Adult Social Care and Equalities	All	None

EXECUTIVE SUMMARY

1. The purpose of this report and subsequent discussion is to provide Members with an overview of initiative "Your Life Local" Community Led Support as part of the Adults, Health and Wellbeing Transformation Programme.

EXEMPT REPORT

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

RECOMMENDATIONS

3. That the Scrutiny Panel considers the information contained in the report and presentation and overall direction of travel of the project within the Adults Transformation Programme.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

"Your Life Local" – Community Led Support

5. The Panel will be provided with a presentation from Karen Johnson, Assistant Director for Communities relating to the "Your Life Local" Community Led Support initiative, a wider programme of change to adult social care across the Borough.

6. Doncaster Council's approach to adult social care is changing. Responding to the growing pressures of rising demand and reduced financial resources, a

new plan has been developed on how to change the way in which care and support for adults is delivered, from dependence on formal care statutory provision from the Council, to building resilience in and around community settings.

7. The aim is to connect people to their own community, creating healthy people and places which can thrive. The CLS model is about shifting the focus to early intervention and prevention – getting to people much earlier so that they don't necessarily need formal services. Underpinning this model, fundamentally, is changing the way social care and care management, and associated services, respond to needs, building on individual, family and community assets.

8. The CLS model falls primarily into 3 components:

   - The "front door" – where people have a "Person centred strengths based" conversation that is based on finding a resolution within the local community. This is predicated on having access to high quality advice, information and guidance and is followed up to make sure this worked for the individual.

   - "Community Hubs" – where someone needs a longer conversation, they are referred to a local venue where they are greeted by local volunteers and have further access to local advice, information and support. It may be that they have the longer conversation with a social worker, a well-being officer, an occupational therapist or a voluntary sector organisation. Ultimately, the purpose of the conversation is to connect that person back into the community, build on their strengths and where appropriate support them to meet their needs. The Community Hubs will also be used for drop in advice and information about a whole range of issues and services.

   - Strength Based Care Management – a more integrated and multi service response when people do need support. This will still be a strength based conversation, will happen quicker and will be proportionate to needs. Bureaucracy and paper work will be minimised and "professional judgement" will be at the core of decision making.

9. It is recognised that there is a huge amount of great work happening in communities across Doncaster to by releasing the skills, talents and energy of local people and groups, it will make stronger, happier and more functional communities, in which everyone is valued and can contribute as a full and equal citizen. This will help to keep people healthier and independent for longer.

10. None of the above can be achieved overnight, nor across every part of Doncaster at the same time. A detailed programme of work has begun and progress is outlined below.

PROGRESS TO DATE

Training and Culture change work stream

11. In recognition that this programme is about changing the culture of how we work across Adults, Health and Well-Being, there has been a focus on awareness raising and training for key staff, managers and leaders. 7 awareness raising sessions were held initially where a total of 499 delegates attended. These sessions were supported by Senior Management and the National Development Team for Inclusion (NDTI) who are supporting the development of this programme in Doncaster and across the Country. From the sessions, delegates were asked to express an interest in being further involved in the project development and a total of 141 people put themselves forward, who are now referred to as CLS Champions.

12. A Member's presentation also took place but was poorly attended – it was agreed that the CLS champions would engage with local Members as the programme develops.

13. Further training has been rolled out to teams hosted by NDTI for Social Care, Communities and the Adult Contact Team within community venues. These "Good Conversation" sessions were aimed at exploring the different conversations that will underpin the CLS project and introduced refreshed skills and understanding around person centred thinking; exploring the tools required to take a different approach.

14. There has also been a number of presentations and events to involve wider stakeholders, including health and the voluntary and community sector. This has generated a great deal of interest in the model. The voluntary and community sector were very keep to support the development of locality hubs although some have raised concerns about funding to support their organisations to make them sustainable for the future. They were also keen to work together to encourage younger members of the community to become involved in volunteering opportunities. Feedback has been captured from these engagement events, which has enabled a database to be developed that will support the development of the local Community Hubs and the individual organisations that want to be involved as part of the 'service offer'.

Customer Journey and Technology work stream

15. Work is progressing towards the design of the new 'Front Door' and the content of the first conversation. A comprehensive review of what information, advice and guidance is available has been completed and now includes over 1500 community and voluntary sector organisations. This is now available in the recently launched "Your Life Doncaster" community database. A demonstration of this will be provided for Members.

16. The "Your Life Doncaster" community database is now live from the 'Home' screen of all public computer terminals in the libraries across the borough, allowing citizens easy access to information. Presentations of the database have also been made to all of the Care Management teams so that they can use this from their new mobile devices when they are having more strength based conversations with people in their homes or in the community.

17. The processes and procedures for booking appointments between the 'Front Door' and new Community Hubs is also being developed. New streamlined paperwork has been agreed and is in development within the Customer

Relationship Management system and CareFirst, the Care Management system. The design and content of the 3 conversations has been agreed and this will be ready to go live shortly.

Mobilisation work stream

18. The main learning from elsewhere is that it is better to test out ideas within a specific site before rolling out what is an ambitious programme. It was therefore decided that we would develop an "Innovation Site" in the first instance, but with a pragmatic but ambitious target of rolling this out across Doncaster by the end of this calendar year.

19. Following analysis of demand for services, it was agreed that the Innovation Site would be in the East of the Borough. An innovation team was set up across the Adult Social Care and Communities Service and they have been tasked with developing and testing new ways of working around the CLS model, which can then be evaluated and rolled out across the whole of the Borough. The first Community Hub has been established at the Vermuyden Centre at Thorne where people can get appointments and drop in for advice and information.

20. The Innovation Team have also started to engage with the third sector and voluntary organisations, hosting an event in December where 32 people representing different third sector groups attended. This has led to some really strong relationships being built and new services being developed in this area (for example the AGE UK Community Circles). Further work will build in this so that the model going forward is co-produced with local people.

21. The branding for the Community Hubs has been agreed as "Your Life Local". This will enable all of the hubs to have a common branding, but can be localised for example "Your Life Local Thorne", "Your Life Local Mexborough" etc. A voluntary and third sector information leaflet has been produced and the next stage is to finalise the public information that will help formally launch the hub and let people know how to access community based support.

22. The Innovation Team have also run two workshops at the Primary Care event for Doncaster's GP's. This generated a great deal of interest across the Borough. A number of GP practices have expressed an interest in being part of the local models, some wanting to develop a hub in their surgery and many wanting to have further discussions about how we can work together. Officers are now tasked with following this up locally. Pharmacists also attended the event and a presentation to consider how they can also get involved is taking place on the 8 March 2017.

Next Steps and Roll Out plan 2017

23. Work is already underway across the Borough to begin planning the roll out of the CLS model in each locality. Initial work identified a number of priority areas where there are high demands for social care services:

NORTH	SOUTH	CENTRAL	EAST
Bentley Scawsby Scawthorpe	Conisborough Denaby Old Denaby	Balby	Thorne

Woodlands Skellow Carcroft	Mexborough	Bessacarr Cantley	Stainforth Moorends
	Rossington		

24. Early scoping in each of these areas has begun to look at where there could be potential hubs. It should be noted these are only indicative areas to begin the roll out and there are likely to be several hubs in each locality. It should also be noted that learning from other areas has indicated that the development of these sites should be community driven. Local Elected Members, service users, carers, community and voluntary organisations, and local delivery services all need to be involved in developing these ideas and rolling out the programme over the coming 12 months.

25. Following the launch of the wider transformation communications campaign on the 6 March 2017, the CLS project is planning to launch the "Your Life Local" campaign early April 2017. 'Informal activity', such as drop in's for information, advice and wellbeing has also been taking place in the other localities across the borough to trial out the new ways of working around hubs. Therefore, it is anticipated that for the "Your Life Local" communication campaign in April will include the promotion of Thorne and other areas as "Your Life Local" venues.

26. Other work over the next few month's includes finalising the 3 conversations and making sure that the processes are all lined up to ensure there are no unnecessary "hand offs" for people and that no one falls through the net. We will continue to work with our partners to develop an integrated model and strengthen local partnership working.

27. We are also considering how we can build capacity within communities to ensure the voluntary and community sector are able to respond to this agenda. Two bids have been submitted for investment into local community groups and future development to DCLG Communities Fund and Creative Communities. Unfortunately these were unsuccessful.

28. However, a successful application has been made to the Better Care Fund which will now support funding for locally based activity that supports people to live independently for longer in their own homes and communities. In the longer term, larger commissioning budgets need to be explored in order to move towards locality based commissioning and to sustain the community based approach.

Assistive Technology

29. Enablement and re-ablement are fundamental to the CLS model going forward. Better use of assistive technology is a key enabler to helping people remain within their own homes and will be a key development in our transformation programme. As part of the discussion Members will therefore be provided with examples of assistive technology.

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

30. This report is to update Members on the CLS model therefore no other options are for consideration.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

8.

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

RISKS AND ASSUMPTIONS

31. The CLS project has a risk register that can be made available.

LEGAL IMPLICATIONS

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

FINANCIAL IMPLICATIONS

33. There are no specific financial implications arising from the recommendations detailed in this report. Additional financial support has been secured from the Better Care Fund to roll out elements of this programme.

HUMAN RESOURCES IMPLICATIONS

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

TECHNOLOGY IMPLICATIONS

35. A key element of this programme is around access to good quality advice, information and guidance out in communities, more efficient and streamlined services and better use of assistive technology. The project has a technology workstream to ensure we make the best use of what is available.

EQUALITY IMPLICATIONS

36. There are no significant equality implications associated with this report. The CLS programme, however, is aimed at delivering a different offer within communities and is likely to positively impact on those with protected characteristics (particularly older people, people with physical and learning disabilities and carers). A full public sector equalities duty impact assessment is under development for this work. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

37. There is no consultation required for this report, however, critical to the success of CLS will be the need to engage with, involve and consult local communities, service users, carers and Elected Members.

BACKGROUND PAPERS

38. None

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