



Doncaster Council

Agenda

To all Members of the

HEALTH AND WELLBEING BOARD

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

Venue Room 007a and b - Civic Office, Waterdale, Doncaster, DN1 3BU

Date: Thursday, 15th November, 2018

Time: 9.30 a.m.

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

Jo Miller
Chief Executive

Issued on: Wednesday 7th November 2018

Governance Services Officer for this Meeting: Jonathan Goodrum
Tel. 01302 736709

Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

6. Minutes of the Meeting of the Health and Wellbeing Board held on 6th September 2018.
(Attached – pages 1 – 8) 5 mins
(Chair)

Delivery of Health and Wellbeing Strategy

7. Health and Wellbeing Board Outcomes Framework 2018-21: November 2018 Update.
(Paper attached – pages 9 – 28) 20 mins
(Allan Wiltshire)
8. Tackling Health Inequalities in Doncaster - An Update on the Approach.
(Paper attached – pages 29 – 44) 20 mins
(Susan Hampshaw)

Board Assurance

9. The Doncaster Place Plan and Your Life Doncaster Programme.
(Presentation/Cover Sheet attached – pages 45 – 46) 45 mins
(Jackie Pederson/
Damian Allen)
10. Doncaster Safeguarding Adults Board Annual Report 2017/18.
(Paper attached – pages 47 – 94) 20 mins
(Angelique Choppin)

Developments and Risk Areas

11. Air Quality Annual Status Report 2018.
(Paper attached – pages 95 – 156) 15 mins
(Lisa Croft)

Board Development

12. Report from Health and Wellbeing Board Steering Group and Forward Plan.
(Paper attached – pages 157 – 182) 10 mins
(Dr Rupert Suckling)

Date/time of next meeting: Thursday, 17th January 2019 at 9.30 a.m.
Venue – St Catherine's House, Balby

Members of the Health and Wellbeing Board

Chair – Councillor Rachael Blake – Portfolio Holder for Adult Social Care

Vice-Chair – Dr David Crichton, Chair of Doncaster Clinical Commissioning Group

Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Cynthia Ransome	DMBC Conservative Group Representative
Dr. Rupert Suckling	Director of Public Health, Doncaster Council
Kathryn Singh	Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Steve Shore	Chair of Healthwatch Doncaster
Karen Curran	Head of Co-Commissioning NHS England (Yorkshire and Humber)
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Damien Allen	Interim Director of People, DMBC
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Chief Superintendent Shaun Morley	District Commander for Doncaster, South Yorkshire Police
Paul Tanney	Chief Executive, St. Leger Homes of Doncaster
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue
Paul Moffat	Chief Executive of Doncaster Children's Services Trust
Peter Dale	Director of Regeneration and Environment, Doncaster Council
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Assistant Director darts, Doncaster Community Arts (Health and Social Care Forum representative)

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Agenda Item 6

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 6TH SEPTEMBER, 2018

A MEETING of the HEALTH AND WELLBEING BOARD was held in Room 007A AND B - CIVIC OFFICE on THURSDAY, 6TH SEPTEMBER, 2018 at 9.30 a.m.

<u>PRESENT:</u>	Vice-Chair -	Dr David Crichton, Chair of Doncaster Clinical Commissioning Group (DCCG) – In the Chair
Councillor Nigel Ball		Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly		Portfolio Holder for Children, Young People & Schools
Councillor Cynthia Ransome		Conservative Group Representative
Dr Rupert Suckling		Director of Public Health, Doncaster Council
Mark Douglas		Chief Operating Officer, Doncaster Children's Services Trust, substituting for Paul Moffat
Jackie Pederson		Chief Officer, DCCG
Damian Allen		Director of People (DCS/DASS), Doncaster Council
Superintendent Dan Thorpe		South Yorkshire Police
Paul Tanney		Chief Executive, St Leger Homes of Doncaster
Lucy Robertshaw		Assistant Director, Darts
Laura Sherburn		Chief Executive, Primary Care Doncaster
Debbie Hilditch		Vice-Chair of Healthwatch Doncaster, substituting for Steve Shore

Also in attendance:

Jon Gleek, Head of Service, Strategy and Performance, Doncaster Council
Laurie Mott, Senior Strategy and Performance Manager, Doncaster Council
Callum Helman, Project and Transformation Officer, Doncaster Council
Professor David Best, Professor and Head of Criminology at Sheffield Hallam University

14 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from the Chair, Councillor Rachael Blake, Kathryn Singh, Steve Shore (Debbie Hilditch deputised), Paul Moffat (Mark Douglas deputised), Richard Parker, Steve Helps and Chief Superintendent Shaun Morley (Superintendent Dan Thorpe deputised).

15 CHAIR'S ANNOUNCEMENTS

There were no announcements made by the Chair.

16 PUBLIC QUESTIONS

Dr David Crichton advised that a statement and questions had been received by email from Mr V Patel addressed to the Board, as follows:

JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:

Question 1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?

Question 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis where people are waiting for a review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?

Question 3) Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?

Dr Crichton explained that responses to the points raised by Mr Patel had been sought and received from relevant organisations represented on the Board, and these would be forwarded to Mr Patel, together with signposting to the relevant individual commissioning bodies as regards picking up the other elements of the questions that could be more appropriately dealt with by way of FOI requests, should the questioner wish to submit them.

17 DECLARATIONS OF INTEREST, IF ANY

No declarations were reported at the meeting.

18 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 14TH JUNE 2018

RESOLVED that the minutes of the meeting held on 14th June 2018 be approved as a correct record and signed by the Chair.

19 JOINT STRATEGIC NEEDS ASSESSMENT POLICY STATEMENT AND WORKPLAN 2018/19

The Board considered the Joint Strategic Needs Assessment (JSNA) Policy Statement, which outlined a new approach to understanding the health, wellbeing and social care needs of the Doncaster population. The Statement also included, at Appendix 1, a copy of the JSNA Work Plan for 2018/19.

It was noted that rather than being 'a document', it was proposed that the new JSNA approach would comprise three strands of information:

- Open data, including demographics and routine health and care statistics;
- Commissioned work packages of investigations, deep dives and reviews; and
- An annual 'State of Health' report.

In response to a query as to how housing would be taken into account in the new JSNA approach, Jon Gleek explained that the Housing Needs Assessment could be included in the repository of information and intelligence that would form one of the strands of the new JSNA.

Arising from a further question, it was agreed that it would be useful if the 'State of Health' report could be brought to the Health and Wellbeing Board each year for its consideration.

Dr Rupert Suckling enquired as to whether the open data would support decision makers, and whether the partners around the table would be able to access the data. In reply, Jon Gleek explained that the data could be published in a range of accessible formats, such as interactive dashboards. He stressed that accessibility was key to this new approach. It was noted that Officers had been working with Surrey County Council which already had a similar JSNA system in place, based on a 'life course approach'. <https://www.surreyi.gov.uk/jsna/>

In reply to a query regarding the scope for using the JSNA to help predict future demands and trends, such as population increases, the officers confirmed that as the main tenet of the JSNA was to provide the best evidence base for understanding the current and **future** health and wellbeing needs of the local population, the JSNA could be used to assist in analysing likely future trends and demand modelling.

RESOLVED to:-

- (1) endorse the new JSNA approach outlined in the Policy Statement; and
- (2) agree that this Board receives the 'State of Health' report each year.

20 AN OVERVIEW OF THE IMPACT REPORT OF THE CHILDREN AND YOUNG PEOPLE'S PLAN

The Board received a presentation by Callum Helman, Project & Transformation Officer, which gave an overview of the Impact Report (2018) of the Children & Young People's Plan (CYPP).

It was noted that the Impact Report served both as a means of reviewing the performance of the CYPP and also as a tool to promote the Plan and its achievements with the wider partnership as well as the people of Doncaster. In creating the report, the views of children and young people had been central in examining the impact that improving service delivery was having on the lives of families across Doncaster.

The presentation summarised the preliminary findings together with the draft recommendations of the Impact Report in respect of each of the 4 key themes of the CYPP, comprising:

- 'Safe'
- 'Happy and Healthy'
- 'Achieve'
- 'Equality'

It concluded by outlining the next steps in terms of the year ahead and publication of the Report, which was due to take place on 11th September at the Children and Families Forum event at the Keepmoat Stadium. Councillor Nuala Fennelly, Chair of the Children and Families Forum, stated that she hoped that as many members of the Board as possible would be able to attend the event.

During discussion on the CYPP and the Impact Report, Damian Allen confirmed that there had been significant progress in the Plan's first year, and that services across the partnership had improved the lives of children and young people in all 4 themes of the Plan. He added that the feedback received from children and young people on the effectiveness of the Plan would be invaluable and enable enhancements to be made where required.

After the Board had discussed a range of issues emanating from the CYPP, including the need for greater investment in early years services and the ambition to make Doncaster the most child friendly Borough in the country, it was

RESOLVED to note the content of the presentation.

21 BETTER CARE FUND ANNUAL REPORT 2017/18

The Board considered a report which provided an update on the 2017/18 year end position of the Better Care Fund (BCF).

In presenting the report, Dr Rupert Suckling confirmed that, following the receipt of Government guidance on the 2018/19 BCF Plan in August 2018, and an invitation for partnerships to re-submit their plans if they so wished, it had been decided to leave Doncaster's plan in its present form, in light of the fact that it continued to fully meet all of the national conditions for BCF and remained on track to meet the targets set out for the four national indicators. He added, however, that a watching brief would be kept on future developments that may potentially impact on the Plan. Jackie Pederson pointed out that she had heard that changes to the BCF were in the pipeline, and that it would be tied into the NHS 10 year plan.

After Members had welcomed the continuing progress with reducing Delayed Transfers of Care as a result of effective joint working by Doncaster Health and Social Care Partners and acknowledged that Doncaster's local BCF Plan provided a solid foundation for moving forward in the future, it was

RESOLVED to:-

- (1) Note the final BCF out-turn position for 2017/18; and
- (2) Note the progress against the BCF national conditions and performance indicators, and progress in moving towards the wider integration of health and social care.

22 PREVENTION

The Board received a presentation by Dr Rupert Suckling on 'Better Lives – Progress on Prevention' which accompanied a briefing paper updating the Board on the progress made on prevention and early help as originally outlined in the Doncaster

Place Plan (Oct 2016) and which highlighted key developments and potential next steps.

Having summarised the progress against the 10 areas for development identified in the Place Plan, Dr Suckling then described the 7 building blocks that were emerging in relation to a Doncaster 'People Powered' approach to Better Lives, as detailed in the paper. Dr Suckling explained that his task was to ensure that these blocks were happening and that the necessary co-ordination was taking place.

Members then discussed and commented on a wide range of issues in relation to prevention and the points raised in the paper, including the following:

- Whilst endorsing the 7 blocks, Members noted that it was likely that some services would struggle to continue in the current climate of financial constraints.
- Members acknowledged that there had been significant cuts in the funding for prevention and the question to be addressed was how this Board could ensure that prevention remained a priority going forward.
- It was recognised that more could be done by partners in terms of working together to identify suitable property assets which could be utilised for the provision of facilities such as community wellbeing hubs.
- Members noted that collaboration was an important driver in prevention approaches, and that it was also vital that communities felt enabled and energised to support themselves.

After Dr Rupert Suckling had outlined the possible next steps and stated that a further progress report would be brought back to the Board in due course, it was

RESOLVED to note the report and support the Doncaster 'people powered' approach to Better Lives.

23 RECOVERY CITY

The Board received a presentation by Professor David Best, Professor and Head of Criminology at Sheffield Hallam University, which outlined the background to the recovery city movement (which was aimed at improving social cohesion and supporting recovery), how the Borough was making progress to embed the CHIME principles (Connectedness, Hope, Identity, Meaning and Empowerment) into services and interventions, and highlighted potential next steps.

During subsequent discussion, the Board fully supported this initiative and welcomed the opportunity to develop an Inclusive Cities model in Doncaster to help support and promote the recovery process in the Borough.

Superintendent Dan Thorpe explained that the use of the spice drug in prisons was a significant problem, which resulted in many people coming out of prison being addicted to the substance. He stated that the prisons partnership board was doing some work in helping to build connections for people, so that they received the support they needed. Superintendent Thorpe confirmed that South Yorkshire Police

(SYP) would be very interested in helping to support and promote recovery initiatives in the Borough. He reported that SYP were hosting a national conference on drugs on 4th December and extended an invitation to Professor Best to address the event if he was available. On prisons, Professor Best gave an example of an initiative being run at HM Prison Kirkham, which was aimed at empowering family members/relations of prisoners to strengthen family connections and linkages in order to help inmates avoid re-offending in the future.

Various members of the Board then spoke in support of this initiative, expressing the view that the partners represented on the Board all had a responsibility and role to play in supporting residents through the recovery process. They also recognised the value of recovery from a preventative angle, which would help future generations. Members acknowledged that a change of mindset in society was essential to promote sustained recovery and this initiative was invaluable in terms of fostering prosocial behaviour and developing social networks.

It was then

RESOLVED that:

- (1) Dr Rupert Suckling co-ordinate this piece of work in liaison with Professor Best and report back to a future meeting of the Board on the next steps; and
- (2) the Board hold a future workshop session on the subject of Recovery.

24 ORAL HEALTH NEEDS ASSESSMENT

The Board considered the Doncaster Oral Health Needs Assessment (OHNA) 2018 report, and received a presentation by Dr Rupert Suckling summarising the key findings and recommendations, which outlined how reductions in oral health treatment could be maximised by implementing a range of preventative approaches.

During discussion on the various recommendations set out in the OHNA, a number of members supported, in particular, the recommendation to investigate the feasibility of water fluoridation in Doncaster. Dr Suckling explained that, in considering the feasibility of a water fluoridation scheme, a range of issues would need addressing, such as:

- 1) Would the public support such a scheme?
- 2) Do the decision makers support it?
- 3) Technical feasibility, i.e. depending on how Doncaster's water system is configured, would it be difficult to isolate Doncaster's water supply from those of neighbouring areas, due to cross flows of water across the wider water supply network?

After the Board had discussed other issues arising from the report, including the merits of extending early years monitoring to also encompass wider health issues such as oral health, and the recognition that smoking and drinking remained significant risk factors affecting the increasing trend in mouth cancer in Doncaster, it was

RESOLVED that:

- (1) the report be noted; and
- (2) the recommendations put forward in the OHNA 2018 paper be endorsed and, in particular, the Director of Public Health be asked to lead a piece of work to assess the feasibility of water fluoridation in Doncaster.

25 REPORT FROM HEALTH AND WELLBEING BOARD STEERING GROUP AND FORWARD PLAN

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

In particular, the report included updates for the Board on:

- Doncaster Clinical Commissioning Group's Primary Care Commissioning Committee - Dr Rupert Suckling reported that there was an opportunity for a HWB Member to sit on this body, with a request to forward any nominations to Jonathan Goodrum, Senior Governance Officer (DMBC) by 19th September 2018;
- 'Work and Health';
- Well Doncaster Annual Report 2017/18;
- Minutes of the SY&B Shadow Integrated Care System Collaborative Partnership Board meeting held on 8th June 2018; and
- Forward Plan for the Board – Dr Rupert Suckling explained that there was an intention to move towards mapping out the Board's Forward Plan across a 12 month period in future, to enable it to be populated with key milestones, such as showing when the various annual reports would be received by the Board.

RESOLVED that:

- (1) the update from the HWB Steering Group be received and noted; and
- (2) the proposed Forward Plan, as detailed in Appendix A to the report, be agreed.

It was confirmed that the venue for the Board's workshop on 4th October would be the National College for High Speed Rail, Carolina Way, Doncaster, DN4 5PN.

CHAIR: _____

DATE: _____

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Subject: Health and Wellbeing Board Outcomes Framework 2018-21
Update November 2018

Presented by: Allan Wiltshire

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	X

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

How will this contribute to improving health and wellbeing in Doncaster?
The paper gives an update on the outcomes framework for the Health and Wellbeing Board which allows the Board to drive delivery and be sighted on the key outcomes and indicators identified as important for the Board.

Recommendations
<ul style="list-style-type: none"> a) Note and comment on the updated information contained within the Health and Wellbeing Board Outcomes Framework particularly the Well Being and Prevention areas; b) Consider any specific items that should be added as part of the Board's forward plan that arise from the information presented.

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To the Chair and Members of the HEALTH AND WELLBEING BOARD

Health and Wellbeing Board Outcomes Framework 2018-21 – November 2018 Update

EXECUTIVE SUMMARY

1. The paper gives an update on the outcomes framework for the Health and Wellbeing board which allows the board to drive delivery and be sighted on the key outcomes and indicators identified as important for the Board and links into the outcomes identified as part of the plan for the Borough – Doncaster Growing Together (DGT).
2. It provides a specific view of the new information available since the last board update in June 2018. It also provides further detail on specific sections of the framework namely the well-being and prevention strands of the outcomes framework.
3. A prototype version of the framework will be described or shown at the board using Pentana, a cloud based performance management system the board can use to check progress.

EXEMPT REPORT

4. N/A

RECOMMENDATIONS

5. The Health and Wellbeing Board is asked to:-
 - a) Note and comment on the updated information contained within the Health and Wellbeing Board Outcomes Framework particularly the Well Being and Prevention areas
 - b) Consider any specific items that should be added as part of the board's forward plan that arise from the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. Good strategic intelligence and performance management arrangements will ensure the board can target improvements to services and peoples experience of the local health, care and wellbeing system is positive.

BACKGROUND

7. After consultation and workshops the outcomes framework for the Health and Well Being board was agreed at the board meeting in January 2018. Although there is a need to acknowledge a need to be flexible to meet the future needs of the health and care system and board priorities the main strategic frame to monitor progress is in place.
8. The framework is based upon two criteria so a matrix can be formed, firstly against a life course categorisation (All Age, Starting Well, Living Well and Ageing Well) and secondly against a segmentation of care (Wellbeing, Prevention, Care and Support). This is consistent with the current Doncaster Health and Wellbeing Strategy.

	All ages	Starting well (ages 0-17),	Living well (ages 18-64),	Ageing well (ages 65+),
Wellbeing				
Prevention				
Care				
Support				

Figure 1: HWB Outcomes Framework Matrix

Health and Wellbeing Board Outcomes Framework 2018-21 Update

9. The overall one page view of the outcomes framework has been updated and can be found in **Appendix A**. to enhance this we will develop a portal on Pentana, a cloud based performance management system, which officers of the board can access as appropriate. Over time this could replace the overall view presented as part of this report.
10. A range of indicators have been updated¹ since the last update in June 2018, either with specific updated information for Doncaster or with refreshed national inequalities data. The detail of which has been outlined in **Appendix B** but includes updates for;

Well Being

- Healthy Life Expectancy at birth (years) Male/Female
- Life Satisfaction Survey (ONS Well Being)
- % of adult social care users who have as much social contact as they would like

Prevention

- Smoking Prevalence in Adults
- Hospital admissions for alcohol-related conditions
- Cancer mortality rate (<75)
- Cardiovascular disease Mortality Rate (<75)
- % of eligible adults aged 65+ who have received the flu vaccine

¹ We have defined an 'update' as a full release of information along with national data. Some more recent local data is available but cannot be placed in context without wider information available.

Care

- Delayed Transfers of Care from Hospital (all) per 100,000 population per day
- Preventable deaths in local population (Mortality Rate per 100,000)

Support

- Dementia diagnosis rate

11. Specific detail relating to those indicators that have been updated since June and are within the well-being and prevention areas have been included in **Appendix B**.
12. The updated information is provided in **Appendix B** but also a summary of the current local policy context to show our response to these new trends. This is included to support the forward planning process for the Board. Those areas with deteriorating performance and inadequate policy responses are areas that the board may wish to consider in more detail in the future,

IMPACT ON THE COUNCIL’S KEY OUTCOMES

13.

Outcomes	Implications
<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular employment rate gaps between specific vulnerable groups.</p>
<p>Doncaster Living: Our vision is for Doncaster’s people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular overall well-being and population health.</p>

<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular supporting young people to have the right environments and well-being to meet their potential.</p>
<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular the overall view of integrated care and support across the wider health and care system.</p>
<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

14. NA

LEGAL IMPLICATIONS

15. No Legal Implications have been sought for this update paper.

FINANCIAL IMPLICATIONS

16. No Financial Implications have been sought for this update paper.

HUMAN RESOURCES IMPLICATIONS

17. No HR Implications have been sought for this update paper.

TECHNOLOGY IMPLICATIONS

18. No Technological Implications have been sought for this update paper.

EQUALITY IMPLICATIONS

19. The theme of health inequalities has been identified as a key theme in the development of an outcomes framework for the board. Understanding inequalities in health and care outcomes and how we can describe and analyse them is a vital part of our success. There is an opportunity to bring the work of health inequalities and the development of an equalities dashboard together with the outcomes framework update in May / June 2019

CONSULTATION

20. NA

BACKGROUND PAPERS

21. NA

REPORT AUTHOR & CONTRIBUTORS

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Dr Rupert Suckling
Director of Public Health

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	All ages	Starting Well (Delivered by Children and Families Executive board)	Living Well	Ageing Well
Well-being	T1:Healthy Life Expectancy at birth (years) Male	T2:Percentage (%) of children scoring themselves medium or high on the composite resilience score (Pupil Lifestyle Survey Q84/85)	T2:% point gap in the employment rate between those with a learning disability and the overall employment rate	T1:% of adult social care users who have as much social contact as they would like
	T1:Healthy Life Expectancy at birth (years) Female	Children in low income families	T2:% point gap in the employment rate between those accessing mental health services and the overall employment rate	
	T1:Life Satisfaction Survey (ONS Well Being)			
Prevention	T1:% of population that achieve 150 mins Physical activity per week	T2:Percentage (%) of children born with a low birth weight	T2:Smoking Prevalence in Adults	T2:Emergency hospital admissions for injuries due to falls in persons aged 65+
	T1:% of people using outdoor space for exercise/health reasons	T2:Excess weight in childhood at 5 Years	T2:Hospital admissions for alcohol-related conditions	T2:% of eligible adults aged 65+ who have received the flu vaccine
	T1: Preventable deaths in local population (Mortality Rate per 100,000)	T2:Excess weight in childhood at 11 Years	T2:% of Adults Overweight or Obese	
Care (Delivered by ICP)	T1:Delayed Transfers of Care from Hospital (all) per 100,000 population per day	T2:Hospital Admissions for Self-harm (aged 10 - 24 rate per 100,000)	T2: Cancer mortality rate(<75)	T1:Emergency Hospital Admissions (65+) to Hospital
	T1: satisfaction with experience of care and support services.	T2:Inpatient Admissions rate: mental health disorders for 10-17 year olds (per 100,000)	T2: Cardiovascular disease Mortality Rate (<75)	T1:Rate of permanent admissions to Residential Care per 100,000 (65+)
	T1: The proportion of people still at home 91 days following a period of reablement		T2:Complications associated with diabetes	T1: Requests for Support for Adult Social Care (65+) per 100,000 population
Support (Delivered by ICP)	T2: Proportion of people who use services and carers who find it easy to find information about services	T3:Percentage (%) of children in care with an up to date health assessment	T2:Adults in contact with Mental health services who are living in stable and appropriate accommodation	T2: % of people who have a terminal diagnosis have an End of Life plan
		T1:Proportion of Children in Need per 10,000 population		T2: Dementia diagnosis rate (65+)
		T1:Proportion of Children in Care per 10,000 population	T2:Adults with a learning disability who are living in appropriate accommodation	

Key (national benchmark used)

	No assessment against benchmarks
	Worse than national benchmarks
	Similar to national benchmarks
	better than national benchmarks

T1	Tier 1 Population indicator contained within the DGT Outcomes
T2	Tier 2 Population Level Indicator
T3	Tier 3 Service Level performance measure

	<u>Better / More</u> than Previous Period
	<u>Worse / Less</u> than previous Period
	No assessment or no real change

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Appendix B: Health and Well Being Board Outcomes Framework

November 2018: New Information Update / Focus on Well-being & Prevention

Focus

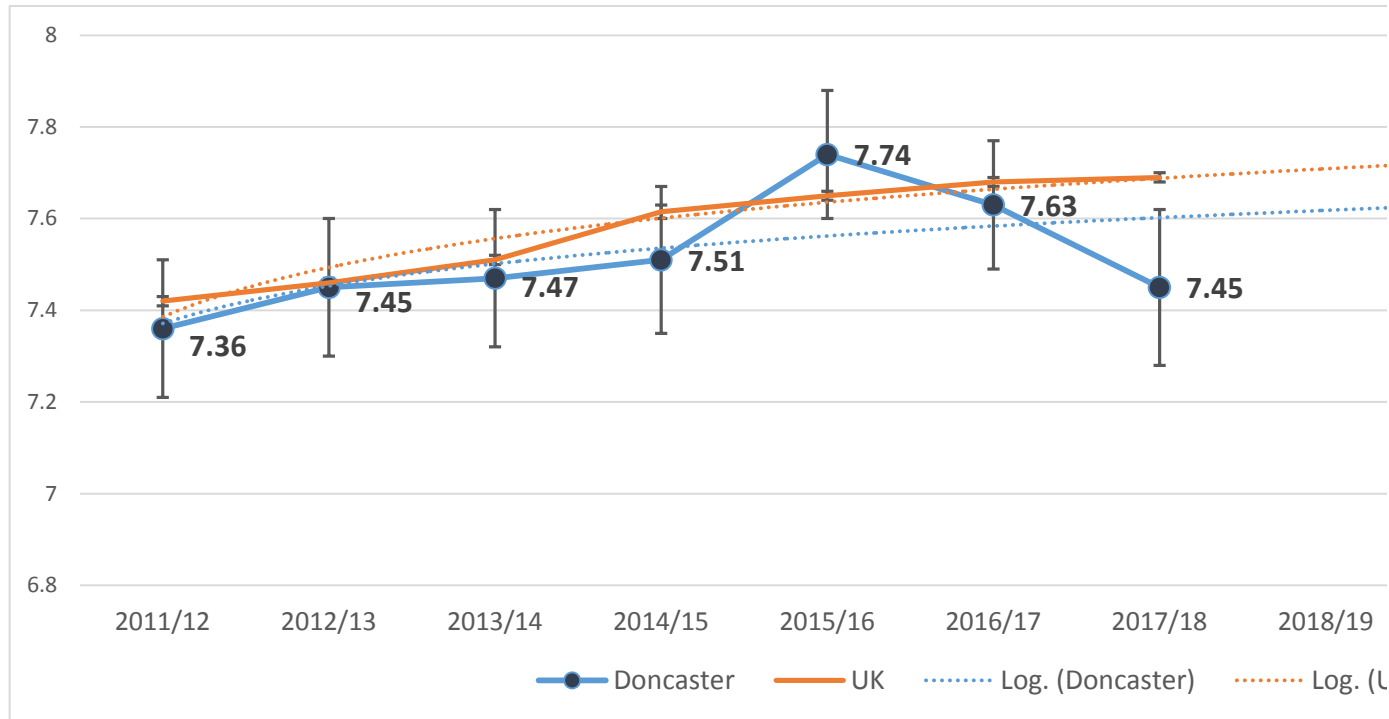
Overall update on new information and a deeper focus on the areas in the Well Being and Prevention that have new information available.

Ref	Indicator	Outcome Area	What has changed...
1	Healthy Life Expectancy at birth (years) Male/Female	All Age / Well-being	National Inequalities data has been updated. Although this does not apply directly to Doncaster the data continues to show large inequalities from the most deprived decile and the least deprived decile; for males the range is from 51.9 years to 70.4 years and for females 51.8 years to 70.8 years.
2	Life Satisfaction Survey (ONS Well Being)	All Age / Well Being	2017-18 data added. Overall a decrease in life satisfaction. Included later in the update.
3	Delayed Transfers of Care from Hospital (all) per 100,000 population per day	All Age / Care	August 2018 Update - Rate per 100k pop/day - NHS 3.3 Social Care 1.9 Both NHS & Social Care 0.5 Total Doncaster 5.7. Slight increase on previous months but lower than target of 7.1.
4	Preventable deaths in local population (Mortality Rate per 100,000)	All Age /Care	Updated Nov 2018: Latest data for 2015-17 shows a slight reduction, 222.5 to 216, which along a similar trend trajectories but this is not a statistically significant change and remains statically worse than the national average.
5	Smoking Prevalence in Adults	Living Well / Prevention	2017-18 data added. Overall Doncaster picture remains fairly static whilst nationally this continues to decrease. Included later in update.
6	Hospital admissions for alcohol-related conditions	Living Well / Prevention	National Inequalities data has been updated. Although this does not apply directly to Doncaster the data continues to show large inequalities in terms of deprivation. Doncaster specific data shows inequalities related to gender. Inequalities by deprivation shows more people from deprived areas of England are being admitted to hospital; 745 people per 100,000 compared to 495 people per 100,000 in the least deprived decile. However in the latest information the most deprived decile has improved the most of any decile.

			Inequalities by gender continues to be stark with information specific to Doncaster showing higher levels of admission by males than females. In doncaster the rate for Males is 1,023 per 100,000 and for females 645 per 100,000.
7	Cancer mortality rate(<75)	Living Well / Prevention	<p>National Inequalities data has been updated. Although this does not apply directly to Doncaster the data continues to show large inequalities in terms of deprivation. Doncaster specific data shows inequalities related to gender.</p> <p>Inequalities by deprivation shows a significantly higher mortality rate in the most deprived 40% compared to the rest of the country.</p> <p>Inequalities by gender shows specific data for doncaster and a clear disparity between mortality rates for males higher than females, with males 189.6 per 100,000 and females 156.3 per 100,000.</p> <p>Updated Nov 2018: Latest data for 2015-17 shows the largest reduction in the past 10 years but this is still not a statistically significant change and remains statically worse than the national average.</p> <p>Included later in update.</p>
8	Cardiovascular disease Mortality Rate (<75)	Living Well / Prevention	<p>National Inequalities data has been updated. Although this does not apply directly to Doncaster the data continues to show large inequalities in terms of deprivation. Doncaster specific data shows inequalities related to gender.</p> <p>Inequalities by deprivation shows a significantly higher mortality rate in the most deprived 60% compared to the England average.</p> <p>Inequalities by gender shows specific data for doncaster and a significant disparity between males and females. In doncaster the male mortality rate is more than twice the female rate at 118.2 and 50.1 respectively.</p> <p>Updated Nov 2018: Latest data for 2015-17 shows a slight reduction along a similar trend trajectories but this is not a statistically significant change and remains statically worse than the national average.</p> <p>Included later in update.</p>

9	% of adult social care users who have as much social contact as they would like	Ageing Well / Well Being	<p>Updated Nov 2018: Latest data for 2017-18 shows an increase of over 6% which is a positive indication but not a significant change from previous years. The figure for Doncaster is higher than the national and regional averages but not significantly so.</p> <p>Included later in update.</p>
10	% of eligible adults aged 65+ who have received the flu vaccine	Ageing well / Prevention	2017-18 data added. Significant increase from last year, performing better than national, lower than aspiration of 75%. Included later in update.
11	Dementia diagnosis rate	Ageing Well / Support	2018 data added. Slight decrease but not significant. Better than national.

Life Satisfaction Survey – Mean score out of 10 (All Age / Well Being)



Notes

Although there is no significant change from year to year, this is the first year in which Doncaster is significantly different from the UK average with regards for Life Satisfaction

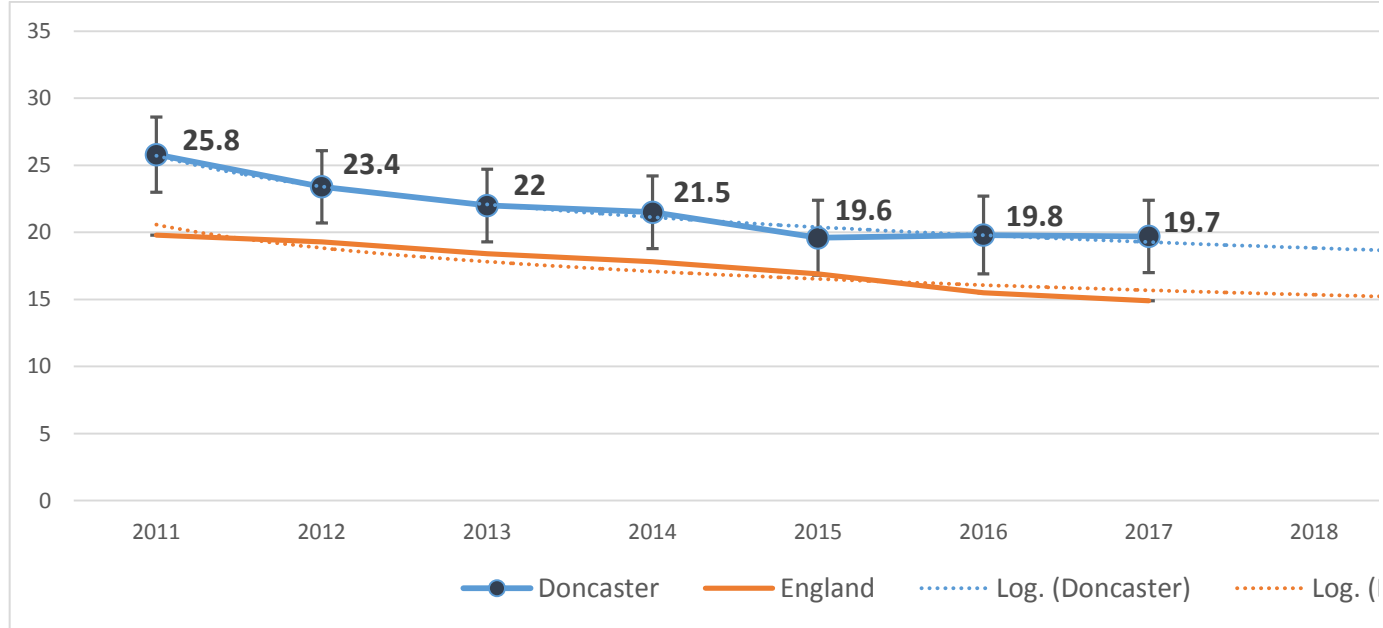
Previous analysis published highlights that, at national level, how people view their health is the most important factor related to personal well-being, followed by employment status and relationship status. Key findings showed that the most significant factor associated with poorest personal well-being is reporting “bad” or “very bad” health, followed by being economically inactive with long-term illness or disability; being middle-aged, being single, separated, widowed or divorced; renting rather than owning a home; and having low levels of education

Local Policy Position

The delivery of the **place plan** and wider **health and well-being strategy** will seek to address issues related to self-reported health and wellbeing.

The development of the **inclusive growth strategy** for the borough will seek to address inequalities in access to appropriate and quality work opportunities.

Prevalence of smoking among persons 18 years and over - % of self-reported smokers (Living Well / Prevention)



Notes

There has been no real significant changes in the three year period 2015-2017. The national picture in the same period has continued to decrease from 16.9 in 2015 to 14.9 in 2017. Doncaster is significantly higher than the national average and has been for five out of the past six years.

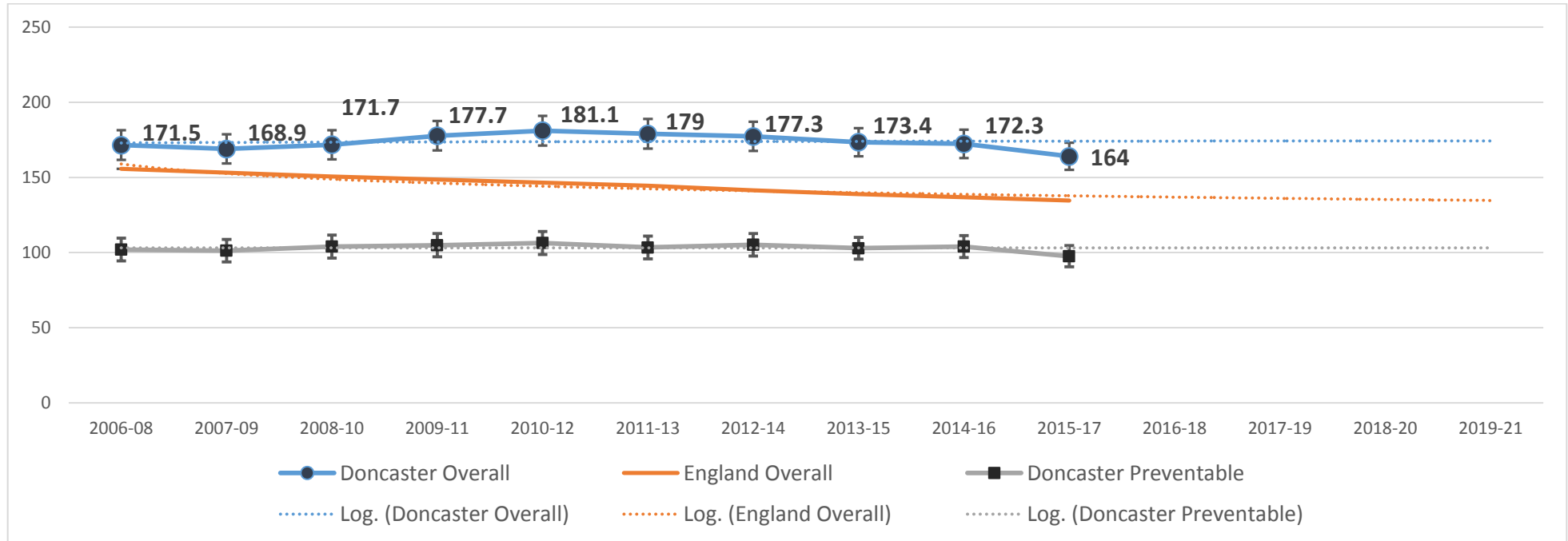
For reference the 95th percentile nationally for all areas was 20%; Doncaster is close to this figure.

Local Policy Position

The Prevalence is higher among certain group's i.e. routine and manual workers – The **Yorkshire smoke free service** is incentivised to target these groups.

The **Doncaster Tobacco alliance** continues to oversee partnership work in this area.

Cancer mortality rate (<75) and Preventable Cancer Mortality Rate (<75) (Living Well / Prevention)



Notes

Although nothing statistically has changed in the latest update it is the largest reduction in mortality rate in the previous 10 years and the indication is positive. The national picture maintains a steady reduction in mortality similar to previous trajectories.

Mortality rate for cancer considered preventable follows a similar picture to the overall mortality rate with an improving position but without statistical significance.

Potential further deep dive into this improvement may be beneficial.

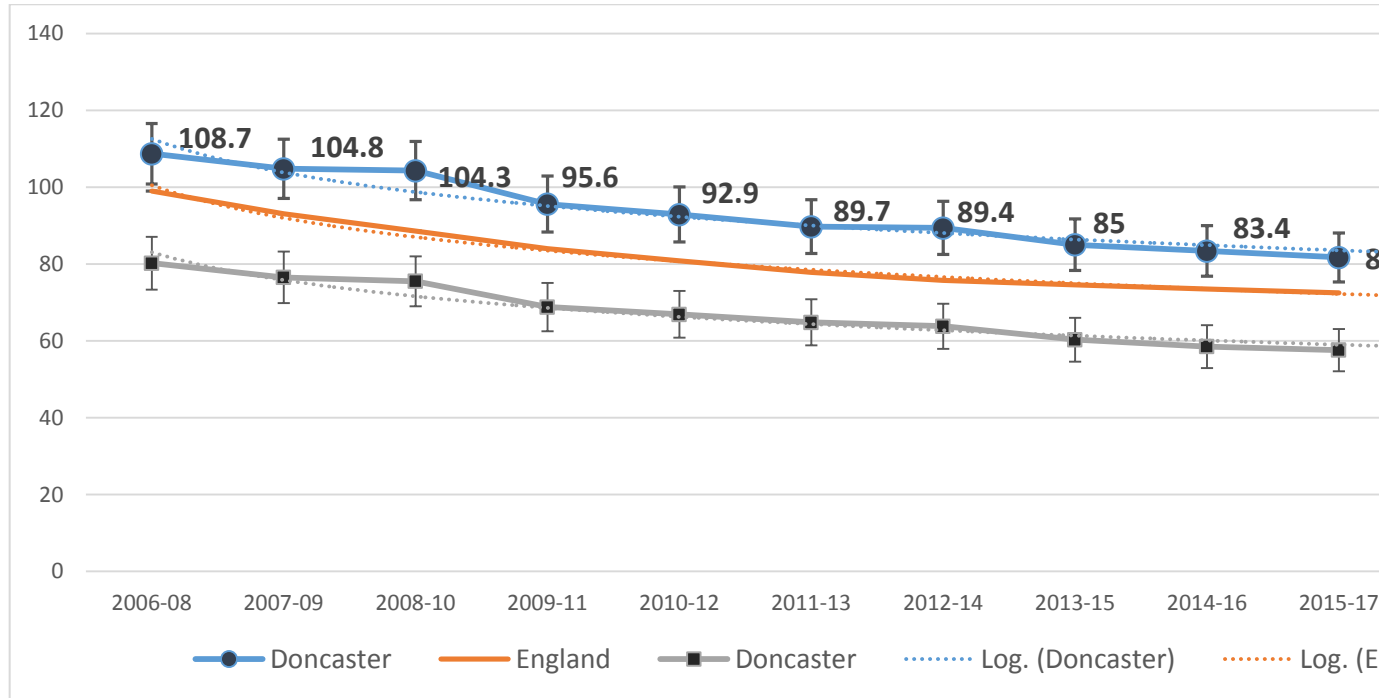
Local Policy Position

A **Cancer Programme Board is operational** and oversees a range of work across the borough.

Cancer awareness sessions take place in schools, workplaces and on request is available via Public Health and the RDaSH living well team.

DBHT also run **cancer screening** programmes across the borough.

Cardiovascular disease mortality rate (<75) and Preventable Cardiovascular disease mortality rate (<75) (Living Well / Prevention)



Notes

The mortality rates continues to decrease in line with previous trend trajectories. There is a slight narrowing with the national average but this is minimal and will not meet national averages for decades.

Mortality rate for cardiovascular disease considered preventable maintains a similar picture with slight reductions along similar trajectories.

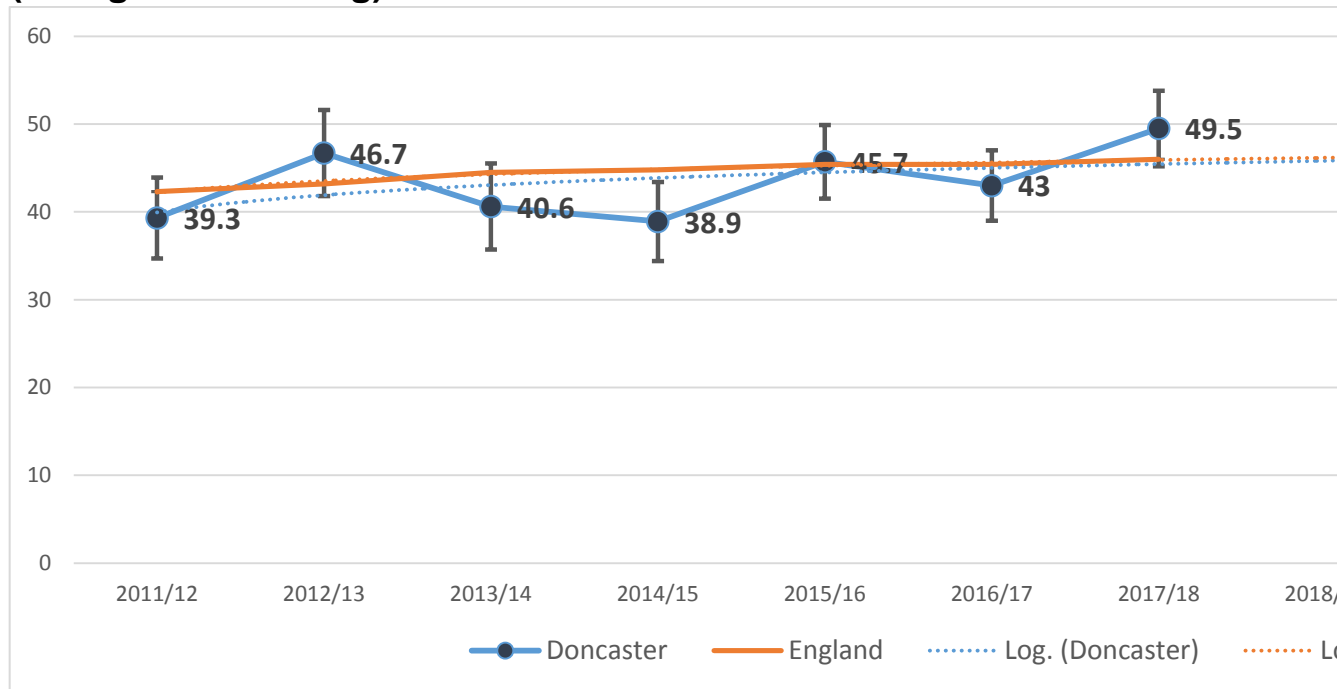
Potential discussion on how the board want to be assured on progress on this in the future may be useful.

Local Policy Position

NHS Health checks contribute to this agenda although **no specific local mechanism** to oversee the work across the borough.

This is **Public Health England priority** for 2019.

Percentage of adult social care users who have as much social contact as they would like (All Age / Well Being)



Notes

The latest data shows an increase and the highest recorded figure for this data. However this is not statistically significant to previous results or the national average, although close (0.8pp away from significance).

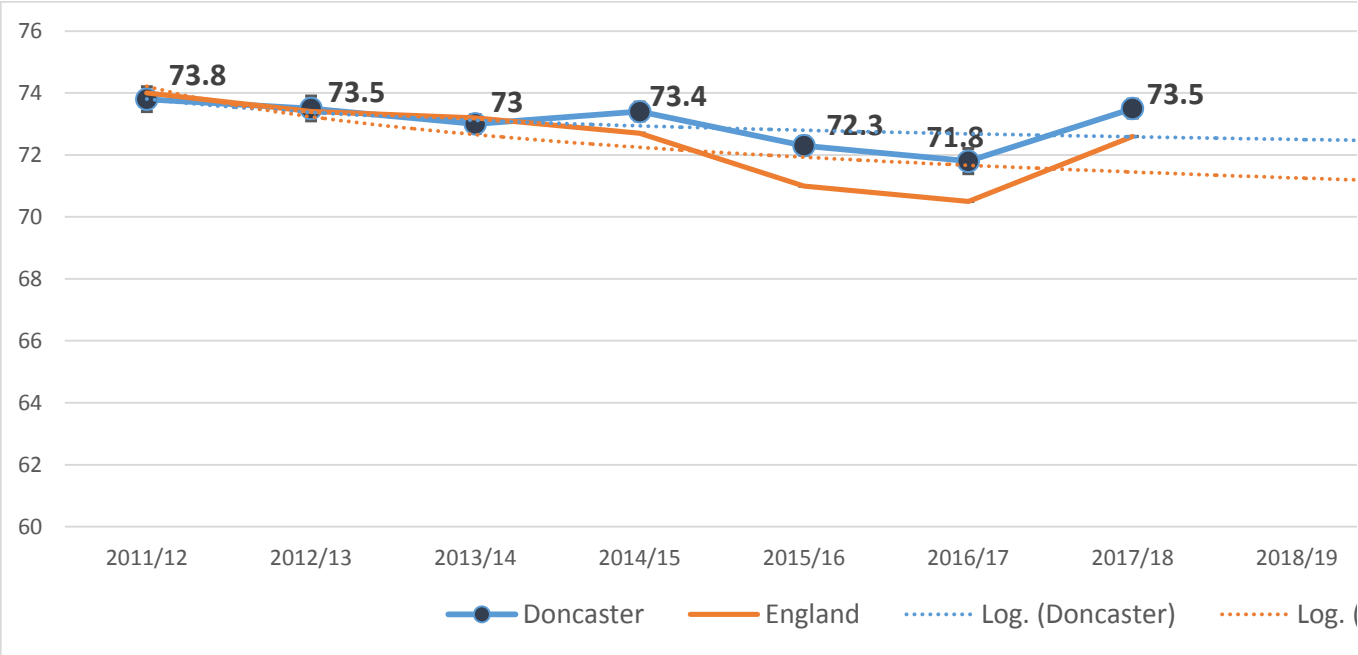
Fieldwork for the survey took place late in 2017 and further work related to the local policy position may impact the 2018-19 position.

For reference the 75th percentile for this data nationally is 49.2; Doncaster is close to this figure.

Local Policy Position

Your life Doncaster is a specific digital tool that people and practitioners can access information about care and support needs. It also allows people to find out what is happening in their local community and connect to local groups and people. The development of a **social isolation alliance** is ongoing and a workshop by the HWBB board has informed this process.

Percentage of eligible adults aged 65+ who have received the flu vaccine (Ageing Well / Prevention)



Notes

There has been a significant increase in the latest data, 2017-18. Doncaster maintains higher proportions of eligible people receiving the flu vaccine than the national average over a four year period. The overall goal of 75% is an aspiration set for all areas of the country.

For reference the 75th percentile nationally for all areas was 74.3%; Doncaster is close to this figure.

Local Policy Position

Comprehensive **stay well this winter** campaign to encourage people, including those aged 65 and over, to get the flu vaccination.

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 15 November 2018

Subject: Tackling Health Inequalities in Doncaster – an update on the approach

Presented by: Susan Hampshaw

Purpose of bringing this report to the Board	
Decision	x
Recommendation to Full Council	
Endorsement	
Information	x

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

How will this contribute to improving health and wellbeing in Doncaster?
Evidence suggests that reducing health inequalities improves life expectancy and reduced disability for the population overall i.e. more equal societies are healthier societies.

Recommendations
That the Health and Well Being Board consider the information presented and agree to a bi-annual update on health inequalities. Specifically, a progress report in November and a deep dive discussion in June looking at health inequality alongside the Board's outcome framework.

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Doncaster Council

Report

**Agenda Item No. 8
15 November 2018**

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

TACKLING HEALTH INEQUALITIES IN DONCASTER – AN UPDATE ON THE APPROACH

EXECUTIVE SUMMARY

1. Health Inequalities are deep rooted and have persisted for decades. The Due North report makes four high level recommendations (PHE. 2014). They are:
 - a. Tackle poverty and economic inequality within the North and between the North and the rest of England;
 - b. Promote healthy development in early childhood
 - c. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
 - d. Strengthen the role of the health sector in promoting health equity
2. The Health and Social Care Act enshrined a duty to consider reducing inequalities in both access and outcome of healthcare (2012). Locally, the Health and Well Being Board (HWBB) leads work to describe, understand, and act to tackle unfairness and health inequalities and this work is supported by a Health Inequalities Working Group.
3. By inequality, we mean 'systematic difference in the health of people in the health of people occupying unequal positions in society' (Graham, 2009). This way of looking at inequality means that differences in health experiences and outcomes are socially produced, avoidable unfair and unjust.
4. In Doncaster, life expectancy for both men and women is lower than the England average.
5. It is increasingly recognised that local authorities can play a significant part in addressing and reducing health inequalities, although central government, and the rest of the public, voluntary and private sectors are also vital: a place-based approach is necessary (LGA, 2018). It is also recognised that there are

no simple answers but there is useful guidance and frameworks to underpin this work. All guidance emphasises the centrality of involving and empowering local communities, and particularly disadvantaged groups in reducing health inequalities. Our local work reflects the recommendations of the Due North report.

6. The local public health team is central to this work but almost every local government function has an impact on health.
7. We have previously reported and presented on the Health Inequalities Working Group and this paper provides an update on activity in this area.

EXEMPT REPORT

8. Not exempt

RECOMMENDATION

9. That the Health and Well Being Board consider the information presented and agree to a bi-annual update on health inequalities. Specifically, a progress report in November and a deep dive discussion in June looking at health inequality alongside the Board's outcome framework.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

10. Evidence suggests that reducing health inequalities improves life expectancy and reduced disability for the population overall i.e. more equal societies are healthier societies.

BACKGROUND

11. Health inequalities are differences in health outcomes between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.
12. The health of people in Doncaster is generally worse than the England average. Doncaster is one of the 20% most deprived district/unitary authorities in England and about 25% of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 10.8 years lower for men and 7.9 years lower for women in the most deprived areas of Doncaster than the least deprived areas of Doncaster (PHE, 2017)
13. It is increasingly recognised that local authorities can play a significant part in addressing and reducing health inequalities, although central government, and the rest of the public, voluntary and private sectors are also vital: a place-based approach is necessary (LGA, 2018). It is also recognised that there are no simple answers but there is useful guidance and frameworks to underpin this work. All guidance emphasises the centrality of involving and empowering local communities, and particularly disadvantaged groups in reducing health inequalities
14. The local public health team is central to this work but almost every local government function has an impact on health.

15. Our Health Inequalities Action Plan (see figure) set out 3 main areas of activity:

- Work to map, coordinate and report on health inequality work across the Borough
- Work to engage partners and citizens in the making the case for action on inequality starting with simplifying language and collectively owning the messages
- Undertake and support work for groups who may require a specific focus such as but not limited to the protected groups in inequality legislation



16. Key areas of progress are highlighted below:

17. **Map, coordinate and report work across Doncaster.** A HI prototype dashboard has been developed (see **Appendix 1**); this is in the process of being (data permitting) to overlay layers of inequality such as learning disability, gender etc. The aim of the Health Inequalities dashboard is to both monitor progress on reducing inequality across the borough and help identify areas for attention as a partnership. To support this aim we would like to use the dashboard alongside the Board's outcome framework as part of a deep dive workshop for the Board.

18. Evaluation of the health in all policy work is included in the Public Health team's service plan and will be complete by March 2019.

19. **Making the case, engagement and partnership.** We hosted a successful Health Inequalities conference on the 17th September which brought key national speakers to both raise awareness -across the Borough and beyond – about the impact of inequality on health and identify what works in this area. This was funded by the Collaboration for Applied Health Research and Care (Yorkshire and Humber). We were able to showcase showcasing our work within Well Doncaster and also the Improving Access to Psychological Services (IAPT) work which aims to identify and address unequal access and outcomes for BAME people. This work has also been presented at a National Institute for Health Research (NIHR) – School for Public Health Research

workshop: ethnicity, migration and health inequalities. This is an opportunity to both learn and publicise our approach. We were asked to present because Doncaster's JSNA focus on BAME needs assessment has been highlighted as showing promise for practice by the School for Public Health Research.

20. At the 17th September conference participants made pledges for action and we were also able to identify additional work being undertaken across the Borough which will support local action to develop and share a repository of HI work across the Borough.
21. The conference used a variety of methods (cartoons, photographs, data, and research evidence) to communicate the importance of addressing inequalities and this engendered energy and commitment to focus on the agenda. To harness this energy we are working on developing local message/ prompts to remind policy makers, commissioners and other to continue to pay attention to this issue.
22. **Undertake and support key work.** Work continues to address the health needs of our BAME citizens. Two key pieces of work are the focussed on:
 - Mental health specifically unequal access and outcome for BAME peoples within IAPT services; this work has led to changes in the service and the methods are being further developed, applied and evaluated.
 - The establishment of a BAME advisory group and the development of a work programme which take a community development approach.
23. In addition, the Well Doncaster programme which utilises community development approaches to address inequality continues to act as a key mechanism to address inequality (<https://welldoncaster.wordpress.com/>)

OPTIONS CONSIDERED

24. The Health Action Plan is used to monitor and support work to address Health Inequality. It is important that the HWBB examine this work and the prototype HI Dashboard is part of this examination. This could be examined in isolation by the HWBB.

REASONS FOR RECOMMENDED OPTION

25. Using an approach to examining the Health Inequalities Dashboard alongside the Health and Well Being Board outcomes framework will harnesses the knowledge of partners as well as people working in or designing services, policies or interventions. In addition, progress against the Health Inequalities Action Plan can also be reported.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<ul style="list-style-type: none"> • Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish <p>Inward Investment</p>	<ul style="list-style-type: none"> • Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome.
	<ul style="list-style-type: none"> • Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time; • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<ul style="list-style-type: none"> • Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome
	<ul style="list-style-type: none"> • Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<ul style="list-style-type: none"> • Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome

	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <p>Children have the best start in life Vulnerable families and individuals have support from someone they trust Older people can live well and independently in their own homes</p>	<p>It is recognised that specific focus on vulnerable people is required and this is included within the work plan.</p>
	<p>Connected Council: A modern, efficient and flexible workforce Modern, accessible customer interactions Operating within our resources and delivering value for money A co-ordinated, whole person, whole life focus on the needs and aspirations of residents Building community resilience and self-reliance by connecting community assets and strengths Working with our partners and residents to provide effective leadership and governance</p>	<p>The introduction of health implication in corporate reports supports the Connected Council agenda.</p>

RISKS AND ASSUMPTIONS

26. Developing and delivering on Health Inequalities Action Plan support the duty to consider reducing inequality in access and outcome in health care. However, tackling inequalities is complex and requires ownership, collaboration and partnership area of work. The action plan represents deliberate attention on the issue and the requirement to update the board helps ensure on-going attention to the issue. In addition, adopting a knowledge mobilisation approach helps mitigate risks around delivery.

LEGAL IMPLICATIONS [Officer Initials..... Date...HMP 26/10/18..]

27. Part 5, Chapter 2 of the Health and Social Care Act , 2012 deals with the health scrutiny functions of local authorities and makes provision for the establishment of Health and Wellbeing Boards. It sets out their role in preparing the joint strategic needs assessment, the joint health and wellbeing strategy and in promoting integrated working between NHS public health and social care commissioners and introduces the first legal duties about health inequalities In addition under section 149 Equality Act 2010, the Public Sector Equality Duty (PSED). obliges public authorities, when exercising their functions, to have 'due regard' to the need to: a. Eliminate discrimination, harassment and victimization and other conduct which the Act prohibits; b. Advance equality of opportunity; and c. Foster good relations between people who share relevant protected characteristics and those who do not. The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex

and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination. This report details its work concerning health inequalities, which assists in its compliance with the legal duties.

FINANCIAL IMPLICATIONS [... HJW 30/10/2018.....]

28. There are no direct financial implications arising as a result of this report.

HUMAN RESOURCE IMPLICATIONS [Officer Initials BT Date 06/11//2018]

29. There are no obvious human resource implications as far as this report is concerned as the theme leads within public health team establishment consulted and implemented in 2016 co-ordinate all such aspects within '*health inequalities in Doncaster*' on behalf of the authority. Any necessary changes to the structure will be dealt with in human resources regular liaison meetings with the Director of Public Health and/or his 2 senior management.

TECHNOLOGY IMPLICATIONS Officer Initials...PW Date...26/10/18]

30. There are no direct technology implications at this stage. Where requirements for new, enhanced or replacement technology to support the delivery of the Health Inequalities Action Plan are identified, these would need to be considered by the Technology Governance Board (TGB). It is understood that Strategy and Performance Unit have been involved in the development of the HI dashboard prototype and that this will be part of the corporate Business Intelligence solution (PowerBI) in the future.

HEALTH IMPLICATIONS [Officer Initials...SH...Date ...26/10/18...]

31. This work is focussed on identifying, understanding and acting on unequal outcomes of health care. There are no additional health implications.

EQUALITY IMPLICATIONS [Officer Initials.....SH Date...26/10/18.....]

32. The Inequalities action plan and BAME needs assessment work support equality, diversity and inclusion (EDI) work and the approach to identifying unequal access and outcomes is included in the EDI framework.

CONSULTATION

33. The action plan was developed by the Health Inequalities Working Group following workshops with the HWBB.

BACKGROUND PAPERS

Director of Public Health Annual Reports:

https://issuu.com/doncastercouncil/docs/public_health_annual_report_web

Public Health England: <http://fingertips.phe.org.uk/profile/health-profiles> and <https://www.gov.uk/government/news/phe-resources-support-local-action-on-health-inequalities>

Doncaster Health and Well Being Strategy

<http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>

BME HNA 2017 <http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>

<http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>

LGA, 2018 <https://www.local.gov.uk/matter-justice-local-governments-role-tackling-health-inequalities>

PHE, 2014 Due North <https://www.gmcvo.org.uk/system/files/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final.pdf>

REPORT AUTHOR & CONTRIBUTORS

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Health Inequalities Dashboard

Living Well

Wellbeing

Prevention

Care

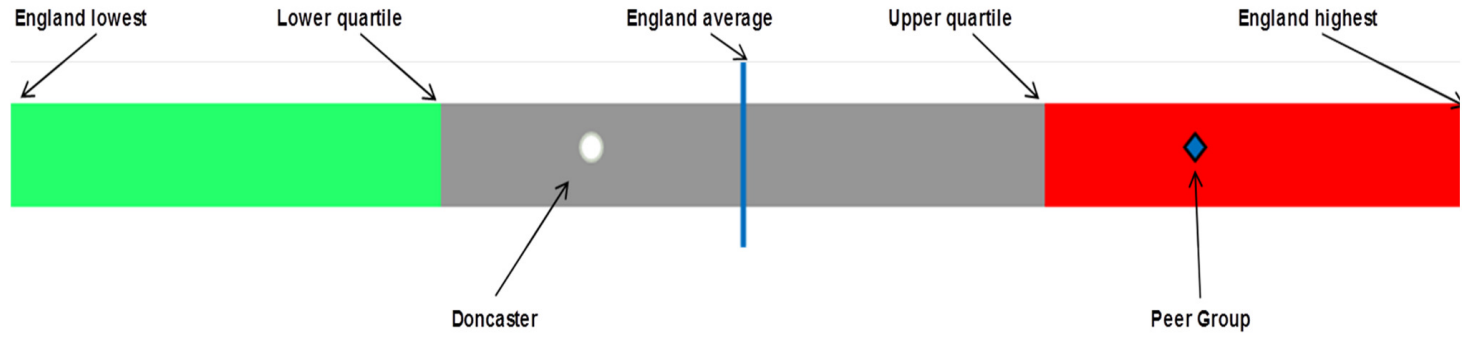
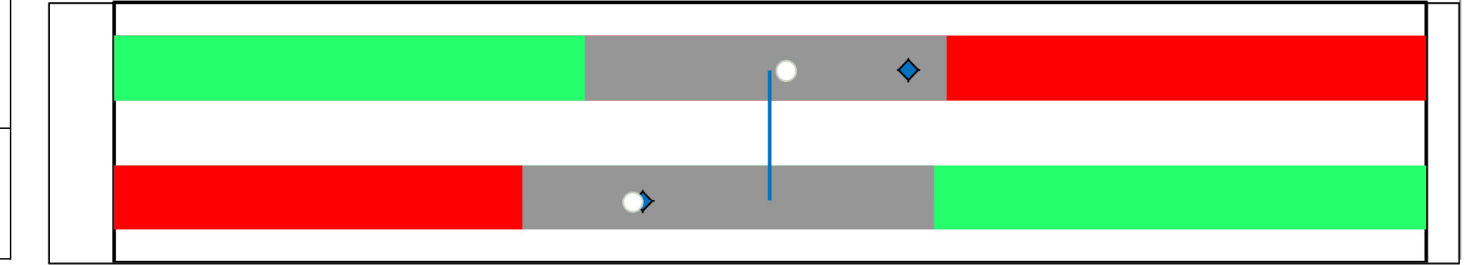
Support

Indicator

England Range

16-18 yr olds not in education employment or training

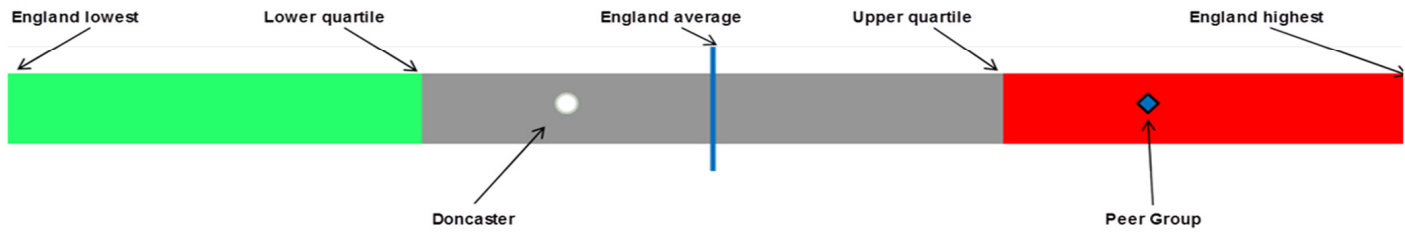
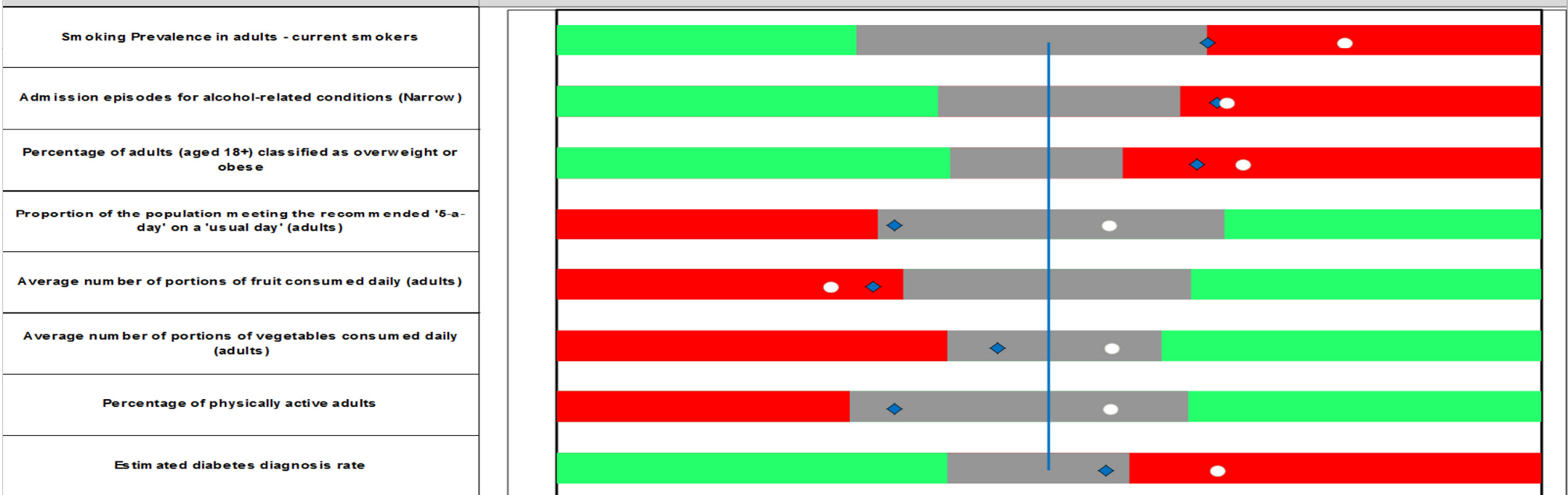
Percentage of people aged 16-64 in employment



Prevention

Indicator

England Range



Indicator

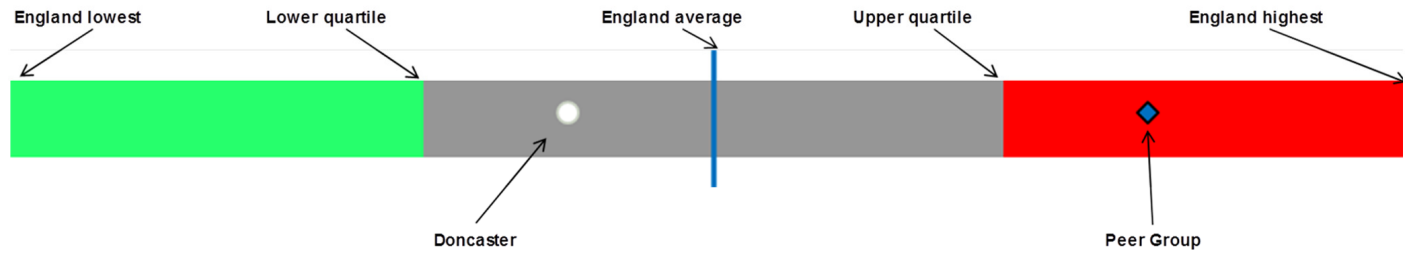
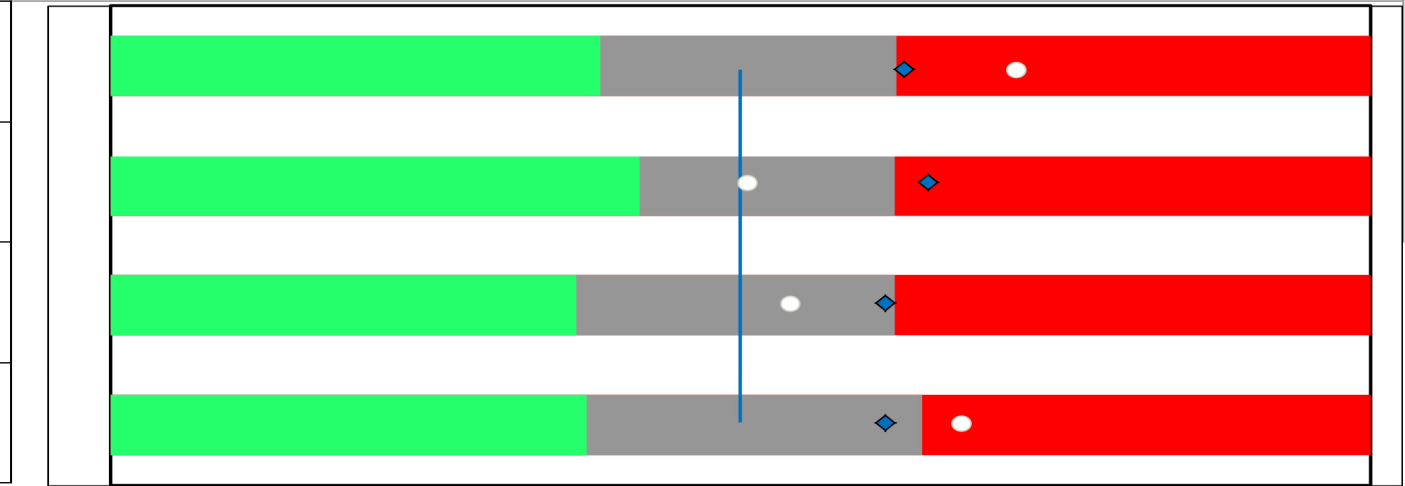
England Range

Under 75 mortality rate from cancer

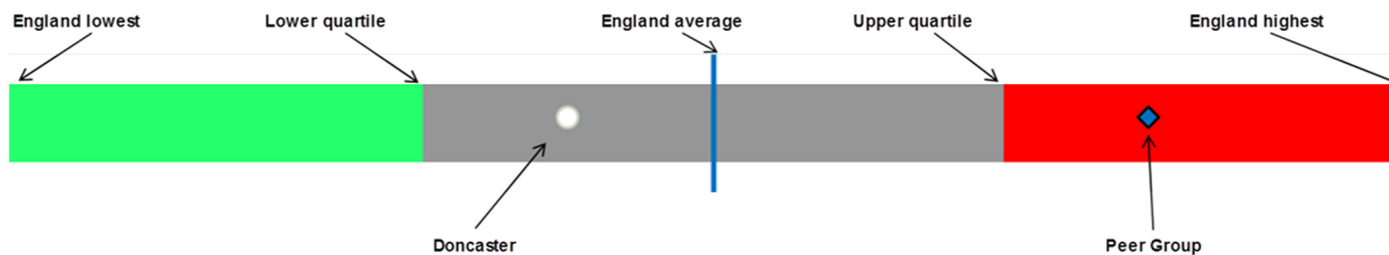
Under 75 mortality rate from liver disease

Under 75 mortality rate from cardiovascular disease

Under 75 mortality rate from respiratory disease



Indicator	England Range
Adults with a learning disability who live in stable and appropriate accommodation	
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	
Learning disability prevalence	
Dementia prevalence	
Prevalence of: schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy	



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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 15 November 2018

Subject: The Doncaster Place Plan and Your Life Doncaster Programme

Presented by: Jackie Pederson and Damian Allen

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	X

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>The Doncaster Place Plan and the Your Life Doncaster Programme will contribute to the improvement of the health and wellbeing of the whole Doncaster population in all areas of the Borough.</p> <p>A presentation will be made to the Health and Wellbeing Board at the meeting, to set out the progress made so far on both strategic initiatives.</p>

Recommendations
The Board is asked to note and comment upon the presentation.

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 15 November 2018

Subject: Doncaster Safeguarding Adults Board Annual Report 2017/18

Presented by: Angelique Choppin, Safeguarding Adults Board Manager

Purpose of bringing this report to the Board	
Decision	N
Recommendation to Full Council	N
Endorsement	N
Information	Y

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>The Doncaster Safeguarding Adults Board (DSAB) is established in line with duties set out in the Care Act 2014 as the mechanism for agreeing how Partner Agencies within Doncaster collaborate to protect adults at risk, prevent neglect and abuse and promote the wellbeing of adults in its area.</p> <p>Doncaster Safeguarding Adults Board publishes an annual report detailing what it has done during the year to achieve its strategic objectives and how its partners safeguard adults at risk. The annual report will also set out the findings of any Safeguarding Adults Reviews completed during the year and the subsequent learning arising from the reviews.</p>

Recommendations

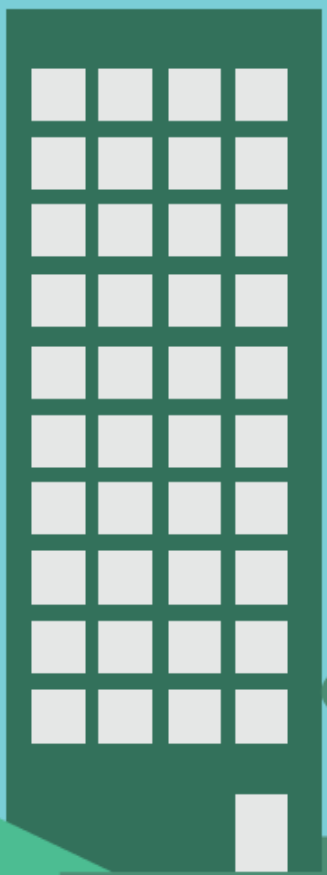
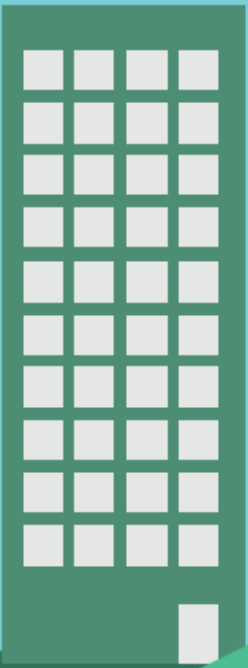
The Board is asked to note the multi-agency activities undertaken during 2017-18 by the Doncaster Safeguarding Adults Board to safeguard adults at risk and prevent abuse from occurring wherever possible.

SAFEGUARDING
Adults
DONCASTER



Doncaster Safeguarding Adults Annual Report 2017/18

Accountability
Protection
Empowerment
Proportionality
Partnership
Prevention



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Independent Chairs Foreword

I would like to thank you for taking interest in the Safeguarding Adults agenda. This report describes the second year since the Boards became a statutory entity under the Care Act 2014, also my second year as Independent Chair. We have largely met our objectives for this year and addressed one or two others as well! Again the Board invited an external review of our progress as a multi-agency partnership. The review confirmed positive progress but, of course, also identified some further areas for development.

2017 marked a period of continued change for both the Board and its partners. Greater stability within the partner organisations has led to progress that was not previously possible. The importance of establishing good interpersonal relationships, particularly trust, is too often overlooked both at the operational and strategic level.

My most enjoyable and memorable experience of the year was attending our annual conference. It was also where I experienced my own greatest learning for the year. I heard a vulnerable service user refer to an assault that they experienced. Their carer responded 'but that was a long time ago'. The service user's response was 'but it hurt me'. It brought home to me that relatively 'trivial' abuse or neglect can have a very long-term negative impact on an individual.

The Board has continued with its engagement agenda reaching out deep into the community to raise awareness of safeguarding adults. The Keeping Safe Forum has continued to grow in capacity and membership getting the message out in Doncaster. I note that this work is led by the third sector and I believe that this underpins the successes that we have had. We have also seen some important learning arising from the review of incidents. I note that this process is led by South Yorkshire Police, a contribution that I particularly value.

It has become clear that arrangements for the governance of safeguarding in Doncaster are over burdensome for partners and therefore not as effective as they should be. Therefore in the next year we will be working closely with the Doncaster Children's Safeguarding Board and Safer Stronger Doncaster Partnership to align our objectives, resources and systems. Our partners, councillors and wider communities all have a part to play in ensuring that people remain safe from abuse and neglect. After all **safeguarding is everyone's business.**



Dr John Woodhouse (GMC 2959711)
Independent Chair, Doncaster Safeguarding Adults Board



Membership of the board

Doncaster Metropolitan Borough Council



Safer Stronger Doncaster Partnership



Doncaster Clinical Commissioning Group



South Yorkshire Community Rehabilitation Service



South Yorkshire Police



Care Quality Commission
(attends Board on annual basis
by invitation)



St Leger Homes of Doncaster



Rotherham Doncaster and South Humber
NHS Foundation Trust



Healthwatch Doncaster



Doncaster and Bassetlaw Teaching Hospitals NHS
Foundation Trust



SY National Probation Service



NHS England



Yorkshire Ambulance Service
represented by Doncaster Clinical
Commissioning Group



South Yorkshire Fire and Rescue



Doncaster Keeping Safe Forum
(attends Board on annual basis
by invitation)



Doncaster Safeguarding Children's Board



Prison Services



Department of Work & Pensions

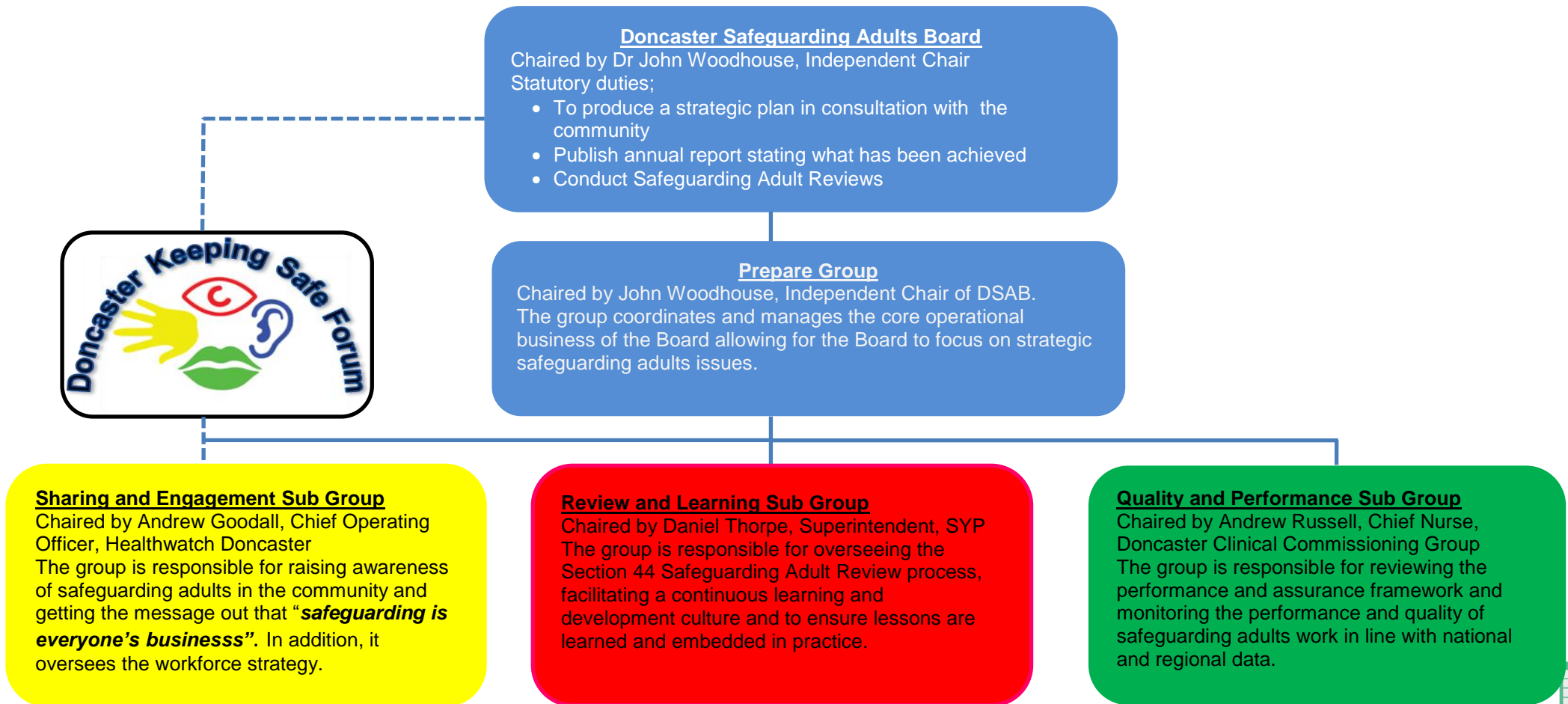


Governance

2017/18

The Board has met on four occasions; overall there has been good multi-agency attendance. For transparency the Board's annual reports, safeguarding adults reviews and Board minutes are publically available and can be found at; www.doncaster.gov.uk/safeguardingadults

Doncaster Safeguarding Adults Board Structure



DSAB Key

Summary of achievements 2017/18

Quality and Performance Sub Group

- The Quality and Performance sub group have met on a quarterly basis to receive, analyse and discuss multi-agency safeguarding adults' performance. The group have developed and endorsed an audit programme and have received regular audit reports throughout 2017/18. The latest audit focused on consideration of risk on exit of the safeguarding process.
- The sub group also developed and agreed a multi-agency Performance Framework which is focused on outcomes for adults at risk and themed around the 6 safeguarding principles. The Board have agreed this in principle subject to ongoing development. Ongoing presentations of the Performance Framework have provoked debate at Board level which has led to positive challenge and focused deep dives to assure the Board.

Board/Prepare Group

- The DSAB joined forces with the DSCB to host a Safeguarding fortnight in Doncaster from 25th September to 6th October 2017.
- The DSAB have worked jointly throughout the year across the Children's, Adults and Community Safety agendas to provide ongoing training for joint areas of interest such as Financial Scams and Human Trafficking.
- The Board commissioned a desktop exercise to take place across the whole safeguarding system. Members from Safeguarding Children's and Adults Boards and the Community Safety Partnership attended a half day workshop on 12th March 2018 facilitated by Easingwold Emergency Planning College.
- The Joint Safeguarding Self-Assessment was repeated across the Safeguarding Children's and Adults Boards to seek assurance from partner agencies that safeguarding is at the heart of their services.
- As an outcome from a stocktake review undertaken in October 2017 by Dr Adi Cooper a revised action plan has been developed.

Sharing and Engagement Sub Group

- Launched the Communication and Engagement Strategy across Doncaster
- Briefed elected members to raise awareness of safeguarding in the community
- Co-produced a new keeping safe leaflet and banner pens alongside the community
- Distributed the campaign to a variety of organisations in Doncaster
- Provided regular updates through social media (Twitter)
- Held a community-led Keeping Safe Event in 2017, raising awareness, sharing information and consulting with service users and members of the public
- Developed the Safeguarding Adults Multi-agency Workforce Strategy 2018-21. The strategy is underpinned by local joint core principles that span across Safeguarding Children's, Adults and Domestic Abuse competencies. This has now been launched and disseminated across the multi-agency partnership and is available on the Safeguarding Adults website.
- The Keeping Safe Forum continues to raise awareness and increase its membership. A wide range of agencies access the Forum to raise awareness of their service in relation to safeguarding adults. The Forum members took an active role in shaping the programme for the Keeping Safe Event and continue to get the message out in the community that **'Safeguarding is everyone's business.'** Healthwatch Doncaster has secured funding for the Forum for the next 3 years allowing for a longer-term action plan to be produced.

Review and Learning Sub Group

- The Review and Learning sub group coordinated and oversaw all Safeguarding Adult Review activity during the year, ensuring a timely response to SAR requests and commissioning of authors to conduct the reviews. During 2017/18 1 SAR was completed and lessons were shared across the partnership and 1 new SAR request was received.
- The sub group commissioned a piece of research by Sheffield Hallam University to assure the Board that safeguarding is being made personal.
- A working group was established across the Local Authority, SYP and RDASH to look at what analysis takes place regarding low level concerns.



Working Together to Safeguarding Adults and Children

The Board have worked in partnership with Doncaster Safeguarding Children's Board to develop a joint safeguarding self-assessment and challenge process that will audit the effectiveness of safeguarding arrangements across partnership agencies. This provides an arena where partners will be held to account and challenged to provide evidence to support the information they have provided within their self-assessment. Where gaps are identified agencies will be asked to submit action plans detailing how they are going to address.

The Board have also worked jointly with the Safeguarding Children's Board and the Community Safety Partnership Board to develop core competencies regarding safeguarding and domestic abuse. This will strengthen and support the safeguarding workforce providing clear direction on the competencies required to identify and respond to abuse and neglect.

In addition the three Boards have coordinated joint training for Modern Slavery and Human Trafficking in line with the requirements of the Care Act 2014 and Modern Slavery Act 2015. This training was delivered by South Yorkshire Police to a range of staff across the multi-agency partnerships detailing how to identify Modern Slavery and respond appropriately. This has proved to be in high demand and more training is scheduled for 2018-19. Moving forwards we will be aligning the DSAB with other Boards, reducing duplication in the system, increasing efficiency and providing opportunities to re-invest.

Implementing Making Safeguarding Personal in Doncaster

The Boards continues to implement its Strategy to embed Making Safeguarding Personal and seek assurance that practice is outcome focused. The strategy identifies a 2 phase approach to implementing the required changes, which is a shift from process to outcomes for adults at risk. The strategy focused on a number of areas including;

- Supporting the required culture change of the workforce through training and communication plans
- Revising documentation, systems, policies and procedures to focus on outcomes for adults at risk
- Widening the DSAB Performance framework to focus on outcomes
- Preparing wider independent providers of health and social care to undertake S42 enquiries in line with Making Safeguarding Personal

Phase 1 of the strategy has focused on supporting statutory health and social care services, ensuring the adult at risk is asked what they want at the beginning of the safeguarding adult's process. Moving forward we will continue with Phase 2 of the strategy to ensure wider agencies are engaged and have the required skills to undertake Section 42 enquiries where appropriate.

The Board is now seeking assurance from agencies that Making Safeguarding Personal is being delivered in practice and making a difference to people's lives. A piece of research has been commissioned through Sheffield Hallam University to inform the Board.



Implementing the Self-Neglect and Hoarding Policy in Doncaster

Self-neglect and / or hoarding is a worrying issue for all concerned, it can prove challenging to address as it is often combined with a lack of engagement and motivation from the individual which can increase risk to themselves and others. Causes are often grounded in, and influenced by, personal, social and cultural values and similarly people who are homeless have often been subjected to previous abuse and trauma, often have deep rooted mental health troubles, fragile self-esteem and self-worth combined with a distrust of services.

Doncaster Safeguarding Adults and Children's Boards, alongside Safer Stronger Doncaster Partnership, have worked in partnership to develop a policy and procedure to respond to cases of self-neglect and hoarding. The policy can be accessed via the Safeguarding Adults webpage: <http://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-policy-and-procedures>

In order to support staff that may come across vulnerable adults who are self-neglecting, the DSAB have developed 3 training courses to increase skills and knowledge. These courses can be accessed using the following link: <https://doncaster.learningpool.com/login/index.php>



Front Door

Safeguarding Adults Hub

The Safeguarding Adults Hub was created in April 2016 and brings together a range of agencies such as Social Workers, NHS Nursing Staff and trained Community Care Officers that are fully trained and competent in assessing and responding to safeguarding concerns. In addition the Police are co-located within the same building providing a fully multi-agency safeguarding function.

The Safeguarding Adults Hub aims to embed the principles of Making Safeguarding Personal focusing on what the person wants at the beginning of the process and empowering adults at risk to achieve their outcomes.

During 2017/18 the Safeguarding Adults Hub received 2003 Safeguarding Concerns of which 877 (44%) progressed to a section 42 enquiry. 50% of enquires are concluded after an initial contact demonstrating a flexible and person centred response to the situation in line with the adults wishes. Leaving the more serious and complex safeguarding issues to be addressed through a thorough investigative enquiry process.

Case Study

Safeguarding concern

Mr B is a 45 year old man with a learning disability who lives in a supported living placement. Mr B had recently inherited a substantial amount of money from his mother when a carer became concerned around a relatives sudden interest and potential abuse regarding finances.

Immediate action to protect and prevent

In response it was immediately arranged for Mr B's care provider to prevent the signing of any documents whilst a safeguarding enquiry was carried out. This involved gathering information about the extent of Mr B's learning disability and his mental capacity in relation to finances.

Involving Mr B

In order to make safeguarding personal for Mr B his Social Worker arranged for him to receive support from an independent advocate. This enabled Mr B to establish his own wishes and feelings as part of the safeguarding enquiry and empower him to make decisions on his behalf. Within a short period of time the Social Worker had acted to protect Mr B from potential harm, visited him in person to assess his mental capacity to make informed decisions, ascertain his outcomes and to recommend future safeguards and preventative measures such as yearly reviews by a Social Worker.

Outcome

Mr B reported that he felt safer as a result of the safeguarding enquiry. In addition he was supported to achieve his expressed outcomes by making the decision to use some of his money to purchase a caravan in Cleethorpes.



Proportionality is key when responding to safeguarding situations. The Hub identifies the most appropriate and proportionate response alongside the adult at risk or their representative often signposting to other services or processes where the adults outcomes will be better dealt with. The Hub empowers adults at risk to improve their lives as it puts service users and their families in the driving seat of the process and enables people to address concerns with the support of statutory services. It is a haven where people can access non-judgemental advice and support from professionals during some of the worst times of their lives, but in a proportionate way, at the service users pace.

Throughout 2017/18 the Safeguarding Adults Hub asked 84% of adults at risk what they wanted at the beginning of the safeguarding enquiry and in 95% of these cases the adult's outcomes were either fully or partially achieved.

84% Adults asked were what they want



95% Outcomes fully or partially met



Moving forwards we will

- Continue to embed new practices and models of working within the Safeguarding Adults Hub including the Signs of Safety and Making Safeguarding Personal
- Embed the Self-Neglect and Hoarding Policy into practice and develop response and practice within localities.
- Continue to develop the processes to ensure that all safeguarding referrals receive a timely, proportionate and appropriate response.
- Work with partners to facilitate more S42 enquiries being undertaken by agencies themselves with oversight by the hub.
- Develop the role of the hub to be more enabling in terms of working with partners and individuals themselves.
- Embed safeguarding within the Community Led Support Model going forwards, working with communities and individuals in relation to safety and protection with a view to empowering people to protect themselves.
- Continue to implement recommendations from the peer review of Adult Safeguarding in Doncaster.

Refer to back page for details of how to report a safeguarding adult concern



Raising Awareness

Our Keeping Safe Campaign

The Share and Engage sub group have been working hard to refresh the Board's Communication and Engagement Strategy of which the Keeping Safe Campaign is a key part. In order to do this effectively consultations were carried out with staff and general public at the Keeping Safe Event held in November 2017, in addition a questionnaire was sent out to the public via St Leger Homes House Proud magazine.

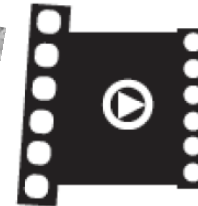
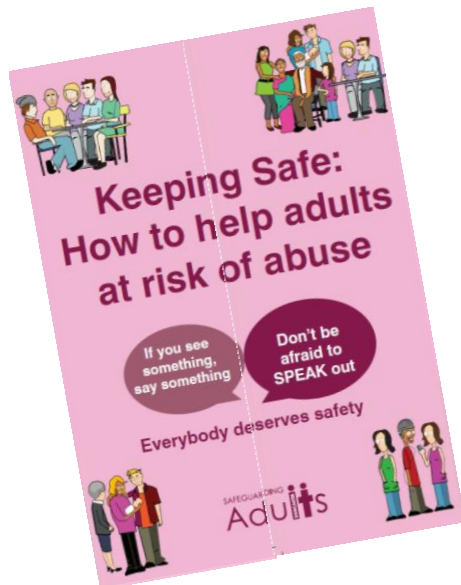
The consultations highlighted three themes;

- **Communication** – the need to reach the most vulnerable people not linked to existing services
- **Raising awareness and education** – the need to continue to deliver training around safeguarding adults and keeping safe across Doncaster, with a focus on educating young people
- **Empowerment** – supporting people to feel comfortable to report abuse through peer support, training and appropriate feedback

The key messages of the campaign are;

- Everyone has the right to be safe, to be respected, to be heard
- Everyone has a role to play to make this happen
- If you see something, say something (If you see, hear or suspect that someone is being abused, report it)

A number of methods have been used to support the campaign such as; consistent branding, marketing, press and public relations, social media, safeguarding film, leaflets, posters, banners, business cards and banner pens see below;



www.doncaster.gov.uk/safeguardingfilm

Moving forward the campaign action plan will be refreshed in line with the revised DSAB Communication and Engagement Strategy to ensure it continues to get the message out to the communities of Doncaster that safeguarding adults and **keeping safe is everyone's business.**



Safeguarding Fortnight

25th September to 6th October 2017

Following a series of successful standalone safeguarding awareness events, the Doncaster Safeguarding Children's Board (DSCB) and Doncaster Safeguarding Adults Board (DSAB) partners joined forces to further increase their impact and empower staff.

The Safeguarding fortnight, designed to raise awareness of child and adult safeguarding, featured activities and training for professionals and members of the community across Doncaster.

Starting on the 25th September through to the 6th October 2017, the Boards worked together to raise awareness of safeguarding in the Doncaster area with a range of information sessions and workshops aimed at tackling issues such as Modern Day Slavery, Hate Crime, Prevention, Fire Safety and many more.

In addition a number of Information Stalls were available across a range of agencies such as St Leger Homes, RDASH, DBTH and Doncaster Children's Services Trust. DMBC also hosted stalls for members of the public and staff in the Civic Office.

Next year, we will be joining our South Yorkshire partners to host a regional safeguarding week across Children's and Adults Services.



Keeping Safe Event 2017

We held our annual event at the Doncaster College Hub on December 1st 2017 where 120 people attended with a wider proportion of members of the public in attendance. The overall theme of the event was:

- How we have communicated with people in Doncaster so far and where improvements are needed?
- What needs to be done to promote Keeping Safe in Doncaster and how we can improve this?

In order to achieve this, we held a consultation activity among attendees at the event which focused on;

- Leaflets and posters
- Safeguarding Adults Website
- Advertising across Doncaster
- Working with Young People

The event also aimed to engage with young people in Doncaster. Members of the task and finish group organising the event held a number of sessions with different groups to gather the views of young people on adult safeguarding. These views were displayed at the event.

The event achieved its objectives and evaluated well with a wide range of agencies and members of the public attending. The results of the consultations from this event will be used to redesign campaign materials and to update our website so that we can provide accessible information to the community of Doncaster and engage effectively. This event was possible thanks to the efforts of all our partners and members of staff. We would like to thank everyone for their contributions to making the 2017 Keeping Safe Event a success.



Safeguarding Adults

Peer Review

The Board undertook a stocktake of its progress against the peer review recommendations to ensure the actions were having the desired impact. Dr Adi Cooper, an leading expert in the field of Social Care was commissioned to undertake the review and visited Doncaster on 20th October 2017.

The objectives were to review:

- How the Peer Review action plan is progressing and what impact it is having
- How the Council's Adult Social Care services are meeting their safeguarding responsibilities and following MSP principles as outlined by the Care Act 2014
- Whether the Safeguarding Adults Hub is functioning efficiently and make suggestions for future service models
- Whether the Board has good working relationships and is effective
- Whether the Board and its partners are effectively engaging with the criminal justice system, particularly Prisons.

Outcome of the review

- There continues to be progress against the Safeguarding Adults Peer Challenge Report, and progress on implementing the recommendations
- Services are generally meeting their safeguarding responsibilities and following MSP principles as outlined by the Care Act 2014
- The DSAB members have good working relationships and the Board is increasingly able to plan and deliver against the strategic objectives.
- Engagement with the criminal justice system, particularly Prisons is improving.

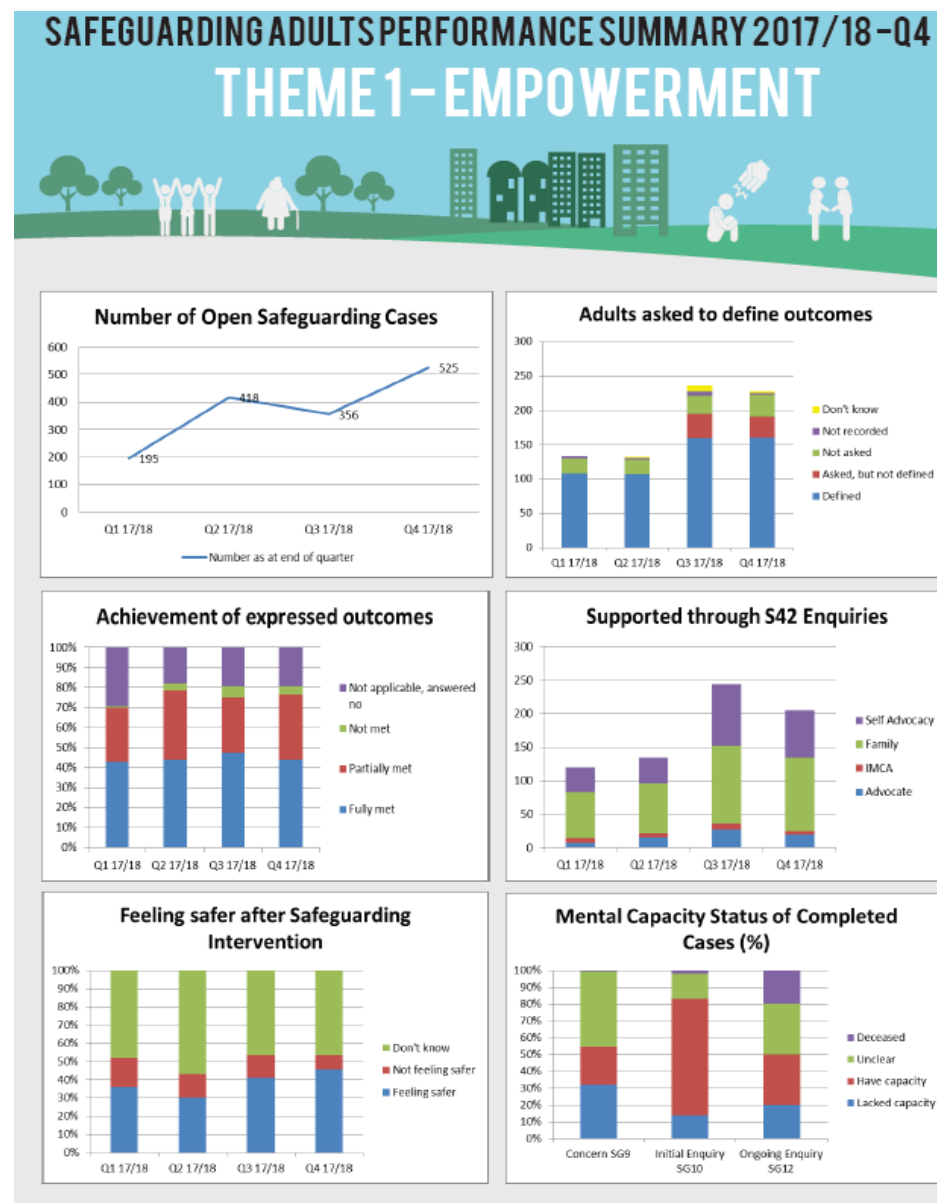


Monitoring Outcomes for Adults at Risk

The Quality and Performance sub group have continued to develop a framework modelled around Outcomes Based Accountability (OBA). This process is designed to bring people together to share the responsibility for improving people’s lives across the partnership.

The Framework will be used to continually improve the services that multi-agency partners deliver and to facilitate and provoke challenge and debate at both an operational and strategic level. The “Information Journey” as well as the governance and escalation routes are clearly laid out to show how performance data is fed through from the appropriate systems via the relevant sub groups for regular analysis and challenge by service experts, sub group and Board members. This, in turn, will allow issues as well as good practice to be highlighted and reported back to relevant managers and staff.

This revised Performance Framework includes a summary of info graphics made up of multi-agency performance indicators. The Board receives this performance information on a quarterly basis along with a supporting narrative of analysis. The dashboard has been positively received by the members of the Board as a clear and accessible method of receiving performance data and has provoked much challenge and debate, identifying areas for further exploration and investigation. The Performance Summary Dashboard will continue to be refined throughout 2018/19 in line with the Boards steer.



Continuous Learning and Improvement

Section 44 of the Care Act 2014 places a duty on Safeguarding Adults Boards to arrange a Safeguarding Adults Review (SAR), in cases where an adult has died or experienced significant harm or neglect, and/ or where the Board feel there are multi-agency lessons to be learned.

On conclusion of the SAR, an action plan will be drawn up to ensure the recommendations of the findings are implemented. In addition a summary of each SAR is published as a Shared Learning Brief which will be available on the DSAB webpage and shared across the multi-agency partnership.

The purpose of the SAR is to:

- Establish what lessons are to be learnt from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify what is expected to change as a result, to improve practice.
- Improve intra-agency working to better safeguard adults at risk.
- Review the effectiveness of procedures, both multi-agency and those of individual organisations.

During 2017/18 there have been three SARs at different stages of conclusion.

Safeguarding Adult Review

The Board received a SAR request following a safeguarding incident involving 2 carers who were attending to and hoisting a service user when the hoist collapsed. The service user later died.

The Section 42 safeguarding enquiry and associated recommendations addressed the immediate solutions to the findings of the investigation; however it was acknowledged that there was potential further multi-agency learning in relation to the governance of safeguarding systems through the commissioning process in relation to Care Homes.

In response the Safeguarding Adults Board commissioned a SAR through an Internal Audit in order to evaluate the governance arrangements in respect of the adequacy of the contract management arrangements covering the provision of equipment and effective training for Care Home staff.

Shared Learning themes

- Responsibility regarding moving and handling plans
- Clarity of roles of Moving and Handling Officers
- Contract monitoring activities to have more focus around moving and handling plans, equipment testing certificates, training evidence and risk assessment procedures.

The learning has been shared across the Doncaster Multi-agency partnership and is available for download at;

<http://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-reviews>

Our Priorities for 2018/19

Moving forwards

Moving forward during the next twelve months, the Prepare group will continue to develop its agenda to ensure sub groups are held to account for delivering the strategic objectives, core business and risks of the Board are managed as appropriate.

Good progress has been made during 2017/18 against the Boards Strategic Plan demonstrating the commitment of partnership agencies during times of significant change in the architecture across public, independent and voluntary sector organisations.

The Board held its annual away day in February 2018 to reflect and refresh its focus on a long term direction for the Board in line with the requirements of the Care Act 2014. In addition the findings from the 2017 Keeping Safe Event and a local community consultation facilitated by Healthwatch were fed in to ensure priorities were in line with community expectations. The day resulted in a refreshed strategic plan with the following themes:



1.SHARING AND ENGAGING

“Sharing information and engaging with the people of Doncaster”

2.HELPING, EMPOWERING AND SUPPORTING

“Provide quality safeguarding services when abuse or neglect is identified and putting adults at risk at the centre of what we do”

3.PREVENTION

“Ensure agencies are working together to prevent abuse or neglect and take appropriate action when needed”

4.PREPARE

“Ensure the Board is fit for purpose through transformation and to ensure an effective response to safeguarding trends.”

The Strategic Plan 2016-19 is available on the DSAB webpage www.doncaster.gov.uk/safeguardingadults



Doncaster Keeping Safe Forum

The Doncaster Keeping Safe Forum have continued to support the Doncaster Safeguarding Adults Board by providing information on the experiences of the local community in Doncaster in relation to safeguarding adults at risk. Healthwatch Doncaster have mainstreamed support for the Keeping Safe Forum as part of its core work. The Forum planned and helped to deliver the annual Keeping Safe Event in Doncaster which was designed to enable the community to hear key messages and advice on Keeping Safe in Doncaster. This year the event focused on Hate Crime and Scam Awareness providing attendees with resources and information to help them stay safe.



Working with other organisations

The Forum has worked with:

- The Doncaster Safeguarding Adults Board to enable information to be shared with members of the community about all types of abuse with information on how and where to report concerns.
- Officers from South Yorkshire Police and South Yorkshire Fire and Rescue Service provided information on key messages around Keeping Safe in Doncaster, examples have included information on scam awareness and fire safety in relation to hoarding and self-neglect.
- Partners in the Public Health team, shared messages and information on public health campaigns with members of the community, one example is the Winter Friends campaign designed to inform members of the community on how to stay safe during the winter months, providing information and resources to help the most vulnerable in the community

Working in the community

The Forum have promoted Keeping Safe in the local community through events, meetings and social media.

Members of the local community have promoted the Keeping Safe information and taken out leaflets and information about the campaign.

The Forum has shared information about local campaigns and new initiatives.

One example is the launch of the Doncaster Safeguarding Adults Board Multi-agency Self Neglect and Hoarding Policy, with members of the Forum having a presentation at a recent meeting to enable them to understand how to spot issues and where to go to raise concerns.

The Keeping Safe Forum has an active social media presence with a Twitter feed with over 864 followers. Through this account we can share information and advice on Keeping Safe in Doncaster.



Reports from Safeguarding

Adult Board Partners

Doncaster Council

Doncaster Metropolitan Borough Council has the lead responsibility for co-ordinating safeguarding adults as outlined under the Care Act 2014. During 2017/18 we have led on this through continued resourcing and development of the Safeguarding Adults Hub, a specialist team trained to receive and respond to safeguarding adults concerns.

The focus of Adult Social Care is changing and transformation in Doncaster is now well underway. The introduction of Community Led Support Hubs will support communities to use a strengths based approach, empowering people to keep themselves and others safe within their communities, identifying abuse and responding appropriately to ensure safeguarding is everyone's business.

Newly commissioned services such as the Complex Lives Team have been created to respond to the most vulnerable within our communities, linking up and working jointly with our partners to provide person-centred interventions for those most in need. In addition the following services have continued to provide early intervention services aimed to prevent safeguarding issues;

- Safer Communities - tackling anti-social behaviour and lower level community safety issues within neighbourhoods.
- Well-being, Early Intervention and Prevention - a community and family approach to supporting people to live in their own homes and be supported within the community.
- Stronger Families – an approach offering support to the whole family to make their own decisions wherever possible.

As a local authority Doncaster Council commission and provide care for vulnerable adults across Doncaster and are accountable for the quality of these services. Robust governance arrangements are in place to commission and monitor contracts to ensure high quality services are delivered and people are kept safe. Fortnightly multi-agency meetings are held to focus on providers of commissioned care and to target support early to prevent safeguarding issues.

Plans for 2018/19

Going forwards we will continue to embed new ways of working including multi-agency responses to self-neglect and hoarding cases and the introduction of the Signs of Safety practice model. We will continue to make safeguarding everyone's business through enabling and supporting more services to undertake safeguarding enquiries under the Care Act 2014 ensuring safeguarding referrals receive a timely, proportionate and appropriate response that is focused on achieving outcomes for the adult at risk.



Care Quality Commission (CQC)

Our purpose and role

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. People have a right to expect safe, good care from their health and social care services.

Our current model of regulation



Our ambition for the next five years:

A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care.

- CQC has completed all baseline inspections of NHS hospitals, general practices and adult social care providers
- We will have a risk-based approach to inspection in the future – more frequent inspections for providers rated as ‘inadequate’ or ‘requires improvement’, and a more hands-off approach to providers rated ‘good’ or ‘outstanding’. As 82 per cent of providers have been rated good or outstanding (as at quarter one, 2017/18) this could significantly change the way that CQC approaches inspection.
- Between 2016/17 and quarter one 2017/18, most providers previously rated as requiring improvement or inadequate improved their rating on re-inspection (particularly hospitals and general practices).

Our role and responsibilities are:

To monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, we will do this by:

- Checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect.
- Using Intelligent Monitoring of information we receive about safeguarding (intelligence, information and indicators) to assess risks to adults and children using services and to make sure the right people act at the right time to help keep them safe.
- Intelligent monitoring is how we describe the processes we use to gather and analyse information about services. This information helps us to decide when, where and what to inspect. By gathering and using the right information, we can make better use of our resources by targeting activity where it is most needed.
- We have always used the important information in statutory notifications in this way, alongside other information about safeguarding and information provided by others such as people who use services, their families and the public.



- Acting promptly on safeguarding issues we discover during inspections, raising them with the provider and, if necessary, making safeguarding referrals to the local authority and the police where appropriate.
- Holding providers to account by taking regulatory and enforcement action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults and that they maintain improvements.

Working with others

- CQC receives information about safeguarding in the form of concerns or alerts. Concerns are when the local authority is already aware of the incident; alerts are when we are the first organisation to be told and we make a direct referral to the local authority or police where needed.
- We may also make a referral when the provider or manager is implicated; has failed to make a referral or where we have no confidence the provider will respond to the incident appropriately

Action on identifying abuse

- CQC receive information that may relate to safeguarding from various sources, both professionals and the public.
- All concerns are relayed through our National Customer Service Centre (NCSC) and our team use a decision making tool to identify whether this is information already known to a local authority or not, and if not we ensure a safeguarding referral is made. These referrals are made within 24 hours by NCSC.
- We inform the provider / manager of the service unless they are directly implicated
- When we are told about abuse or neglect we seek assurance from the registered provider that appropriate action has been taken to protect the individual/s from harm and that others are not at risk
- All information relating to safeguarding concerns or alerts involving regulated services are sent directly to the appropriate relationship holder in an inspection team.
- We would expect to see that providers are aware of their local safeguarding contacts and that they are adhering to agreed information sharing around safeguarding.
- We attend safeguarding meetings where we are considering regulatory action or have a contribution to make. CQC would not expect to be invited to every meeting, however we would expect both the provider and the local authority to make us aware of lines of investigation, provide meeting minutes, action plans and safeguarding outcomes.
- We have no decision making role in relation to Local Safeguarding Adults Boards and are not full members, this ensures we maintain our impartiality as a regulator. We provide reports and information to Local Safeguarding Adults Boards on request and undertake to attend once per year.
- For services delivered to children and young people we work with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, HMI Prisons) to review how health, education, police, and probation services work in partnership to help and protect them.
- Working with local partners to share information about safeguarding.



Improving response to safeguarding through regulation - *Regulation 13 - Safeguarding service users from abuse and improper treatment*

We are clear that our role is to regulate and we want to work in partnership at a national and local level to achieve good outcomes for people receiving a health or social care service. The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes: neglect, subjecting people to degrading treatment, unnecessary or disproportionate restraint and deprivation of liberty.

- Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors.
- Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.
- Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes cooperation with any investigation and/or referral to an appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.
- CQC will take regulatory action if there is a failure to meet requirements and there is resulting harm to a person using the service or if a person using the service is exposed to significant risk of harm.

There is more information about our role and approach to safeguarding on our website, <http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people>

State of Care

State of Care is our annual assessment of health and social care in England. The report looks at the trends, highlights examples of good and outstanding care, and identifies factors that maintain high-quality care. State of Care 2016/17

<http://www.cqc.org.uk/publications/major-report/state-care>

Health and care services are at full stretch

The complexity of demand for health care and adult social care services in England continues to rise. The number of people with complex, chronic or multiple conditions is increasing. We have an ageing population, and the total number of years people can expect to live in poorer health continues to rise. These and other factors present different pressures in different parts of the system.

Quality has improved overall, but there is too much variation and some services have deteriorated

Hard work and determination from many providers and their staff has meant people are receiving safer, more effective, and compassionate and high-quality care – services have recognised our inspection findings and made the necessary changes to get better. While there has been much



improvement, some services have deteriorated in quality. Where we have re-inspected providers originally rated as good overall, the majority have remained good. But 26% of mental health services and 23% of adult social care services originally rated good dropped at least one rating, as did two out of the 11 NHS acute hospitals. Only 2% of re-inspected GP practices deteriorated. There are also substantial variations in the quality of care that people are receiving – within and between services in the same sector, between different sectors, and geographically.

To put people first, there must be more local collaboration and joined-up care

Better care is often where providers are working together to provide a more seamless service, one that is built around the often multiple, or complex, needs of individuals. We have found this where there is joined-up care – local health and care leaders collaborating to engage staff, people who use services and local partners to respond to the challenges they face. There is wide variation in how health and social care systems join up. Too many people receive fragmented care – care that is built around the priorities or targets of the services, rather than people’s needs.

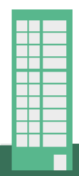
Doncaster – Sector ratings - Number of active registered locations in Doncaster

Location Inspection Directorate	Number of Active Locations
Adult social care	127
Hospitals	20
Primary medical services	103
Total	250

NHS England (Yorkshire and Humber)

NHS England is the policy lead for NHS safeguarding, working across health and social care and leading and defining improvement in safeguarding practice and outcomes. It is the responsibility of NHS England to ensure that the health commissioning system as a whole is working effectively to safeguard children and adults. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

NHS England Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Child Sexual Exploitation, Children Looked After, Mental Capacity Act (MCA), Modern Slavery and Trafficking and Prevent. It works in collaboration with colleagues across the North region on the safeguarding agenda. A review of the network has established local safeguarding network meetings bi-annually in the 3 Sustainability and Transformation Partnerships areas (some now named Accountable Care Partnerships) in addition to a bi-annual safeguarding commissioners and providers network event.



Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely. A North region newsletter is now circulated weekly to safeguarding professionals. Learning is also shared with GP practices via quarterly Safeguarding Newsletters, and annually safeguarding newsletters for pharmacists, optometrists and dental practices across Yorkshire and the Humber are produced. An annual North region safeguarding conference is hosted by NHS England North for all health safeguarding professionals, this year's event included learning on neglect, hoarding and asylum seekers. Due to the success of last years named GP conference in Yorkshire and the Humber NHS England North also held a conference for named GPs to share good practice and learning; topics included homelessness, domestic violence, travelling families and safeguarding.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). NHS England works in collaboration with CCG designated professionals to ensure a robust oversight of all incidents, recommendations and actions from reviews. Prior to publication of any reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings, recommendations and publication.

Training & Development

Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages. NHS England, in 2017/18, updated and circulated to health colleagues the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals. A training needs analysis has also been undertaken to ensure all NHS England employees receive appropriate levels of safeguarding training. A number of leadership programmes for designated safeguarding professionals have been commissioned by NHS England in addition to a 2 day resilience course. The CSE training provided by BLAST 'Not Just Our Daughters' has also been provided for front line health professionals. Link below to the safeguarding app:- http://www.myguideapps.com/nhs_safeguarding/default/

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. An online version has been piloted in 2017/18 by NHS England in order to develop a national assurance tool for CCG's. A primary care version of the online assurance is also being piloted by a couple of CCGs in Yorkshire and the Humber.

Specialised Commissioning

NHS England North Specialised Commissioning service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies regarding all aspects of safeguarding. Within Specialised Commissioning the Heads of Quality review all serious incidents and liaise with the appropriate CCG to review all incidents and work through actions with the provider. Where NHS England North Specialised Commissioning is the lead or sole commissioner they work directly with the provider, monitor actions and share outcomes with other commissioners.



Health and Justice

NHS England North Health and Justice service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies e.g. Prison, Police regarding all aspects of safeguarding. In addition, there is a Quality Framework in place which requires all providers to report on a quarterly basis regarding any safeguarding concerns, incidents, reviews (including themes and trends). An annual audit of Combined Adults and Children's Safeguarding Standards and an annual safeguarding report are also submitted for review to the NHS England local office Quality Surveillance Group.

Care Homes

NHS England Yorkshire and the Humber have appointed an Independent Care Sector (ICS) Lead to support organisations in the delivery of the Enhanced Health in Care Homes framework. The key work streams in this programme for the ICS leads are the delivery of the red bag scheme and the roll out of an electronic bed state tool.

Complaints and Concerns

NHS England Customer Contact Centre review all complaints and concerns received and identify those containing a safeguarding element for appropriate action. Following receipt of complaints and concerns at NHS England North local offices these are reviewed again and any safeguarding concerns identified are referred to the safeguarding lead for review and appropriate action. Priorities in 2017/18 around complaints were:-

- NHS England North regional safeguarding team in partnership with NHS England local offices reviewed and agreed a standard process for the management of safeguarding concerns within complaints.
- NHS England North regional safeguarding team has delivered safeguarding training to the required standard and level to all complaints staff in accordance with relevant national guidance.

Prevent

NHS England North have two Regional Prevent coordinators who work across the North region to support Prevent implementation, they are part of the National and regional safeguarding and Quality team. This year has seen an increased focus and scrutiny on Prevent implementation within health and safeguarding. A national Task and finish group has been established chaired by the Director of Nursing for NHS England to oversee the progress that is being made with Prevent implementation, particular focus has been on training with an expectation that all organisations will be able to demonstrate 85% compliance by the end of March 2018.

We are working closely with providers, commissioners and regulators to support and monitor the work being undertaken to ensure that all health care organisations can meet their statutory duty for Prevent. Across the Yorkshire & the Humber we have funded a number of projects to enhance understanding of Prevent and to support staff including work with partners in North Yorkshire in the development of a graphic novel titled 'Hurt by Hate' an interactive training package designed to raise awareness of a variety of issues surrounding Prevent and safeguarding.



Following a regional research project to scope the current, attitudes, awareness and practice amongst GP colleagues we are now working with the Home Office to extend the research nationally. We have worked to develop a Prevent training framework and e learning packages specifically for health and have shared guidance across the network for mental health practitioners. In December 2017, the 3rd North Regional Prevent conference was held in Harrogate; delegate feedback demonstrated the positive attitude to Prevent in health agencies and their commitment to continue to develop their knowledge.

Doncaster Clinical Commissioning Group

Doncaster Clinical Commissioning Group

As commissioners of high quality, safe healthcare, Doncaster Clinical Commissioning Group (DCCG) has responsibility for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through its commissioning arrangements and partnership working.

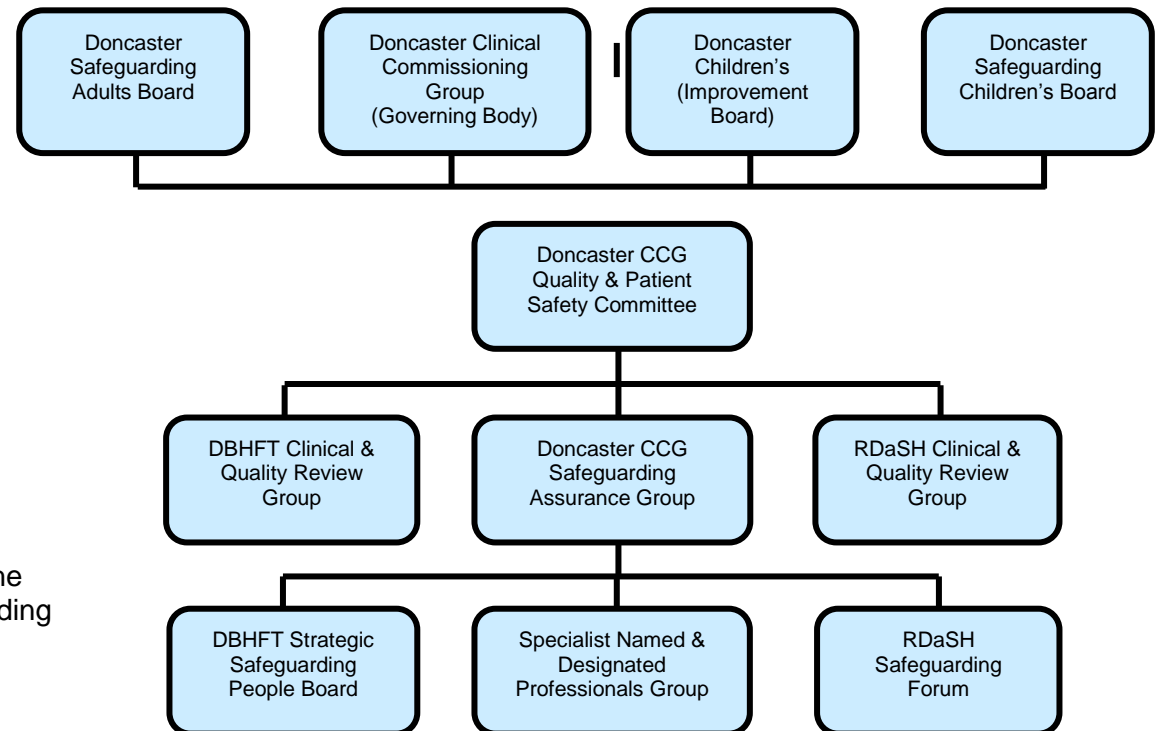
All healthcare providers commissioned by Doncaster CCG are accountable for the quality of the service they provide. The Doncaster CCG Safeguarding Assurance Group has the responsibility for Safeguarding within Doncaster and covers the commissioning responsibilities of the Doncaster CCG.

Governance

Doncaster CCG continues to monitor quality via the safeguarding standards and safeguarding annual declarations which are included within existing and new contracts. During 2016/17 Doncaster CCG has received quarterly safeguarding reports from both main provider organisations which have been discussed and reviewed by the Doncaster CCG Safeguarding Assurance Group.

Doncaster CCG is required to have a Lead Professionals for Safeguarding Adults and a Lead Professional for Mental Capacity. These roles are fulfilled by a single post holder. The Designated Nurse provides professional advice on safeguarding adults matters to the Doncaster CCG, health professionals,

Doncaster CCG Safeguarding Governance Structure



Local Authority and Doncaster Safeguarding Adults Board. Doncaster CCG continues to commission Strategic Leads and Lead Professionals in the main health providers to ensure:

- Accountability for safeguarding adults within their organisation.
- Provide representation at the Doncaster Safeguarding Adults Board at a strategic level.
- Robust and effective governance systems exist within their organisation.

Safeguarding Adult Board Contribution

Doncaster CCG contributes both financial and with resource to the Doncaster Safeguarding Adults Board. The CCG is represented at the Board, Business Coordination Group and Sub Group meetings by the Chief Nurse, Designated Nurse and/or the Named Nurse for Safeguarding Adults. Doncaster CCG supports all appropriate Safeguarding Adults work streams accordingly.

Health Support in the Safeguarding Adults Hub

The CCG has supported the provision of a Nurse into the Safeguarding Adults Hub. The post has enabled health expertise to become a central part of the evaluation process of the safeguarding process

Low Level Concerns

The low level concerns that are raised within Doncaster CCG relate the patients within a Care Home setting or patients receiving Domiciliary Care. These concerns are managed via the Weekly Risk Meeting which is attended by the Local Authority and Doncaster CCG. Clear escalation processes are in place to support the more complex issues.

Future Intentions

Doncaster CCG are currently developing their Safeguarding Work Programme for 2018/19, safeguarding adults will be a key focus within the Work Programme.

South Yorkshire Police

Protecting vulnerable people (PVP) is at the core of the PCC's Police and Crime Plan and a key deliverable of South Yorkshire Police's Plan on a Page. In October 2017, the force released a new vulnerability strategy, that outlines the forces definition of vulnerability and highlights some of the key principles that the force believes are important in providing a policing response to vulnerable people and the importance of working with partner agencies to ensure a tailored approach to protecting vulnerable people.

To effectively reduce vulnerability, a vulnerability assessment framework has been introduced to assess the vulnerability of victims and to provide staff with a consistent methodology to recognise vulnerability and inform decision-making.



In April 2018 South Yorkshire police reintroduced PVP units to District management, with Child abuse investigation unit and safeguarding adult's team amalgamating to become Omni competent teams, which will still remain colocated with other key partner agencies.

The PVP Department staff, have become specialised in dealing with high risk domestic abuse incidents, and are responsible for all incidents graded as high risk, to ensure positive action is taken against perpetrators.

All medium and low risk domestic abuse incidents are dealt with by uniform colleagues, and are robustly managed, dip sampled, and audited routinely. Positive action against perpetrators is expected where ever possible, in an effort to keep victims safe.

Doncaster also routinely utilise the civil route of Domestic Violence Prevention orders, (DVPO) through the courts, where the remit has not been reached for a criminal charge. DVPO's allow for a period of time apart, to enable the victim to regroup and re-assess his or her choices.

All domestic abuse incidents are reviewed on a daily basis to ensure compliance with procedures, and outcomes.

Public surveys are also regularly carried out, and victim feedback sought, in relation to their experience with South Yorkshire Police, this data is then considered in regular performance meetings.

PVP also have responsibility for other complex investigation involving vulnerable adults, such as institutional abuse, abuse by someone in a position of trust, and coroner enquiries. The detectives within this arena have the necessary experience and training to properly conduct these enquiries.

Doncaster have also introduced a dedicated staff member, in relation to other vulnerabilities with adults, and specifically in relation to mental health. It is the role of that staff member to coordinate, collate information and liaise with partner agencies. It is also their role to challenge where necessary.

SYP is routinely inspected by Her Majesty's Inspectorate of Constabulary, in relation to SYP's ability to safeguard and investigate offences against vulnerable people. The quality of investigations is audited, maintained and benchmarked against similar forces regularly.

Reports and recommendations coming from these inspections are robustly managed via Senior Leadership Group ensuring improvement in the way services are delivered. All recommendations arising from case reviews or inspections are published on the forces intranet site. In January 2018, SYP conducted a review of case review key themes (inclusive of SAR, DHR, SCR and LLR). The review considered key themes identified by a number of agencies and areas for improvement were not exclusive to SYP with recommendations for both SYP and other agencies reflected in action plans reviewed by safeguarding sub committees. This learning has been shared with all SYP staff and in relation to learning from Domestic Homicide reviews; the learning was shared in March 18 at the Strategic Safeguarding Board meeting.



Force policies are routinely reviewed and revised and the recent introduction of Authorised Police Practice Guidance has prompted the review of Several PVP Policies to ensure they are in line with APP. The PVP Strategic governance unit deals with all policies, practices and procedures, and ensure these are reviewed, updated and published to support staff in all areas of safeguarding and have recently updated the majority of policies and procedures of all PVP areas which are now standardised with National guidance documents, available via the intranet

Plans and priorities in Safeguarding Adults in for 2018-19

Protecting Vulnerable People remains a key priority for South Yorkshire Police and part of our strategic vision, moving forward into 2018 – 2019. Our Plan on a Page, clearly puts victims at the heart of everything we do, and encourages collaboration with effective partners.

We have re-introduced neighbourhood policing, in order to understand our communities better, tackle anti-social behaviour and prevent crime. Our daily management meetings focuses of vulnerable and repeat victims, and plans are put in place to safeguard them.

The PVP Department, are currently in the process of recruiting a number of civilian investigators, to support the police officers working within the unit. We are also recruiting further specialist roles, such as dedicated Safeguarding Officers. It will be the role of these officers to review low level incidents, attend partnership meetings, and liaise with relevant partner agencies, where a crime has not been committed.

Rotherham Doncaster and South Humber NHS Foundation Trust

RDASH have worked closely with the DSAB to deliver a partnership model of safeguarding adults, keeping safeguarding personal. Central to this has been a strong and consistence attendance and contribution to the DSAB and subgroups where the strategic view has been to translate in to operational effectiveness.

RDASH has seconded and supervised an RDASH practitioner as the Health Advisor into the Safeguarding Adults Hub which has had a significant impact on both the effectiveness of the Hub and the experiences and outcomes for adults at risk.

RDASH has undertaken a number of complex investigations working with the partnership to ensure the optimum outcomes for adults living in challenging circumstances to ensuring the best possible outcomes.

RDASH has contributed to Safeguarding Adult Reviews striving to ensure that lessons are learnt and those lessons are translated into practice to ensure the best practice is consistently delivered.

RDASH has contributed to the multiagency training offer delivered by the DSAB with particular expertise in modern slavery, and human trafficking and self-neglect supporting a strengthened knowledge base in these complex issues.



RDaSH was a full and active partner during 2017 Doncaster safeguarding week. RDaSH was proud that the Doncaster safeguarding week took place alongside the RDaSH safeguarding week with a number of events made available for colleagues from partner agencies to attend, which were very well received.

Plans and priorities in safeguarding adults 2018-19

RDaSH remains committed to the development of the Safeguarding Adult Hub and will continue to support a specialist health practitioner in the Hub to enable a high quality of intervention, ensuring the best outcomes for people.

RDaSH will support the production of high quality performance information which will demonstrate the effectiveness and challenge in practice.

As the transition to review children and adult board structures take place RDaSH will remain committed and focused partners including in the work of the sub groups.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

The Director of Nursing, Midwifery & Allied Health Professionals is the Trust Executive Lead for safeguarding and chairs the Trust Strategic Safeguarding People Board (SSPB), which oversees the safeguarding arrangements in the Trust. As well as safeguarding professionals the membership includes Care Group Heads of Nursing, Midwifery & Quality and Head of Therapy so that each Care Group has a representative that provides assurance to the Board. In addition, each Care Group has its own internal safeguarding arrangements.

The SSPB oversees the safeguarding arrangements in the trust. Its purpose is to:-

- Provide leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within the Trust.
- Provide the Trust Executive Group and the Board of Directors with assurance of the Trusts compliance with statutory regulations, obligations and standards in relation to safeguarding.
- To receive feedback and assurance from the Care Groups

The Safeguarding Manager produces a quarterly report highlighting the activities, assurance, action plans and progression over the period. The data includes referrals, Deprivation of Liberty Safeguards, Serious Adult Reviews and Domestic Homicide Reviews.

Despite the team being small at DBTH compared to our neighbouring safeguarding teams, and having a higher population and 6.500 staff members we continuously put the Safeguarding of our patients first, helping and supporting staff navigating safeguarding processes and ensuring



our patients have a voice by implementing Making Safeguarding Personal, a concept staff are familiar with in other areas of care but promoting it further through safeguarding.

The Safeguarding Team endeavour to attend sub groups, making positive contributions and successfully participated in Safeguarding Week, holding stall across all our three main sites and opening up training to other services and agencies.

Plans and priorities in Safeguarding Adults in for 2018-19

Moving into the next financial year the Safeguarding Team will continue to deliver training to all staff face to face and monitor eLearning programmes for suitability and compliance. The Specialist Nurse for Safeguarding Adults will continue the outreach work on the wards and departments across all three main sites helping and supporting staff. As part of the CQC action plan safeguarding training compliance is a priority area, the team will be working more closely with heads of nursing and the training department to ensure staff have met the required level of training for their role. We will continue to contribute at sub-groups, comply with requests for information and partake in any SAR's or DHRs as required.

St Leger Homes

St Leger Homes is an 'arm's length management organisation that manages the 20,200 council houses across Doncaster. St Leger Homes has a culture that does not tolerate abuse or neglect and which encourages people to raise concerns in accordance with our comprehensive Safeguarding policy and procedures. These relate specifically to adults or children who are being abused or neglected by others, or who are at risk of abuse or neglect.

St Leger Homes sees its role on the Safeguarding Board as being important not only in terms of representing the company itself but also because housing providers are key partners in the safeguarding agenda. This is due to our presence in local communities and our ability to reinforce the message that safeguarding is everyone's business.

We recognise the importance of raising and monitoring all reports of suspected or known abuse and our internal safeguarding arrangements reflect this. We have a single point of contact for staff to report concerns they may come across whilst carrying out their day to day business. We place a high importance on good record keeping, together with thorough monitoring and management of all concerns of suspected abuse and neglect. Safeguarding concerns are monitored centrally to ensure that the procedure has been followed and to identify any trends which may require a response in terms of procedure or service delivery. During 2017-18 we recorded 358 safeguarding concerns and worked collaboratively in delivering support services to the individuals, families, young people and children involved.

Our internal arrangements dovetail the partnership approach we take in delivering the Doncaster Adults Board's strategic plan 2016-19. We are represented fully at both strategic and operational levels, including the Board. Paul Tanney, Chief Executive of St Leger Homes, is a member of the Doncaster Safeguarding Adults Board and we are represented at various sub groups and task and finish groups by our designated safeguarding lead, who supports all work streams and also provides support in the development and delivery of the multi-agency training programmes.



During 2017–18, St Leger Homes was instrumental in delivering various pieces of work completed by the Board, sub groups and task and finish groups. These include:

- Developing and publishing a strategic plan setting out how the Board will meet their objectives and how their member and partner agencies will contribute
- Publication of an annual report detailing how effective the Boards work has been
- Commissioning Safeguarding Adults Reviews (SARs) for any cases which meet the criteria
- Review of the Communication and Engagement Strategy
- Review of the Keeping Safe Campaign
- Planning and facilitating the annual Keeping Safe Event, and the Safeguarding Fortnight Event
- Developing and implementing a strategy to embed making safeguarding personal in practice
- Delivery of the 'Safeguarding is everybody's business' awareness campaign
- Completion of Safeguarding Adults Reviews and Lesson Learnt (embedded into training/practice)
- Completion of Domestic Homicide Reviews and Lessons Learnt (embedded into training/practice)
- Developed the Doncaster Multi-agency Policy and Procedure for Self – Neglect and Hoarding (embedded into practice)
- Review and development of the Doncaster Domestic Abuse Strategy
- Board Peer Review
- Supported the multi-agency training programme (development and delivery)
- Awareness campaign on the additional categories of abuse introduced by the Care Act 2014, domestic abuse, sexual exploitation, modern day slavery and self-neglect
- Attendance at meetings and conferences in accordance with partnership arrangements, such as MARAC, MAPPA, best interest, self-neglect and professionals meetings

Plans and priorities in Safeguarding Adults in for 2018-19

St Leger Homes will continue to fulfil its safeguarding responsibilities to the highest standards by:

- Maintaining our commitment to improve quality of safeguarding and support for adults and families through partnership and influence.
- Continuing to build on our collaborative approach to safeguarding adults and continue to be a key partner in delivering the vision for Doncaster by contributing to the work of the Board, sub groups and task and finish groups.
- Continuing to deliver our rolling programme of safeguarding training and refresh training, for both our own staff and partners through the multi-agency training group.

South Yorkshire Fire and Rescue Service

South Yorkshire Fire and Rescue has completed a number of Self-Assessments and attended Challenge Meetings across the county to provide evidence and assurances that the service is compliant with statutory safeguarding requirements. An internal Safeguarding Executive Board and



Reference subgroup continues to provide internal governance and a number of related action plans demonstrate ongoing learning and improving in our multiagency working e.g. Child Fire Setters, Business Fire Safety relating to care homes, coordination of referrals from IDVAS and SYP Domestic Abuse Advisors and High (Fire Risk) Practice group.

A newly created Case Tracker can now be used for quarterly auditing and the adult related internal case-work has increased three fold in the last 4 years. Less than a third of cases meet the criteria for a Safeguarding Enquiry, the majority are concerns about health and wellbeing. A new SYFR Safeguarding Concern form together with an E-learning support package has been developed to enable the workforce to differentiate and gather information.

Over half of the cases are related to fire risks and self- neglect, SYFR has contributed to the development of the DSAB Hoarding and Self-Neglect policies

Plans and priorities in Safeguarding Adults in for 2018-19

The Safeguarding priorities for the coming 12 months are: -

- Preparation for HMICF&R Inspection – there is a specific theme of enquiry relating to the identification of those with vulnerabilities
- Ongoing preparation for General Data Protection Regulation (GDPR)
- Contribution to the National Fire Chief Council Safeguarding work stream

Doncaster College

Doncaster College has robust safeguarding with clear pathways and guidance for staff and students; ensuring timely responses to referrals. The College is student centred with a culture and ethos ensuring effective and consistent approach to safeguarding issues.

The College has partnerships with the Doncaster Safeguarding Adults Board and Children's Board, Sharing and Engagement, Workforce Development, and Educational Sub Groups and a member on the Sexual Health Partnership, Pause Strategic Board and Neglect Task groups.

There are also key partnerships with Local Authority SEND Team, South Yorkshire Police, Doncaster Police; Safer Stronger Doncaster Partnership, CAMHS and Adult Psychological Services emergency crisis teams along with the 18+ Children in Care Team. The College operates a welfare register which captures its students who present as most vulnerable including Section 47s.

Doncaster College prides itself on the links with priorities of Doncaster Safeguarding Adults Board strategic plan. This is delivered through educating students about risk taking behaviours within the cross College tutorial programme targeting; safe relationships, health and wellbeing, Child Sexual Exploitation, prevention, drugs and alcohol. The aim is preventive to help students learn how to be safe and stay safe.



There is an effective and embedded procedure for reporting and responding to safeguarding concerns with links to the Doncaster Local Area Designated Officer (LADO), South Yorkshire Police Community Liaison Officer (Safer Doncaster Team), Doncaster Social Care (Refer and Respond Service / Multi Agency Safeguarding Hub Early Help Pathway), Doncaster Housing for Young People, Vulnerable Adult Team and Public Protection Unit.

There is a zero tolerance to bullying and issues are dealt with immediately and appropriately whilst also encouraging students to report incidents, emphasising tolerance and good treatment of others. Positive behaviour is expected with a learning and behaviour policy to encourage students to take responsibility for their actions. Doncaster College core values are part of the strategy plan and management guidance and are included in all staff descriptions.

The College understands its duties and responsibilities under the Counter Terrorism Act (2015), which '*places a specific duty on specified authorities including Further and Higher Education to have due regard to the need to prevent people being drawn into terrorism*' in line with this the College has embedded staff training (Safeguarding training is 89.60% and Prevent Duty is 90.83% compliant; April 2018).

The College successfully completed the following external audits in 2016/17:

- Q3 Performance Summary for the Doncaster Safeguarding Adults Board
- Quarterly Gap Analysis for College Training for the Doncaster Safeguarding Children Board
- Joint Doncaster Safeguarding Children Board / Doncaster Safeguarding Adults Board Self-Assessment and Challenge Meeting

These demonstrated that the College has appropriate arrangements and partnerships to ensure that children, young people and vulnerable adults are effectively safeguarded and the College complies with local procedures and protocols.

Plans and priorities in Safeguarding Adults in for 2018-19

- To promote keeping safe to adult students accessing programmes within the College
- To facilitate staff training in the delivery of British Values to all curriculum staff
- To ensure the curriculum observation process takes account of British Values and its delivery across the College
- Identify student safeguarding champions (students taking ownerships of their own safety and also advocate where appropriate for others)
- Explore the idea of a Safer College Police Officer (though joint funding)
- Explore online training for safeguarding using the SOLA model that is used on the VLE for students
- Review training and development for staff; mindful of online learning and cohorts of specialised training for given staff (including vulnerable adults, modern slavery and Domestic Abuse)
- Develop online SOLA for staff responsibilities in the context of using social media and anti-bullying
- A whole College approach of an inclusive 'Safe College Space' – explore the promotion, delivery and impact on student body (including adult vulnerable students)



- Use data from safeguarding to facilitate and generate information for yearly safeguarding campaigns including making safeguarding personal
- To review NSPCC *Run, Hide, Tell* advice for students in the context of operational delivery
- Review emergency planning for violent events and consideration of training programme in relation to this
- Review support and safeguarding measure at Doncaster College for students returning to the UK from Syria and Iraq.

National Probation Service – South Yorkshire

Summary of the effectiveness of safeguarding activity undertaken during 2017-2018

- Ensure engagement at a local level with the Doncaster Safeguarding Adults Board to promote cooperation and consistency in relation to adult safeguarding to enhance/seek to improve provision for vulnerable offenders.
- All staff are suitably trained in relation to Adult Safeguarding all staff have completed level 1 Adult Safeguarding e-learning and all operational staff complete level 2 class room training.
- NPS have an identified divisional adult safeguarding lead.
- The identified Adult Safeguarding strategic lead is Sally Adegbembo, who has regularly attended and contributed to the Doncaster Safeguarding Adult Board during 2017/18.
- All Adult Safeguarding concerns are identified and flagged at pre-sentence report stage.
- National Probation Service disseminates the lessons learned from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice.

Plans and priorities in safeguarding adults for 2018-19

- Nationally, the Adult Safeguarding group is continuing to work towards the aims of the Adult Safeguarding 2017/19 Business Plan and in particular the development of updated Adult Safeguarding training. Divisionally an SPO Adult Safeguarding training email group has been established and the first “face to face” meeting of that group is scheduled to take place in September 2018. The purpose of that group is to promote and share best practice around the Division and to ensure that matters pertinent to the NPS agenda are included in local agendas e.g. meeting the needs of an ageing offender population.
- Contribute to the new Adult Safeguarding arrangement once new model agreed and implemented.
- Ensure all staff are suitably trained in relation to Adult Safeguarding all staff have completed level 1 Adult Safeguarding e-learning and all operational staff complete level 2 class room training, all staff repeat this training on a three yearly cycle.



VoiceAbility (Advocacy Service)

We have recently being asked to attend meetings as a member of the Doncaster Safeguarding Adults Board but after just one meeting have been able to actively contribute to the meeting and have input in to planning for the future to best safeguard vulnerable people in Doncaster. We actively raise safeguarding alerts when needed and work with the Safeguarding Team regarding checking and challenging when this happens. We also work closely with the Safeguarding Team and Board for Safeguarding Adult Reviews and support for safeguarding under Independent Care Act advocacy

Plans and priorities in Safeguarding Adults in for 2018-19

- Continue to check and challenge when safeguarding alerts made
- Support to quality check systems through SAR's
- Help the Board to recognise and consider when advocacy could/should be involved in safeguarding processes



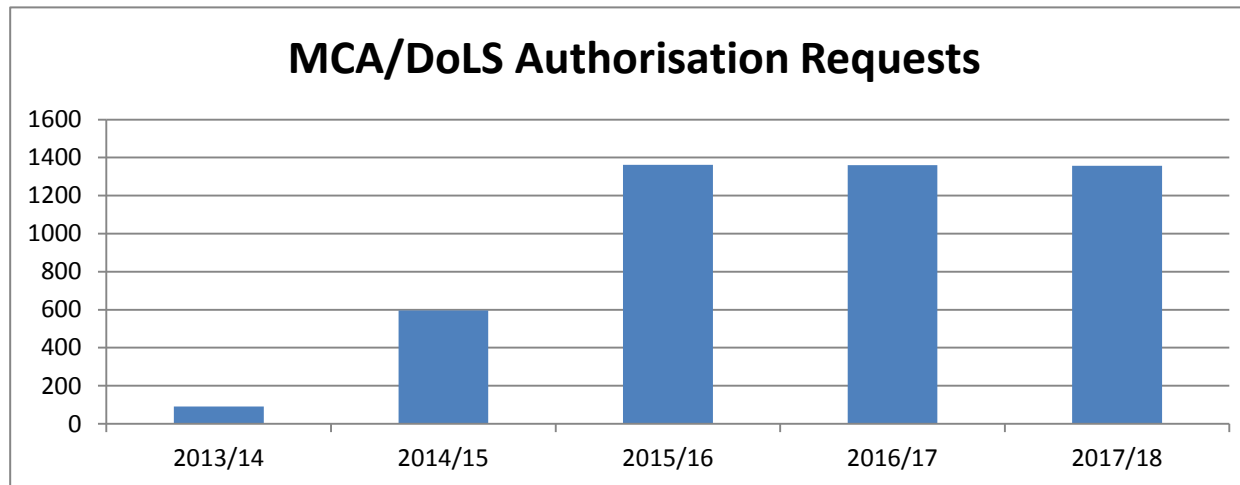
Mental Capacity Act

Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 and subsequent Deprivation of Liberty Safeguards 2007 became statutory from April 2009. On 19th March 2014 the interpretation of the law by the Supreme Court changed, which has had a dramatic impact on Councils nationally due to a significant increase in Deprivation of Liberty Safeguard authorisation requests with no additional resources nationally identified to meet the increased demand. The safeguards are there to ensure;

- A deprivation of liberty is a last resort
- Their care and treatment is in their best interest and least restrictive
- They have someone appointed to represent them
- The person is given the right of appeal
- The arrangements are reviewed and not continued for longer than necessary

Over the period of April 2017 to end of March 2018 there have been 1357 requested authorisations to deprive individuals of their liberty, this is a similar number when compared with 2016/17 figures.



In response DMBC have continued to target resources to deal with the significant increase in DOLS requests. The Doncaster MCA / DoLS Team provides a single point of contact for organisations, professionals and the public in relation to Deprivation of Liberty issues. For further information visit <http://www.doncaster.gov.uk/services/adult-social-care/raising-concerns> or email dols@doncaster.gov.uk



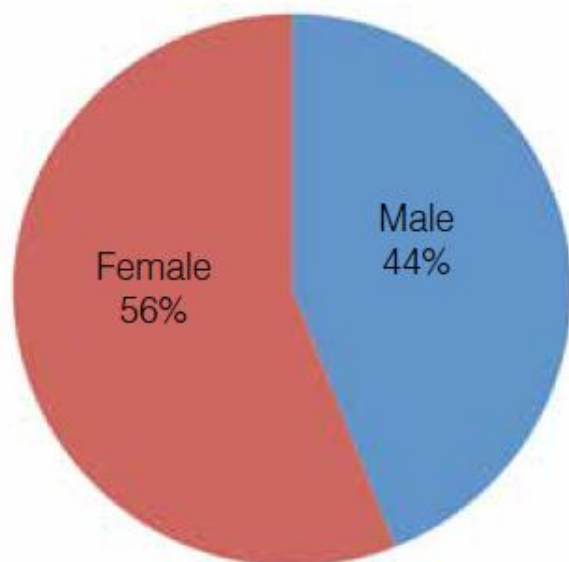
Monitoring Themes and Trends

Safeguarding Adults Activity 2017/18

In 2017/18 there were 127 less safeguarding concerns when compared with 2016/17, but an increase in Section 42 enquiries demonstrating a higher rate of conversions from safeguarding concerns to enquiries.

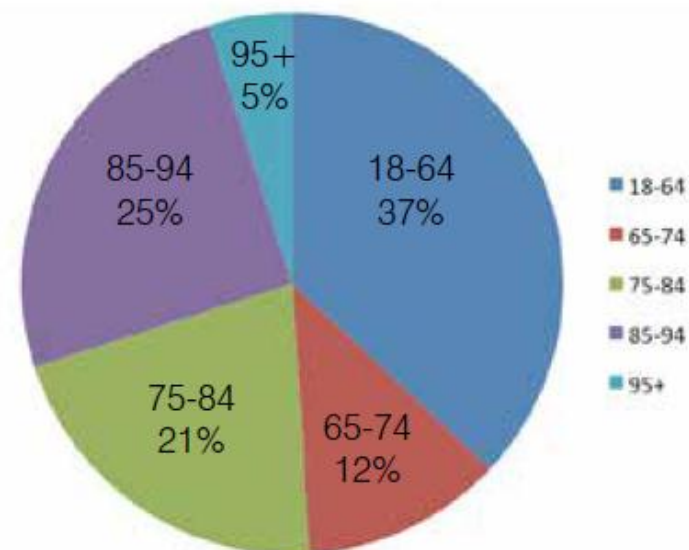
Measure	2017-18	2016-17
Safeguarding Concerns	2003	2130
Section 42 Safeguarding Enquiries	877	676

Safeguarding Enquiry by Gender 2017-18



The majority of the adults at risk were Female at 56% with a difference of 12% for Males at 44%.

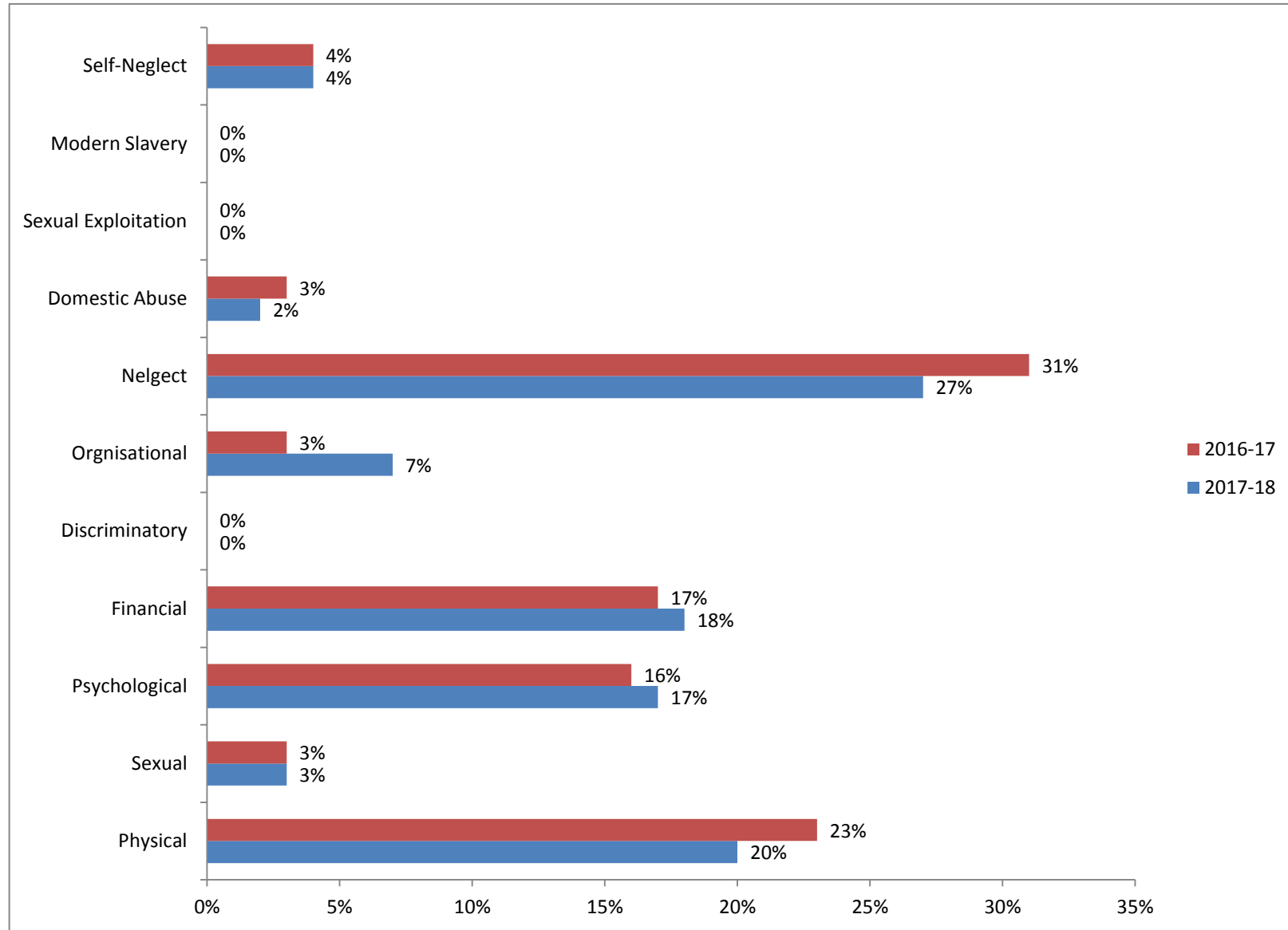
Safeguarding Enquiry by age band 2017-18



The majority of Safeguarding Enquiries carried out in 2017/18 were for adults aged over 65 years of age 63% of the total.



Safeguarding Enquiry by Type of Abuse 2017-18

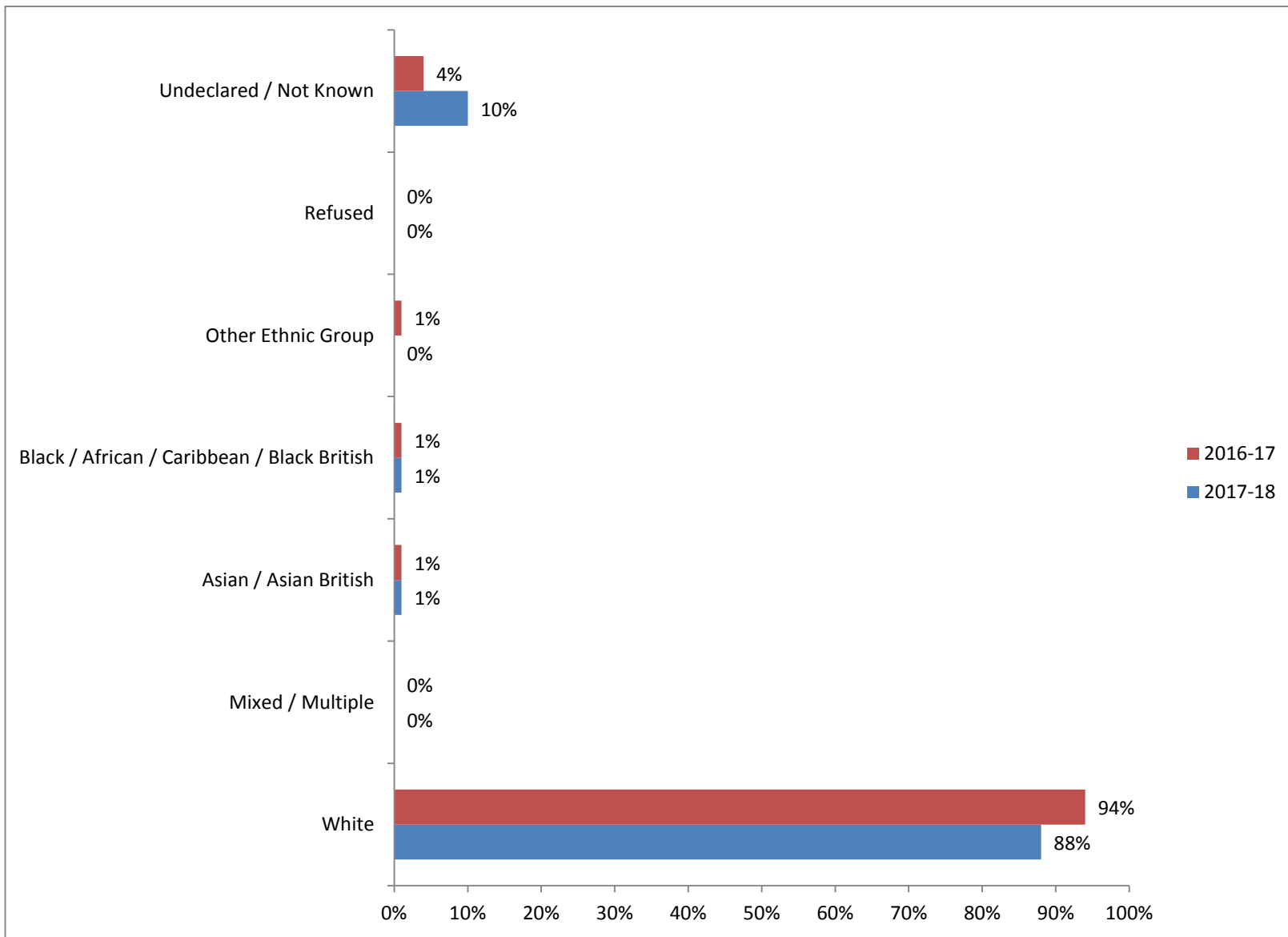


Neglect was most identified type of abuse in 2017/18 with 27%. Followed by Physical abuse at 20%, then Financial and Psychological abuse close behind at 18% and 17% respectively.

As shown on the graph to the right, these results are consistent with the trends previously demonstrated in 2016/17, with the exception of a rise in organisational abuse that occurred near the end of 2017.



Safeguarding Concerns by Ethnicity 2017-18



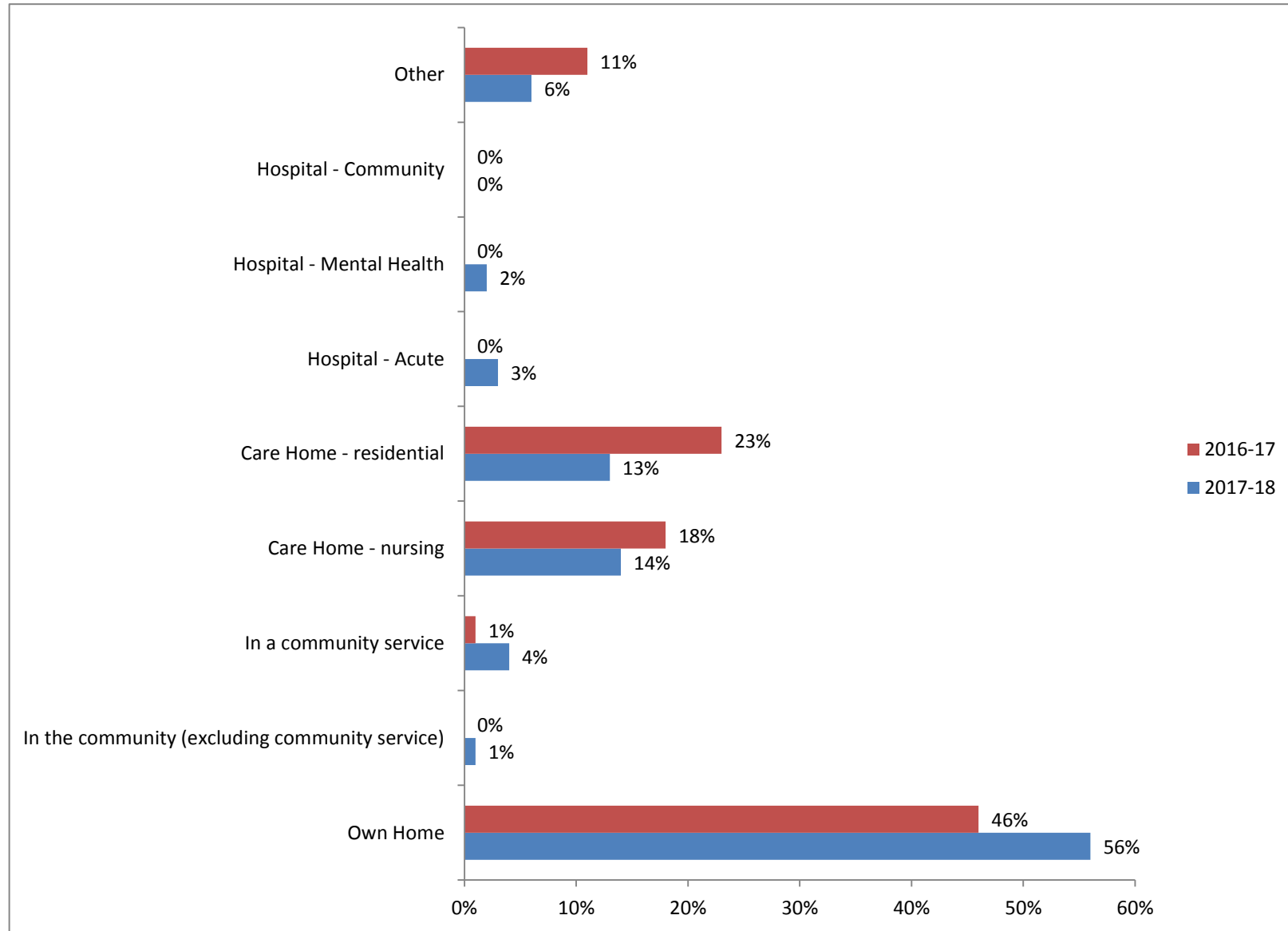
The majority of adults at risk were from a White British Background, making up 88% of the Safeguarding Enquiries.



Safeguarding Enquiry by Location of Risk 2017-18

The vast majority of safeguarding enquiries in 2017/18 related to adults living in their own homes in 56% of cases, this has increased by 10% from 2016/17.

Whereas safeguarding enquiries relating to adults living in Residential Care Homes saw the largest decrease with 13%, with a reduction of 10% compared to 2016/17.



Multi-agency Safeguarding Adults

Learning and Development

Multi-agency training courses are widely accessed by the Doncaster workforce with attendance high demonstrating a continued demand for multi-agency training. The training delivered over the year has had a real focus on embedding the Care Act 2014 and the principles of Making Safeguarding Personal. This has meant in a change in practice to focus on outcomes for adults at risk.

As we move forward we will continue to deliver training across Doncaster to ensure all agencies are equipped to undertake Section 42 Enquiries where appropriate. In addition a number of courses have been identified to address shortfalls in practice which have been identified through a training needs analysis. Below are attendance figures for 2017/18 for all Safeguarding Adults, MCA and DOLS courses.

Safeguarding Adults Courses Overall attendance -	DMBC	Independent/Voluntary	College	NHS/RDaSH	NPS	STLH	SYFR	SYP	Other
Safeguarding Adults – Enquirers Course	32	27	0	7	0	0	0	0	0
Safeguarding Adults – Raising Concerns	40	40	2	63	0	0	0	0	2
Safeguarding Adults – Coercive and Controlling Behaviour	8	0	0	2	5	1	1	2	0
Safeguarding Adults – Manager Training	1	0	0	11	0	0	0	0	0
Safeguarding Adults – Level 2 Basic Awareness	114	103	0	57	0	0	0	0	0
Safeguarding Awareness for PA's	0	0	0	0	0	0	0	0	4
Total	195	170	2	140	5	1	1	2	6

MCA/DOLS Courses Overall attendance -	DMBC	Independent/Voluntary	College	NHS/RDaSH	CCG
Assessing Capacity and Best Interest Decision Making	5	7	0	0	0
Complex decision making under the Mental Capacity Act	11	15	2	0	1
DOLS for Care Homes and Hospitals (Managing Authorities)	7	7	0	0	0
Introduction to DOLS – (Basic Awareness)	19	33	0	1	1
Judicial Deprivations of Liberty	3	4	0	0	0
Mental Capacity Act – Basic Awareness	45	90	1	6	4
Mental Capacity Assessments – Property and Affairs	4	0	0	0	0
Total	94	156	3	7	6

In addition to the above training, partners also deliver single agency safeguarding adults training.



Funding

Partner Agency Contributions for 2017/18	
DMBC – (Adult Social Care)	£118,330
CCG (including funding of Independent Chair)	£106,180
SY Police Crime Commissioner	£5,000
Total income	£229,510
Total Spend	£157,524
Total underspend	£71,986



Partners Attendance

2017/18

Board Attendance – 4 meetings held

Agency	Attendance
Independent Chair	100%
DMBC	100%
SYP	50%
DCCG	100%
Board Support Unit	100%
HMPS	75%
RDASH	100%
DBHFT	100%
SYF&R	25%
St Leger Homes	100%
NHS England	50%

Share and Engage sub group - 6 meetings held

Agency	Attendance
Chair/Deputy/Healthwatch Doncaster	100%
DMBC	83%
SYP	0%
DCCG	0%
Board Support Unit	100%
RDASH	17%
SYF&R	0%
St Leger Homes	100%

Prepare Group – 3 meetings held

Agency	Attendance %
Independent Chair	100%
DMBC	66%
SYP	66%
DCCG	100%
Board Support Unit	100%

Quality and Performance sub group - 6 meetings held

Agency	Attendance %
Chair/Deputy/DCCG	100%
DMBC	100%
SYP	0%
Board Support Unit	100%
RDASH	67%
DBHFT	67%

Review and Learning sub group - 6 meetings held

Agency	Attendance %
Chair/Deputy/SYP	100%
DMBC	100%
DCCG	100%
Board Support Unit	100%
RDASH	67%
DBHFT	67%



To report a safeguarding adults concern

Adult Contact Team: 01302 737391 (option 3 for safeguarding)

Police: Non-emergency 101 | Emergency 999

Care Quality Commission (CQC): 03000 616161

Emergency Out of Hours: 01302 796000

07786 220 022 (SMS) If you are deaf, hard of hearing or speech impaired

Deaf Community: SMS text 07979 031116

(SMS) Police non-emergency SMS 07786 220022

You can also make a referral online using the DMBC website at:

<http://www.doncaster.gov.uk/doitonline/reporting-a-safeguarding-concern>



Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 15 November 2018

Subject: Air Quality Annual Status Report 2018

Presented by: Lisa Croft

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	x

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	N
	Mental Health	N
	Dementia	N
	Obesity	N
	Children and Families	N
Joint Strategic Needs Assessment		N
Finance		N
Legal		Legal Order Required.
Equalities		N
Other Implications (please list)		Wider determinants of health.

How will this contribute to improving health and wellbeing in Doncaster?
<p>The evidence between poor air quality and health is becoming increasingly strong. Conditions such as COPD, dementia, asthma, stroke and low birth weights are some of those recently linked to poor air quality. The monitoring of air quality is important to understand where those health impacts are most likely to be felt and to measure the impact of Doncaster's Strategies, Development and Growth on air quality and identify actions to contribute to improved air quality and therefore health outcomes.</p> <p>Doncaster Council has a statutory duty to review and assess air quality in the Borough. Doncaster Council is required to submit a report each year, the report contains new information regarding air quality monitoring, developments and updated progress on measures to improve air quality along with any other information that is relevant to air quality in Doncaster.</p>

There are seven areas where air quality is poor and these areas are legally defined as Air Quality Management Areas (AQMAs). Nitrogen dioxide is the pollutant of concern in these locations and is a result of road transport.

The key findings of this year's report are:

- The area of Marr will need to be identified as an Air Quality Management Area due to increased levels of nitrogen dioxide. A legal order will be required to implement this.
- Numerous monitoring sites over the last year have seen air quality worsen; longer term data still shows a slight downward.
- Progress on the measures in the action plan are ongoing.

Recommendations

The Board is asked to note the conclusions of the Annual Status Report 2018.



Doncaster Council

2018 Air Quality Annual Status Report (ASR)

In fulfilment of Part IV of the
Environment Act 1995
Local Air Quality Management
June, 2018

Local Authority Officer	Lisa Croft
Department	Regulation and Enforcement
Address	Civic Office, Waterdale, Doncaster, DN1 3BU
Telephone	01302 737579
E-mail	Lisa.croft@doncaster.gov.uk
Report Reference number	ASR2018
Date	30.06.18

Executive Summary: Air Quality in Our Area

Air Quality in Doncaster

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^{1,2}.

The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion³.

There are seven areas of poor air quality in Doncaster, these Air Quality Management Areas (AQMAs) are declared due to the pollutant nitrogen dioxide. There are no other pollutants in Doncaster that exceed the air quality objectives. A decline in concentrations over the last 5-10 years can be observed in places however parts of the Borough continue to exceed, while a small number of areas do not show signs of the improvement expected nationally.

The 7 AQMAs are located near busy roads in the following areas; Town Centre along Church Way, Balby A630, Hyde Park along Carr House Road A18, Bawtry Road M18/A638, Conisbrough A630/Low Road, Skellow along the A1 and Hickleton A635. A new action plan is in place and will be published on Doncaster Council's website in due course.

The findings of this report conclude there are no new major sources of emissions identified in the Borough however monitoring will continue. New proposals requiring planning permission are expected to mitigate emissions in line with current best practice, to mitigate air quality impacts.

Actions to Improve Air Quality

The action plan is implemented and while all measures have not yet been started a number are well underway.

¹ Environmental equity, air quality, socioeconomic status and respiratory health, 2010

² Air quality and social deprivation in the UK: an environmental inequalities analysis, 2006

³ Defra. Abatement cost guidance for valuing changes in air quality, May 2013

The main activity through-out 2017 focussed on funded measures such as cycling and walking and a bid was submitted for retrofitting buses to improve emissions.

The ECOstars scheme is now continuing following concerns that funding would be withdrawn in 2018. The scheme is currently under a tendering process and will re-start in summer 2018. Doncaster Council will propose that focus is on the local HGV fleets operating in the Borough that we do not currently have engagement with. In addition it is hoped that a Taxi scheme can be devised to stimulate engagement with Doncaster's Hackney and Private Hire Vehicles.

The technical planning guidance, based heavily on the West Yorkshire Technical Planning Guidance, has been trialled for use within the Pollution Control section for our assessment of air quality from developments. There are still some difficulties obtaining appropriate mitigation for large developments with a push under the NPPF to reduce conditions. The use of EV charging has been a successful mitigation technique however there will need to be careful consideration on how these are applied in future.

Conclusions and Priorities

The report confirms that there continues to be air quality issues across parts of the Borough and that the AQMA designations remain in place. There are some locations where air quality does not appear to be improving in line with predictions and interventions will need to be considered to achieve compliance within the coming years.

A small number of sites have been found to exceed the nitrogen dioxide objective outside of the AQMAs, of these one area will require designating as an AQMA. This area is Marr along the A635 and it is proposed, subject to approval, that declaration be fast tracked. An amendment to the current AQMA7 will be considered as the exceedance is a result of the same stretch of road – the A635.

Doncaster Council needs to prioritise engaging with partners who can bring forward more innovative and significant measures to tackle poor air quality in certain parts of the Borough.

Local Engagement and How to get involved

Doncaster Council publishes the ASR and Action Plan on its website. Daily air quality information is published via websites, twitter, newspapers and on local radio as a way to inform residents, schools and businesses of the current levels of air quality. Doncaster Council also engages with a small number of Parish Councils and residents on air quality matters specific to their areas.

A steering group, made up of departments from across the Council, oversees the production and implementation of the Air Quality Action Plan. This group will be widened out to involve other stakeholders over the coming year. The Council currently engages with the South Yorkshire Passenger Transport Executive and as such the bus operators, Sheffield City Region and individual South Yorkshire Councils and to some extent Highways England. Doncaster Council is also an active member of the Yorkshire and Lincolnshire Pollution Advisory Group (YALPAG).

The Council has presented at a Parish Council meeting and will continue to engage with interested parties as the opportunities arise. A briefing note on air quality in Doncaster will be produced for the local Chamber of Commerce to develop business engagement.

Local residents, businesses and organisations are key to improving air quality. Individuals can improve air quality by considering the mode of travel they choose carefully, considering purchasing vehicles with the best environmental benefits where possible, sharing knowledge and reducing domestic emissions by considering the impact of choices of heating on the local environment.

Further information can be obtained via www.doncaster.gov.uk or by the contact details at the front of this report.



(School anti-idling promotional work, Doncaster, 2017)

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1 Local Air Quality Management

This report provides an overview of air quality in Doncaster during 2017. It fulfils the requirements of Local Air Quality Management (LAQM) as set out in Part IV of the Environment Act (1995) and the relevant Policy and Technical Guidance documents.

The LAQM process places an obligation on all local authorities to regularly review and assess air quality in their areas, and to determine whether or not the air quality objectives are likely to be achieved. Where an exceedance is considered likely the local authority must declare an Air Quality Management Area (AQMA) and prepare an Air Quality Action Plan (AQAP) setting out the measures it intends to put in place in pursuit of the objectives. This Annual Status Report (ASR) is an annual requirement showing the strategies employed by Doncaster Council to improve air quality and any progress that has been made.

The statutory air quality objectives applicable to LAQM in England can be found in Table E.1 in Appendix E.

2 Actions to Improve Air Quality

2.1 Air Quality Management Areas

Air Quality Management Areas (AQMAs) are declared when there is an exceedance or likely exceedance of an air quality objective. After declaration, the authority must prepare an Air Quality Action Plan (AQAP) within 12-18 months setting out measures it intends to put in place in pursuit of compliance with the objectives.

A summary of AQMAs declared by Doncaster Council can be found in Table 2.1. Further information related to declared or revoked AQMAs, including maps of AQMA boundaries are available online at https://uk-air.defra.gov.uk/aqma/local-authorities?la_id=80. Alternatively, see Appendix D: Map(s) of Monitoring Locations and AQMAs, which provides a map of air quality monitoring locations in relation to the AQMA(s).

We propose to amend AQMA7 to encompass a further exceedance in the village of Marr (see monitoring section).

Table 2.1 – Declared Air Quality Management Areas

AQMA Name	Date of Declaration	Pollutants and Air Quality Objectives	City / Town	One Line Description	Is air quality in the AQMA influenced by roads controlled by Highways England?	Level of Exceedance (maximum monitored/modelled concentration at a location of relevant exposure)				Action Plan		
						At Declaration	Now	Name	Date of Publication	Link		
AQM A1	Declared August 1st 2001	NO2 Annual Mean	Doncaster	An area along Church Way through the town centre of Doncaster encompassing the main shopping precinct, transport interchange, college and residential properties.	NO	53	µg/m3	41	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public

AQM A2	Declared August 1st 2001	NO2 Annual Mean	Doncaster	An area along the A630 from Balby to the A1 at Warmsworth encompassing residential properties.	YES	53	µg/m3	52	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public
AQM A3	Declared August 1st 2001	NO2 Annual Mean	Doncaster	An area encompassing residential properties along the A18.	NO	43	µg/m3	39	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public
AQM A4	Declared June 1st 2003	NO2 Annual Mean	Doncaster	An area encompassing a residential estate following the M18 where it crosses the A638.	YES	43	µg/m3	43	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public
AQM A5	Declared April 1st 2012	NO2 Annual Mean	Doncaster	A residential area along the A630 in Conisbrough including the junction with Low	YES	49	µg/m3	46	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public

				Road.								
AQM6	Declared December 1st 2013	NO2 Annual Mean	Doncaster	A residential area along the A1.	YES	51	µg/m3	53	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public
AQM7	Declared February 1st 2014	NO2 Annual Mean	Doncaster	A village with residential properties along the A635.	YES	86	µg/m3	106	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public
AQM7	Declared February 1st 2014	NO2 1 Hour Mean	Doncaster	As above	YES	95	µg/m3	100	µg/m3	Doncaster Air Quality Action Plan 2017 (Draft)	Jun-17	http://www.doncaster.gov.uk/services/environmental/air-quality-reports-available-to-the-public

Doncaster Council confirm the information on UK-Air regarding their AQMA(s) is up to date.

2.2 Progress and Impact of Measures to address Air Quality in Doncaster

Defra's appraisal of last year's ASR concluded that based on the evidence provided the conclusions of the ASR submitted in 2017 were acceptable. Detailed commentary included recommending further monitoring to be established in the current AQMAs to explore revocation. Monitoring studies have been implemented in 2 AQMAs so far and a full 12 months data will be available towards the end of 2018. Once complete further studies will be conducted in other AQMAs where the possibility of revocation should be investigated.

The Air Quality Action Plan 2016 was also appraised and comments made including observations regarding lack of source apportionment and the need for more detailed quantification of the measures detailed within the plan. The source apportionment exercise was included in the appendices originally but is now in the main body of the document. Additionally, as part of Doncaster Councils partnership working with other Authorities, the Yorkshire and Lincolnshire Pollution Advisory Group (YALPAG), a question was posed to the LAQM helpdesk to further establish a method for quantifying measures for action planning across the region. The resulting response, included in Appendix C, has been used to quantify the measures put forward in the air quality action plan.

The Action Plan is considered a working document, while there are a limited number of measures contained within the current plan, the original plan from 2003 contained over 50 measures. Many of these measures were successfully completed and have therefore not been retained within the new plans, however they remain in place and therefore should be considered when reviewing the Councils action on air quality. The toolkit of measures within LAQM.TG(16) was used as a basis for developing measures that a local authority has at its disposal to improve air quality. Since the 2003 plan 33 out of the 51 measures contained within the guidance have been implemented in Doncaster, many of those not implemented require outside partners to bring forward measures. It is therefore noted that Doncaster Council will need to engage these bodies and organisations in the AQAP Steering Group.

Doncaster Council has taken forward a number of direct measures during the current reporting year of 2017 in pursuit of improving local air quality. Details of all measures completed, in progress or planned are set out in Table 2.2.

More detail on these measures can be found in their respective Action Plans.

Progress is briefly described in Table 2.2, while all the measures have not yet begun a number are well underway. The principal challenges and barriers to implementation that Doncaster Council anticipates facing are resource issues and ability to access funding - much of which is limited, due to the need to prioritise Clean Air Zone authorities to funding streams such as Clean Bus Technology Fund.

Doncaster Council expects the following measures to be completed over the course of the next reporting year: Fuelling Change Campaign, ECOstars and the Technical Policy Guidance implementation.

ECOstars funding doubts led to a slowing down of activity towards 2018 however new contracts are to be awarded in summer 2018. This includes provision for a Taxi scheme in South Yorkshire and a view to renew focus on Doncaster based HDV fleets.

The technical planning guidance documents are now finalised and Pollution Control have trialled its use for screening planning proposals internally. The process is successful in considering the wider emissions increase of development and provides the basis for mitigation across a range of sites. In particular supporting the provision of EV charging in developments.

Progress on the Fuelling Change Campaign has been slower than expected due to new legal requirements placed on drawing up contracts for partnership working. The procurement process is however due to start in July with contract awards likely in September 2018. An electric demonstration vehicle has been purchased and is currently put to awareness raising use within the Council.

Doncaster Council's priorities for the coming year are to engage partners to explore measures that the Council cannot deliver.

Doncaster anticipates, using basic quantification of the AQAP that if all the measures of the AQAP are implemented a reduction of nitrogen dioxide of between $7.5\mu\text{g}/\text{m}^3$ and $10\mu\text{g}/\text{m}^3$ could in theory be achieved. Therefore the measures stated above and

in Table 2.2 can potentially achieve compliance in AQMA1, 2, 3, 4 and 5 by the end of 2022.

Whilst the measures stated above and in Table 2.2 will help to contribute towards compliance, Doncaster Council anticipates that further additional measures not yet prescribed will be required in subsequent years to achieve compliance and enable the revocation of AQMA6 and AQMA7.

Table 2.2 – Progress on Measures to Improve Air Quality

Measure No.	Measure	EU Category	EU Classification	Organisations involved and Funding Source	Planning Phase	Implementation Phase	Key Performance Indicator	Reduction in Pollutant / Emission from Measure	Progress to Date	Estimated / Actual Completion Date	Comments / Barriers to implementation
1	Fuelling Change Campaign	Public Information	Via other mechanisms	Doncaster Council (Defra Funded)	April - June 2017	July 2017 - March 2018	No. of views of video and webpages	Low	Legal contracts between partner authorities still ongoing - no estimate for completion given. Defra have agreed that we can roll over spend but we must update them frequently between progress reports.	March 2018	Procurement and Supplier Issues
2	ECO stars Fleet Recognition Scheme	Vehicle Fleet Efficiency	Fleet efficiency and recognition schemes	South Yorkshire Steering Group (Access Fund)	pre-2016	July 2017 - March 2020	No. of scheme members.	Low	SCR rejected bid for funding scheme. Defra funding bid successful. Procurement of contracts underway.	Mar-19	Funding streams ceasing.
3	Air Quality Planning and Technical Guidance	Policy Guidance and Development Control	Air Quality Planning and Policy Guidance	Doncaster Council (Environmental Protection Budget)	April 2017 - June 2017	July 2017 - June 2020	% of applications with air quality mitigation included.	Low	Being used as standard guidance in Pollution Control.	June 2020	Buy-in from Development Control. Conflict with NPPF conditions test.
4	Clean Air Plans	Promoting Low Emission Transport	Low Emission Zone (LEZ)	Defra/ Doncaster Council (Defra Funded)	August 2017 - December 2019	44166	TBC	High	33 authorities in addition to those already requiring a CAZ need to provide more information. Doncaster is considered to be achieving and therefore no funding directly available.	December 2020	Subject to funding and need.

5	Sustainable Travel Access Fund Projects	Promoting Travel Alternatives	Promotion of cycling	SCR (Access Fund)	Pre- April 2017	May 2017 - March 2018	TBC	Low	4 Areas of work - Dr Bike serviced 487 bikes. Adult and family cycle training - 282 attendees. Cycle package - 14 sessions and active travel schools.	March 2018	
6	Investigate emission standards via taxi licensing	Promoting Low Emission Transport	Taxi Licensing conditions	Doncaster Council - Licensing (Doncaster Council Funded)	July 2017 - July 2018	April 2019	% increase in Euro VI and ULEV licensed taxis	Medium	Licensing conditions have no specific date for refresh and therefore if necessary and required can be done for emissions at any time.	April 2020	Financial impacts.
7	Future Transport (Fleet) Policy	Promoting Low Emission Transport	Public Vehicle Procurement - Prioritising uptake of low emission vehicles	Doncaster Council - Transport (Doncaster Council Funded)	April 2017 - April 2018	May 2018 - March 2020	% Fleet as Diesel/ Petrol/ ULEV/ Hybrid.	Medium	% fleet 96/1/0.1/1.5	Policy in place Summer 2018	Funding availability and availability to appropriate technology.
8	20mph Speed Limits	Traffic Management	Reduction of speed limits, 20mph zones	Doncaster Council - Safer Roads Team (Doncaster Council Funded)	June 2017	July 2017 - March 2020	Speed Survey Results	Low	Legal Traffic Regulation Orders (TROs) drafted. Consultation - TRO proposals currently advertised on site, in local press and on website inviting comments (statutory process). Preliminary signing/road marking designs in progress.	March 2020	Funding being withdrawn.
9	Co-ordination of road works on key routes	Traffic Management	Other	Doncaster Council - Highways (Doncaster Council Funding)	July 2017 - September 2017	October 2017 - December 2017	Reduction in journey time on key routes	Low	New software – contact live from January 2018. Roadwords.org.	March 2020	Introduction of enhanced coordination software and dissemination of disruption to road user.
10	Cycling Strategy	Promoting Travel Alternatives	Promotion of cycling	Doncaster Council - Transportation (Doncaster Council Funded)	Adopted 2013	2013 - 2020	<ul style="list-style-type: none"> • numbers of people cycling • number of journeys by bicycle • improve health by increasing cycling as part 	Low	New cycling route – IPORT to Woodfield Plantation – will be monitored for use. Investment in Trans-Pennine route – double usage and was a success.	March 2020	Funding and uptake

Doncaster Council

							of everyday life		Strategy presented to Exec board today.		
11	Quality Bus Partnership	Promoting Low Emission Transport	Other	Doncaster Council (Bus Operator Funding)	Doncaster Council-Transportation	2016	<ul style="list-style-type: none"> •Reduce and limit traffic congestion and thereby air through investment in higher Euro Engine specifications • Provide high quality choice for those with use of a car • Reduce environmental impact 	Low	CBTF bid submitted however not successful because we cannot meet the air quality requirements of the bid. The reason provided is that we reach compliance already with regard to national modelling - the AQMAs were not counted for the criteria.	March 2020	Partnership maintains commitments. Funding. Accessibility and profitability issues.
12	Investigate green barriers	Other	Other	Doncaster Council – Environmental Protection	January – December 2018	n/a	n/a	Medium	Not currently feasible with resources available, several articles have been reviewed with mixed results about the effectiveness of such measures. LC has flagged up to Highways England but not supported.	June 2020	Evidence to support impact being available. Funding and resources.
13	Parking Strategy	Policy Guidance and Development Control	Other policy	Doncaster Council - Transportation	2018	Jan-19	TBD e.g.no of spaces or no. of EV charging installed	Low	Developing evidence for parking provision across town centre.	June 2020	Parking is currently underutilised therefore plans to consolidate parking under strategy being developed.
14	Walking Strategy	Alternatives to private vehicle use	Other	Doncaster Council - Transportation	2018	Jan-19	TBC	Low	Strategy at Cabinet in June 2018.	June 2020	Two aspects of walking for function and pleasure.
15	Highways Planned Maintenance Scheme	Traffic Management	Other	Doncaster Council - Highways	Early 2018	Summer 2018	No. of works co-ordinated	Low	Apply AQMA status to scheme value management criteria.	June 2020	None.

	Priority										
16	Procurement	Policy Guidance and Development Control	Sustainable Procurement Guidance	Doncaster Council - Procurement	2018	2019	TBC	Medium	Example guidance forwarded to Senior Procurement Officer.	June 2020	Availability of Procurement Officers.

2.3 PM_{2.5} – Local Authority Approach to Reducing Emissions and/or Concentrations

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

The Public Health Framework indicator for Doncaster obtained from the Public Health website in 2018 stands at 5% which is lower than the national average.

No monitoring data is available locally and no national monitoring is carried out within the Borough.

PM₁₀ data can be used to estimate PM_{2.5} following guidance in TG(16). A national ratio can be used in the absence of a suitable local site; applying this ratio to PM₁₀ monitoring in Doncaster produced the following results for PM_{2.5};

Carr House Road, Doncaster – 12.2 µg/m³.

Market Place, Doncaster – 12.4 µg/m³.

Low Road, Conisbrough – 13.2 µg/m³.

These concentrations appear to generally agree with national modelling, if a little higher.

National modelling suggests that concentrations are low across Doncaster. The highest concentration in 2017 was 10.83µg/m³ close to the M18 in the south-west of Doncaster close to the border with Rotherham.

In an attempt to tackle emissions Doncaster Council is taking the following measures to address PM_{2.5}:

- Smoke Control Orders are in place across Borough with complaint led enforcement
- Promotion of ULEV, modal shift and active travel in the AQAP
- Public Health Action Plan (see appendices).

Many of these measures are contained within Doncaster Councils current and previous AQAP and while aimed primarily at reducing nitrogen dioxide concentrations will also have a beneficial impact on particulate emissions.

While concentrations are low and do not indicate a need to monitor specifically for PM_{2.5} it is acknowledged that it is a non-threshold pollutant and a review of monitoring will take place as funding for new monitoring becomes available.

3 Air Quality Monitoring Data and Comparison with Air Quality Objectives and National Compliance

3.1 Summary of Monitoring Undertaken

3.1.1 Automatic Monitoring Sites

This section sets out what monitoring has taken place and how it compares with objectives.

Doncaster Council undertook automatic (continuous) monitoring at 6 sites during 2017. Table A.1 in Appendix A shows the details of the sites.

National monitoring results are available at https://uk-air.defra.gov.uk/networks/site-info?uka_id=UKA00612.

Maps showing the location of the monitoring sites are provided in Appendix D. Further details on how the monitors are calibrated and how the data has been adjusted are included in Appendix C.

3.1.2 Non-Automatic Monitoring Sites

Doncaster Council undertook non- automatic (passive) monitoring of NO₂ at 59 long-term sites during 2017. Table A.2 in Appendix A shows the details of the sites.

Maps showing the location of the monitoring sites are provided in Appendix D. Further details on Quality Assurance/Quality Control (QA/QC) for the diffusion tubes, including bias adjustments and any other adjustments applied (e.g. “annualisation” and/or distance correction), are included in Appendix C.

3.2 Individual Pollutants

The air quality monitoring results presented in this section are, where relevant, adjusted for bias, “annualisation” and distance correction. Further details on adjustments are provided in Appendix C.

3.2.1 Nitrogen Dioxide (NO₂)

Table A.3 in Appendix A compares the ratified and adjusted monitored NO₂ annual mean concentrations for the past 5 years with the air quality objective of 40µg/m³.

For diffusion tubes, the full 2017 dataset of monthly mean values is provided in Appendix B.

Table A.4 in Appendix A compares the ratified continuous monitored NO₂ hourly mean concentrations for the past 5 years with the air quality objective of 200µg/m³, not to be exceeded more than 18 times per year.

Year on year data analysis must be undertaken with caution as a number of measures may influence a brief change in concentrations which is not sustained over longer term trends, however an overview from the previous year may highlight areas where future monitoring should focus.

A large number of non-automatic monitoring results increased from 2016, some of which were significant. DT7 has increased by 8µg/m³, from below to above the objective, this site is located near to the new link road – Great Yorkshire Way – where the carriage way and junction is likely to have led to increased flows and standing traffic at this location. The site has now been removed due to accessibility issues and a location closer to relevant exposure will be identified so that this increase can be properly considered. Currently using the distance corrector and following procedure Paragraphs 7.77-7.79 in LAQM.TG(16) this site does not exceed at property façade.

Reviewing the data for 2017 it should be noted in most cases the exceedance's shown in Table A.3 are located within the existing AQMAs and confirm that these designations remain valid.

DT4, DT7, DT14, DT49, DT50 and DT56 exceed at locations outside of an AQMA, however only 2 remain close to or above the objective at property façade. The rest do not exceed at locations where there is relevant exposure and no further action is required. Monitoring will continue at all these locations.

DT49 is located in Marr which is east of AQMA7 on the same main road between Barnsley and Doncaster, the A635. Concentrations have on a number of occasions exceeded at roadside and continue to do so when corrected to facade using the procedure laid down in LAQM.TG(16). Further monitoring has been sited (DT58 and DT59), the results confirm that there are non-compliant concentrations where relevant exposure exists. An AQMA designation will be required. Modelling will be carried out to define the boundary however considering the proximity to AQMA7 it is

likely that an amendment could be made to encompass this area. It is proposed that a fast-track AQMA, subject to approval will be the preferred option and shall be in place within 12 months.

DT50 has hovered around the objective but when distance corrected remains below the objective, a review of the site of this monitoring point may be required to ensure this reflects the worst case location.

Automatic data remains a concern with the aging instrumentation and some issues with communications, therefore while data ratification and annualisation procedures have been followed and all data included for completeness I would not at this time base any decisions on automatic data alone. Fortunately the information is complimented with a comprehensive network of non-automatic monitoring which support the conclusions made regarding AQMA designation.

In last year's ASR recommendations were made to carry out further monitoring to investigate whether revocation could be considered in 3 of the AQMAs. Monitoring began in winter of 2017 and so a full years data has not yet been obtained and will be reported in the next ASR. Data collected so far has been included in the appendices. This data indicates that a number of non-compliant locations remain where relevant exposure exists and revocation of the AQMA will not be possible. The raw data for these studies have been included in Appendix C.

There are three non-automatic sites with annual means above $60 \mu\text{g}/\text{m}^3$ indicating that the 1-hour mean could be exceeded, each of these are located within an AQMA declared for non-compliance of both the annual and hourly mean – AQMA7. Automatic monitoring trends show no exceedances, beyond those allowed within the objective, of the hourly mean since 2013.

Trend graphs have been produced for each individual AQMA and a selection of sites outside the AQMAs.

In general the trend overall is a slight downward one over the last 5 or 10 years depending on the dataset available. The exception to this is AQMA 7 and to a lesser extent some sites in AQMA 6, in these AQMAs the trend shows a slight increase at most locations with significant increases at some monitoring locations.

The trend downward is not as significant as the national forecast predict, using the tool advised by Defra to forecast when compliance will be achieved many of the

AQMAs are expected to reach compliance before 2020, the current monitored data does not support this but the new AQAP is in place and continued monitoring will confirm whether this prediction will prove accurate.

3.2.2 Particulate Matter (PM₁₀)

Table A.5 in Appendix A compares the ratified and adjusted monitored PM₁₀ annual mean concentrations for the past 5 years with the air quality objective of 40µg/m³.

Table A.6 in Appendix A compares the ratified continuous monitored PM₁₀ daily mean concentrations for the past 5 years with the air quality objective of 50µg/m³, not to be exceeded more than 35 times per year.

There are no AQMAs designated for PM₁₀ in Doncaster.

Monitoring continues to support that conclusion, and regularly identifies concentrations well below the objective for both annual and daily means.

Site CM5 is the most suitable in terms of relevant exposure and is only 48% of the objective and therefore unlikely to exceed at roadside.

The trend graphs show a steady decrease over the past 5 years.

3.2.3 Particulate Matter (PM_{2.5})

Doncaster Council has not carried out any PM_{2.5} monitoring in 2017. Section 2.3 details predicted PM_{2.5} concentrations within Doncaster using recognised methods.

3.2.4 Sulphur Dioxide (SO₂)

Doncaster Council has not carried out SO₂ monitoring in 2017.

Previous monitoring and rounds of assessment indicated that concentrations of SO₂ were well below the objectives due to interventions related to domestic emissions.

Therefore it was deemed suitable to cease monitoring.

Appendix A: Monitoring Results

Table A.1 – Details of Automatic Monitoring Sites

Site ID	Site Name	Site Type	X OS Grid Ref	Y OS Grid Ref	Pollutants Monitored	In AQMA ?	Monitoring Technique	Distance to Relevant Exposure (m) ⁽¹⁾	Distance to kerb of nearest road (m) ⁽²⁾	Inlet Height (m)
CM1	Unit 1 A18 Carr House Road	Roadside	458027	402475	NO ₂ ; PM ₁₀	Y	Chemiluminescent Analyser; TEOM	4	1.7m	3
CM2	Unit 3 Market Place	Urban centre	457669	403611	NO ₂ ; PM ₁₀	Y	Chemiluminescent Analyser; TEOM	30.7	20m	3
CM3	Unit 4 A1/A630 Grosvenor Terrace	Roadside	454964	400745	NO ₂	Y	Chemiluminescent Analyser	15.7	7.3m	3
CM4	Unit 6 A638 Bawtry Road	Roadside	462278	400111	NO ₂	Y	Chemiluminescent Analyser	20	2.2m	3
CM5	Unit 10 A6023 Low Road, Conisbrough	Roadside	451438	398528	NO ₂ ; PM ₁₀	Y	Chemiluminescent Analyser; TEOM	17	2.95m	2
CM6	A1, Skellow	Roadside	452185	410380	NO ₂	Y	Chemiluminescent	11	2.5m	2

Notes:

(1) 0m if the monitoring site is at a location of exposure (e.g. installed on the façade of a residential property).

(2) N/A if not applicable.

Table A.2 – Details of Non-Automatic Monitoring Sites

Site ID	Site Name	Site Type	X OS Grid Ref	Y OS Grid Ref	Pollutants Monitored	In AQMA?	Distance to Relevant Exposure (m) ⁽¹⁾	Distance to kerb of nearest road (m) ⁽²⁾	Tube collocated with a Continuous Analyser?	Height (m)
DT1	North Bridge (North)	Kerbside	456946	403763	NO2	N	20+	0.8	N	2
DT2	North Bridge (South)	Roadside	457308	403458	NO2	Y	20+	9.2	N	2
DT3	Regent Sq.	Kerbside	457952	403123	NO2	N	1	0.5	N	2
DT4	South Parade	Roadside	457975	403134	NO2	N	20+	2	N	2
DT5	Bennethorpe Road	Kerbside	459113	402842	NO2	Y	20+	0.5	N	2
DT6	Carr House Road	Roadside	459533	402768	NO2	N	20+	6.8	N	2
DT7	Sheep bridge Lane	Kerbside	462899	399328	NO2	N	20+	1	N	2
DT8	Hayfield Lane	Roadside	463023	399428	NO2	N	20+	2.3	N	2
DT9	Hurst Lane	Kerbside	463888	398416	NO2	N	20+	0.8	N	2
DT10	Hayfield Lane/Hurst Lane	Kerbside	464879	399699	NO2	N	20+	0.7	N	2
DT11	Gattison Lane	Roadside	461334	397977	NO2	N	13.3	2.3	N	2
DT12	West End Lane	Roadside	461164	398459	NO2	N	23.8	2	N	2
DT13	Bawtry Road	Roadside	462242	400134	NO2	Y	20+	3.5	N	2
DT14	Stoops Lane	Roadside	461362	400777	NO2	N	14	3.2	N	2
DT15	Dunniwood Avenue	Roadside	461875	400396	NO2	N	9.5	1.5	N	2
DT16	Burnham Close	Roadside	460703	400559	NO2	N	10.8	1.2	N	2

DT17	Lindrick Close	Roadside	459947	401538	NO2	N	7.5	3	N	2
DT18	Cantley Lane	Roadside	460342	402108	NO2	N	12.5	1.2	N	2
DT19	Gliwice Way (Dome)	Roadside	459745	402638	NO2	N	20+	3.3	N	2
DT20	Gliwice Way (Town)	Roadside	459721	402650	NO2	N	20+	2.3	N	2
DT21	Hall Flat Junction	Roadside	456164	401227	NO2	Y	6	1.5	N	2
DT22	Warde Avenue	Roadside	455679	401000	NO2	Y	10.7	2.5	N	2
DT23	Low Road	Kerbside	451457	398659	NO2	N	1.2	1	N	2
DT24	Clifton Hill Junction	Roadside	451419	398540	NO2	N	2.7	2.2	N	2
DT25	Waverley Avenue	Roadside	455635	401002	NO2	Y	20+	1.5	N	2
DT26	High Road	Roadside	456130	401258	NO2	Y	20+	2.5	N	2
DT27	Belmont Avenue	Roadside	457010	402056	NO2	Y	1	1.5	N	2
DT28	Mansfield Road	Roadside	457022	402141	NO2	Y	0.3	3.7	N	2
DT29	Airport – Hayfield Lane	Roadside	464986	399697	NO2	N	0	8.7	N	2
DT30	Airport – Gate House Lane	Roadside	465719	400140	NO2	N	9.3	6	N	2
DT31	Airport – Mosham Road	Roadside	466895	400405	NO2	N	0	11.3	N	2
DT32	Airport – Rose Cottage	Roadside	467174	400372	NO2	N	0	5.5	N	2
DT33	Airport – Hatfield Moors	Background	468629	404336	NO2	N	20+	N/A	N	2
DT34	Airport – Hatfield Woodhouse	Roadside	467755	408643	NO2	N	20+	2.3	N	2

DT35	Airport - Hollinbridge Lane	Background	469056	407623	NO2	N	20+	N/A	N	2
DT36	Market Place	Roadside	457615	403630	NO2	Y	20+	6.3	N	2
DT37	Church Way	Roadside	457379	403460	NO2	Y	4	4	N	2
DT38	Stainforth	Urban background	464046	411818	NO2	N	20+	9.3	N	2
DT39	Howden Avenue, Skellow	Roadside	452219	410224	NO2	N	0	7	N	2
DT40	Hill Crest, Skellow	Kerbside	452195	410302	NO2	N	0.3	7.6	N	2
DT41	Five Lane Ends, A1, Skellow	Roadside	452180	410377	NO2	N	6.65	9.35	N	2
DT42	Skellow – Crabgate Lane	Roadside	452180	410402	NO2	N	15	1	N	2
DT43	Skellow – Hampole Balk	Roadside	452192	410389	NO2	N	12	1.8	N	2
DT44	Hickleton – Sue Ryder Care Home	Kerbside	448221	405303	NO2	N	3	1	N	2
DT45	Hickleton – Doncaster Road	Roadside	447966	405303	NO2	N	0	14.4	N	2
DT46	Hickleton – Barnsley Road	Roadside	448149	405296	NO2	N	0	3.6	N	2
DT47	Hickleton – Opp. Fir Tree Close	Kerbside	448054	405319	NO2	N	0.3	0.8	N	2
DT48	Hickleton – John O'Gaunts	Kerbside	448218	405320	NO2	N	0.3	0.8	N	2
DT49	Marr	Kerbside	451331	405219	NO2	N	0	3.1	N	2

DT50	Thorne – King Street	Roadside	468749	413300	NO2	N	0.5	2	N	2
DT51	Willow Street, Conisbrough	Roadside	451446	398582	NO2	Y	20+	2.1	N	2
DT52	Doncaster Road (Junction), Conisbrough	Roadside	451485	398514	NO2	Y	2	2	N	2
DT53	27 Low Road, Conisbrough	Kerbside	451453	398632	NO2	Y	0	1.88	N	2
DT54	32/34 Low Road, Conisbrough	Roadside	451440	398652	NO2	Y	0.3	1.78	N	2
DT55	Doncaster Road, Conisbrough	Roadside	451624	398690	NO2	Y	0	6	N	2
DT56	Mason Arms, Mexborough	Roadside	448047	399880	NO2	N	3	4	N	2
DT57	Doncaster Road, Mexborough	Roadside	448004	399862	NO2	N	13	2	NO	2
DT58	Barnsley Road, Marr	Kerbside	451824	405228	NO2	NO	0.3	1	NO	2
DT59	Bus Stop, Marr	Roadside	451514	405247	NO2	NO	0	18	NO	2

Notes:

- (1) 0m if the monitoring site is at a location of exposure (e.g. installed on/adjacent to the façade of a residential property).
(2) N/A if not applicable.

Table A.3 – Annual Mean NO₂ Monitoring Results

Site ID	Site Type	Monitoring Type	Valid Data Capture for Monitoring Period (%) ⁽¹⁾	Valid Data Capture 2017 (%) ⁽²⁾	NO ₂ Annual Mean Concentration (µg/m ³) ⁽³⁾				
					2013	2014	2015	2016	2017
CM1	Roadside	Automatic	n/a	75	29.6	n/a	n/a	20	28.6
CM2	Urban Background	Automatic	n/a	97	30.4	<u>n/a</u>	<u>n/a</u>	46.8	26.1
CM3	Roadside	Automatic	n/a	93	50.2	<u>n/a</u>	<u>n/a</u>	43.1	23.9
CM4	Roadside	Automatic	99	40	35.3	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	37.2
CM5	Roadside	Automatic	Data loss too sporadic	57	37.4	<u>n/a</u>	31.2 (6 months)	31.6	37
CM6	Roadside	Automatic	n/a	93	35.9	43.2	39.6	39.2	45.8
DT1	Kerbside	Diffusion Tube	n/a	100	30	36	32	33	33
DT2	Roadside	Diffusion Tube	n/a	100	37	42	36	40	41
DT3	Kerbside	Diffusion Tube	n/a	100	29	32	27	33	33
DT4	Roadside	Diffusion Tube	n/a	100	40	44	39	40	45
DT5	Kerbside	Diffusion Tube	n/a	100	40	44	36	39	43
DT6	Roadside	Diffusion Tube	n/a	100	28	34	29	30	35
DT7	Kerbside	Diffusion Tube	n/a	83	27	34	27	35	43
DT8	Roadside	Diffusion Tube	n/a	100	27	30	24	28	26
DT9	Kerbside	Diffusion Tube	n/a	100	25	27	25	33	37
DT10	Kerbside	Diffusion Tube	n/a	100	21	24	19	23	25
DT11	Roadside	Diffusion Tube	n/a	75	24	24	20	25	24
DT12	Roadside	Diffusion Tube	n/a	100	22	24	21	27	28
DT13	Roadside	Diffusion Tube	n/a	100	45	48	39	43	44
DT14	Roadside	Diffusion Tube	n/a	100	40	44	38	41	44

DT15	Roadside	Diffusion Tube	n/a	n/a	23	25	20	23	<u>Ceased</u>
DT16	Roadside	Diffusion Tube	n/a	n/a	23	25	20	24	<u>Ceased</u>
DT17	Roadside	Diffusion Tube	n/a	n/a	23	21	21	23	<u>Ceased</u>
DT18	Roadside	Diffusion Tube	n/a	n/a	23	29	22	26	<u>Ceased</u>
DT19	Roadside	Diffusion Tube	n/a	n/a	44	46	39	41	<u>Ceased</u>
DT20	Roadside	Diffusion Tube	n/a	n/a	42	44	35	40	<u>Ceased</u>
DT21	Roadside	Diffusion Tube	n/a	100	48	48	42	47	50
DT22	Roadside	Diffusion Tube	n/a	100	49	53	43	48	50
DT23	Kerbside	Diffusion Tube	n/a	100	36	42	35	37	41
DT24	Roadside	Diffusion Tube	n/a	100	36	43	34	40	41
DT25	Roadside	Diffusion Tube	n/a	100	39	41	32	38	41
DT26	Roadside	Diffusion Tube	n/a	100	36	38	32	35	38
DT27	Roadside	Diffusion Tube	n/a	83	39	41	35	44	48
DT28	Roadside	Diffusion Tube	n/a	100	51	54	43	52	52
DT29	Roadside	Diffusion Tube	n/a	100	16	17	14	17	19
DT30	Roadside	Diffusion Tube	n/a	100	18	19	15	18	18
DT31	Roadside	Diffusion Tube	n/a	100	15	18	14	17	17
DT32	Roadside	Diffusion Tube	n/a	100	18	20	16	20	18
DT33	Background	Diffusion Tube	n/a	100	13	13	9	10	12
DT34	Roadside	Diffusion Tube	n/a	100	21	24	19	22	23
DT35	Background	Diffusion Tube	n/a	92	12	13	10	12	12
DT36	Roadside	Diffusion Tube	n/a	100	36	41	32	38	41
DT37	Roadside	Diffusion Tube	n/a	100	39	46	34	41	41
DT38	Urban background	Diffusion Tube	n/a	100	18	20	15	18	18
DT39	Roadside	Diffusion Tube	n/a	92	34	35	38	45	47

DT40	Kerbside	Diffusion Tube	n/a	100	50	51	40	48	48
DT41	Roadside	Diffusion Tube	n/a	100	52	54	46	53	55
DT42	Roadside	Diffusion Tube	n/a	100	46	48	38	43	46
DT43	Roadside	Diffusion Tube	n/a	100	43	45	36	42	43
DT44	Kerbside	Diffusion Tube	n/a	100	<u>74</u>	<u>79</u>	<u>66</u>	<u>78</u>	<u>79</u>
DT45	Roadside	Diffusion Tube	n/a	92	22	25	18	23	25
DT46	Roadside	Diffusion Tube	n/a	92	40	43	32	41	37
DT47	Kerbside	Diffusion Tube	n/a	100	<u>95</u>	<u>95</u>	<u>87</u>	<u>106</u>	<u>100</u>
DT48	Kerbside	Diffusion Tube	n/a	100	<u>95</u>	<u>94</u>	<u>80</u>	<u>93</u>	<u>90</u>
DT49	Kerbside	Diffusion Tube	n/a	100	41	40	34	44	46
DT50	Roadside	Diffusion Tube	n/a	100	38	41	33	41	40
DT51	Roadside	Diffusion Tube	n/a	100	34	36	29	32	34
DT52	Roadside	Diffusion Tube	n/a	100	45	50	37	42	43
DT53	Kerbside	Diffusion Tube	n/a	100	46	46	34	42	42
DT54	Roadside	Diffusion Tube	n/a	100	48	53	40	46	48
DT55	Roadside	Diffusion Tube	n/a	100	34	34	27	31	36
DT56	Roadside	Diffusion Tube	n/a	75	39	41	32	37	40
DT57	Roadside	Diffusion Tube	n/a	100	45	43	33	38	38
DT58	Kerbside	Diffusion Tube	n/a	n/a	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	46
DT59	Roadside	Diffusion Tube	n/a	n/a	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	22

Diffusion tube data has been bias corrected

Annualisation has been conducted where data capture is <75%

Notes:

Exceedances of the NO₂ annual mean objective of 40µg/m³ are shown in **bold**.

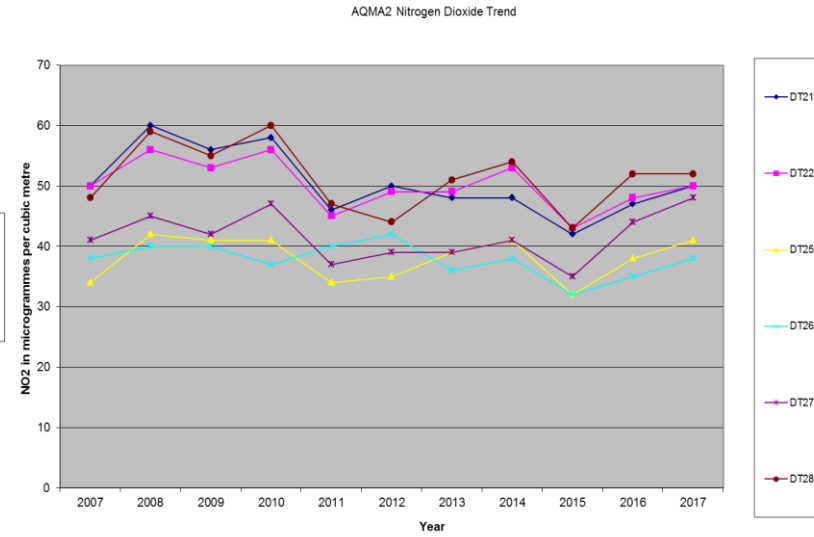
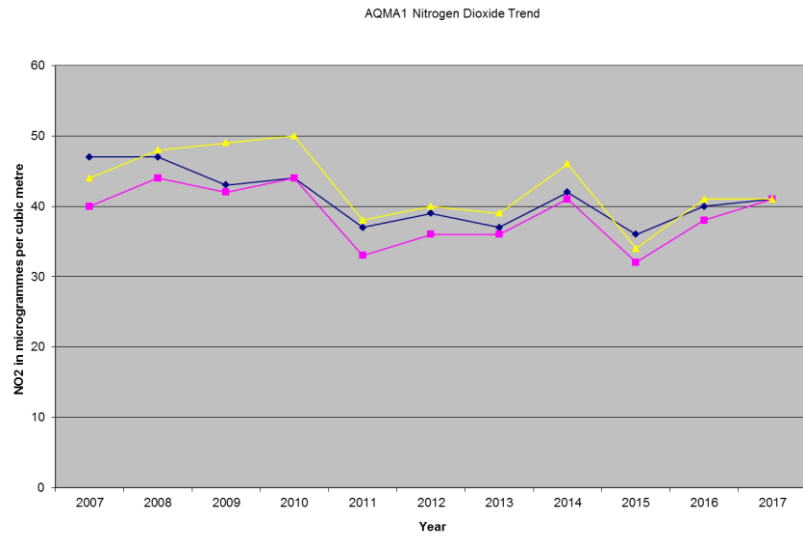
NO₂ annual means exceeding 60µg/m³, indicating a potential exceedance of the NO₂ 1-hour mean objective are shown in **bold and underlined**.

(1) Data capture for the monitoring period, in cases where monitoring was only carried out for part of the year.

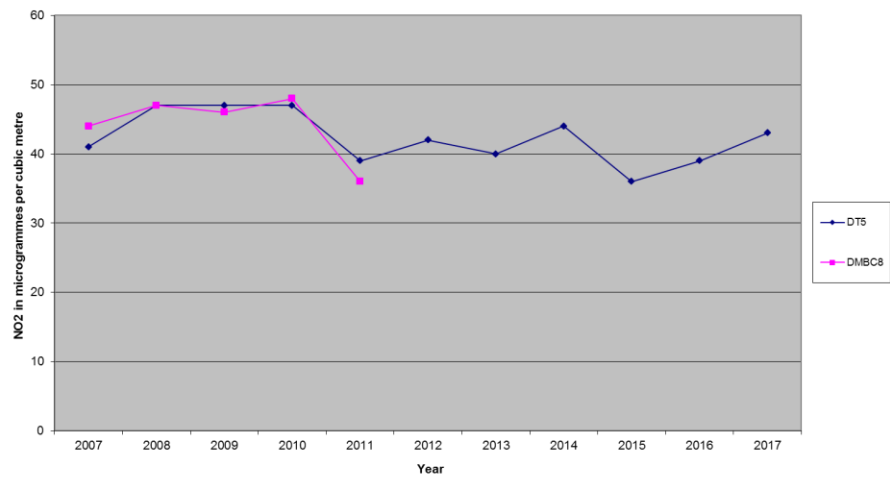
(2) Data capture for the full calendar year (e.g. if monitoring was carried out for 6 months, the maximum data capture for the full calendar year is 50%).

(3) Means for diffusion tubes have been corrected for bias. All means have been “annualised” as per Boxes 7.9 and 7.10 in LAQM.TG16 if valid data capture for the full calendar year is less than 75%. See Appendix C for details.

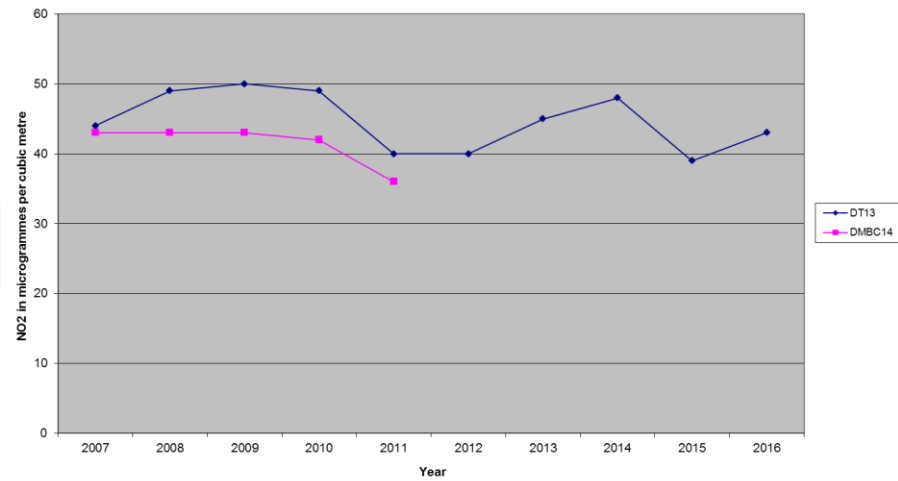
3.2.5 Figure A.1 – Trends in Annual Mean NO₂ Concentrations



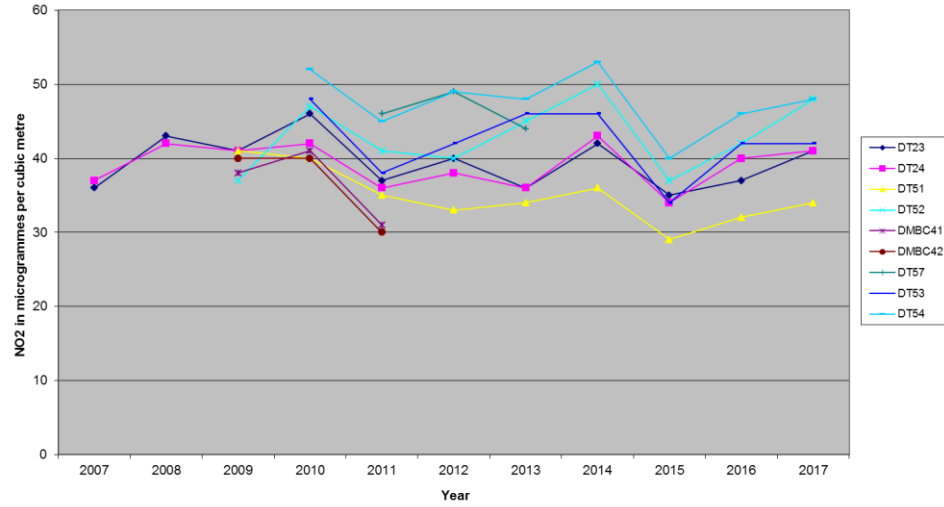
AQMA3 Nitrogen Dioxide Trend



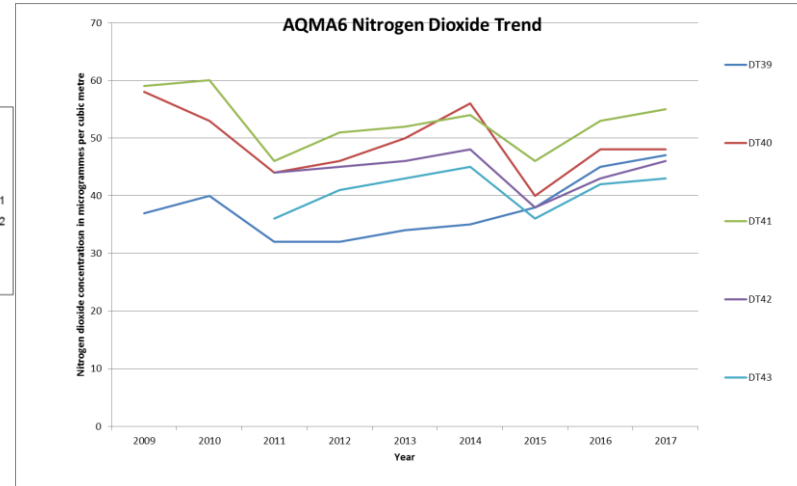
AQMA4 Nitrogen Dioxide Trend



AQMA5 Nitrogen Dioxide Trend



AQMA6 Nitrogen Dioxide Trend



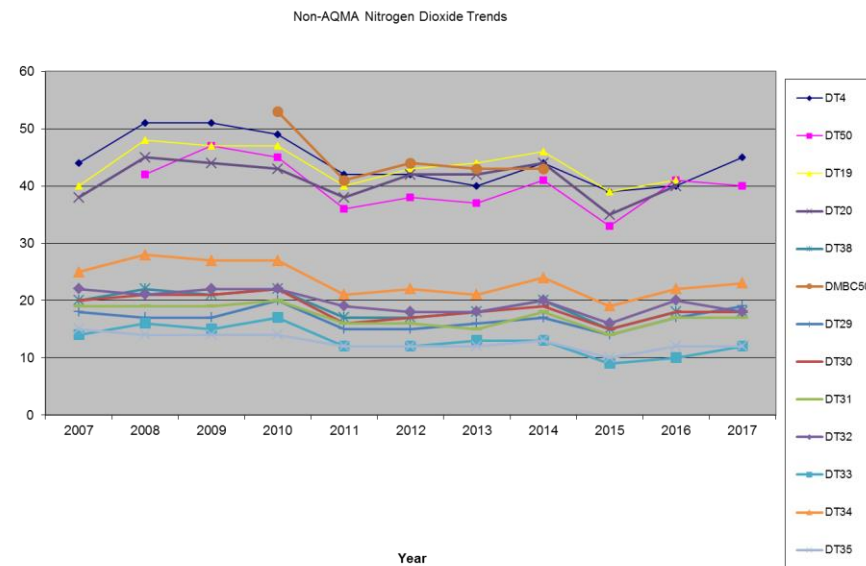
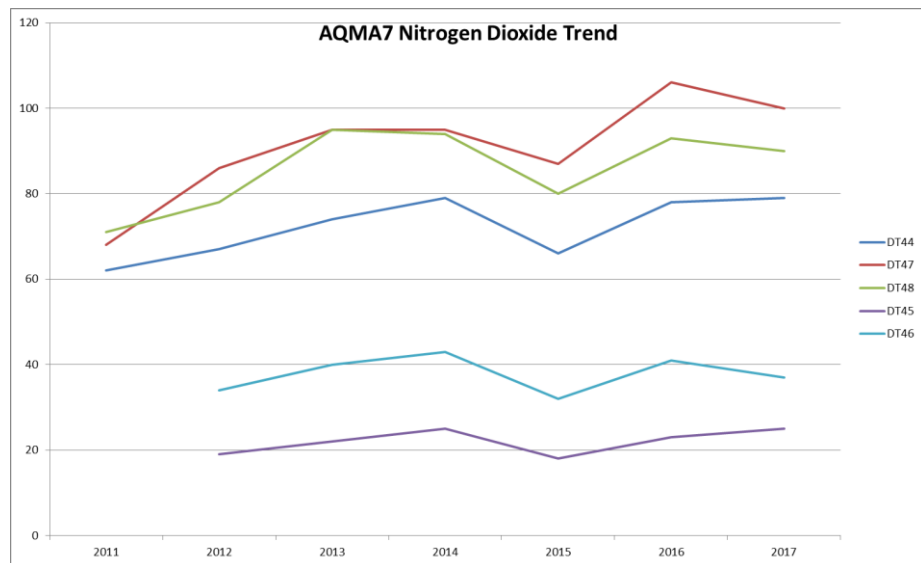


Table A.4 – 1-Hour Mean NO₂ Monitoring Results

Site ID	Site Type	Monitoring Type	Valid Data Capture for Monitoring Period (%) ⁽¹⁾	Valid Data Capture 2017 (%) ⁽²⁾	NO ₂ 1-Hour Means > 200µg/m ³ ⁽³⁾				
					2013	2014	2015	2016	2017
CM1	Roadside	Automatic	n/a	75	0 (84.6)	No data	0(184.5)	0(45.5)	0 (93.6)
CM2	Urban Centre	Automatic	n/a	97	0	No data	n/a	0(126.6)	0
CM3	Roadside	Automatic	n/a	93	1	No data	n/a	³ (153.09)	0
CM4	Roadside	Automatic	99	40	1(136.2)	No data	n/a	0(21.5)	0 (114.4)
CM5	Roadside	Automatic	n/a	57	1	No Data	0(101.0)	0(62.1)	0 (115.6)
CM6	Roadside	Automatic	n/a	93	15(221.93)	0	0	0 (61.3)	6

Notes:

Exceedances of the NO₂ 1-hour mean objective (200µg/m³ not to be exceeded more than 18 times/year) are shown in **bold**.

(1) Data capture for the monitoring period, in cases where monitoring was only carried out for part of the year.

(2) Data capture for the full calendar year (e.g. if monitoring was carried out for 6 months, the maximum data capture for the full calendar year is 50%).

(3) If the period of valid data is less than 85%, the 99.8th percentile of 1-hour means is provided in brackets.

Table A.5 – Annual Mean PM₁₀ Monitoring Results

Site ID	Site Type	Valid Data Capture for Monitoring Period (%) ⁽¹⁾	Valid Data Capture 2017 (%) ⁽²⁾	PM ₁₀ Annual Mean Concentration (µg/m ³) ⁽³⁾				
				2013	2014	2015	2016	2017
CM1	Roadside	n/a	88.5	18.2	No data	15.5 (5 months)	17.7	17.4
CM2	Urban Centre	n/a	99.7	19.2	No data	No data	18.5	17.7
CM5	Roadside	n/a	89.6	25.9	No data	18.7 (6 months)	19	18.8

Annualisation has been conducted where data capture is <75%

Notes:

Exceedances of the PM₁₀ annual mean objective of 40µg/m³ are shown in **bold**.

(1) Data capture for the monitoring period, in cases where monitoring was only carried out for part of the year.

(2) Data capture for the full calendar year (e.g. if monitoring was carried out for 6 months, the maximum data capture for the full calendar year is 50%).

(3) All means have been “annualised” as per Boxes 7.9 and 7.10 in LAQM.TG16, valid data capture for the full calendar year is less than 75%. See Appendix C for details.

Figure A.2 – Trends in Annual Mean PM₁₀ Concentrations

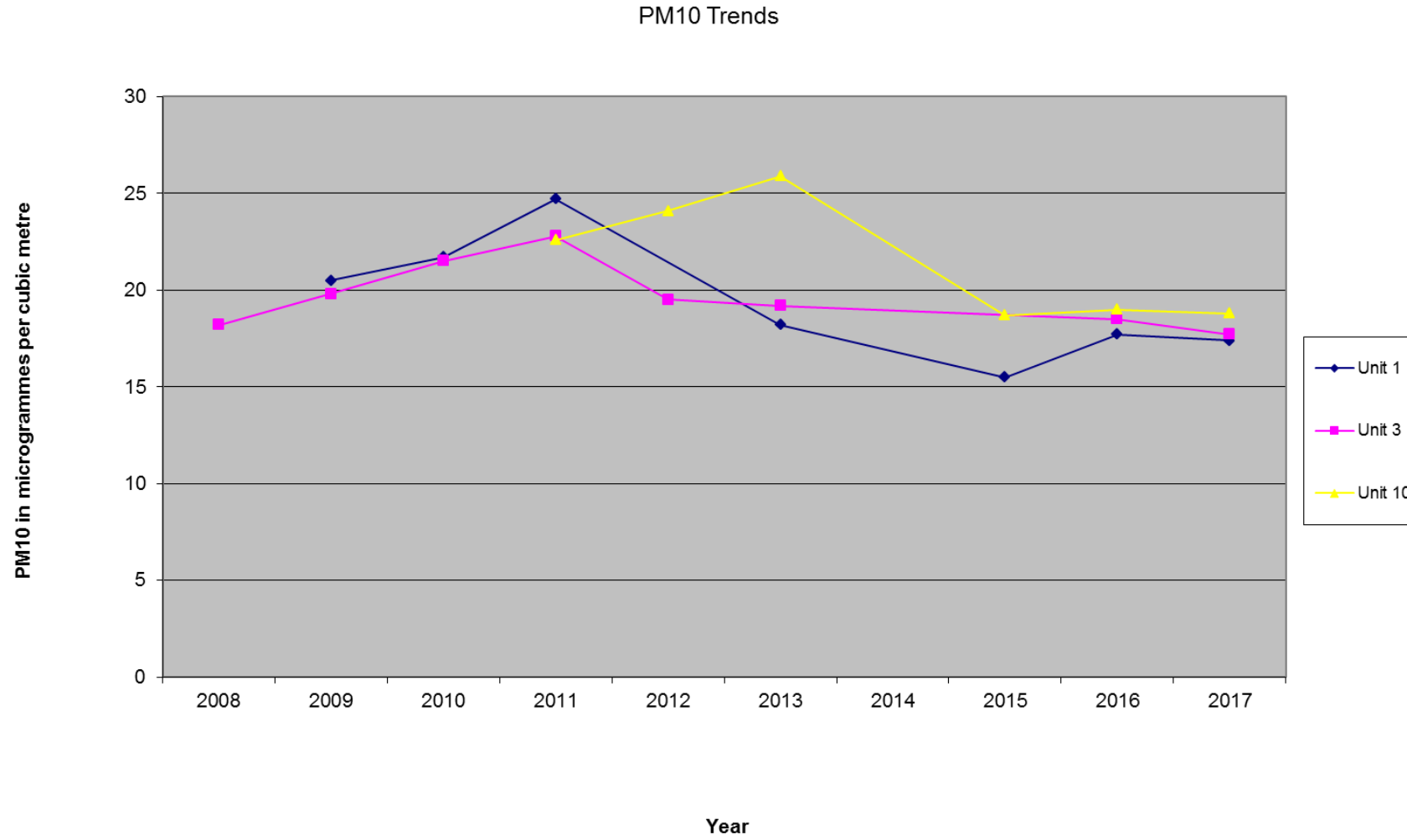


Table A.6 – 24-Hour Mean PM₁₀ Monitoring Results

Site ID	Site Type	Valid Data Capture for Monitoring Period (%) ⁽¹⁾	Valid Data Capture 2017 (%) ⁽²⁾	PM ₁₀ 24-Hour Means > 50µg/m ³ ⁽³⁾				
				2013	2014	2015	2016	2017
CM1	Roadside	n/a	88.5	3(29)	No data	0	0 (27.3)	3
CM2	Urban Centre	n/a	99.7	6	No data	No data	0 (32.4)	4
CM5	Roadside	n/a	89.6	11	No data	1 (28)	3	4

Notes:

Exceedances of the PM₁₀ 24-hour mean objective (50µg/m³ not to be exceeded more than 35 times/year) are shown in **bold**.

(1) Data capture for the monitoring period, in cases where monitoring was only carried out for part of the year.

(2) Data capture for the full calendar year (e.g. if monitoring was carried out for 6 months, the maximum data capture for the full calendar year is 50%).

(3) If the period of valid data is less than 85%, the 90.4th percentile of 24-hour means is provided in brackets.

Appendix B: Full Monthly Diffusion Tube Results for 2017

Table B.1 – NO₂ Monthly Diffusion Tube Results - 2017

Site ID	NO ₂ Mean Concentrations (µg/m ³)												Annual Mean		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Raw Data	Bias Adjusted (factor) and Annualised ⁽¹⁾	Distance Corrected to Nearest Exposure ⁽²⁾
DT1	48	42	41	26	31	24	21	24	22	33	38	38	32	33	n/a
DT2	55	47	51	37	39	21	28	30	32	44	48	44	40	41	29
DT3	43	33	34	29	23	26	26	29	27	32	41	38	32	33	31
DT4	53	50	55	47	33	39	34	32	36	45	54	49	44	45	27
DT5	62	48	52	38	39	32	29	27	37	44	47	46	42	43	23
DT6	50	36	39	33	24	27	25	26	31	39	39	39	34	35	n/a
DT7	65	39	48	46	31	35	36	36	36	46	NR	NR	42	43	24
DT8	42	30	31	21	25	19	18	16	22	22	29	31	26	26	18
DT9	42	29	35	38	29	35	34	36	36	37	45	33	36	37	21
DT10	38	26	29	21	19	18	18	18	23	25	31	28	25	25	27
DT11	36	19	23	22	21	NR	16	16	NR	NR	29	30	24	24	19
DT12	43	25	31	24	22	22	18	17	25	27	34	33	27	28	19
DT13	64	40	54	38	37	31	36	34	43	42	50	41	43	44	28
DT14	57	47	46	39	39	40	35	34	35	44	44	48	42	44	30
DT15															
DT16															
DT17															
DT18															
DT19															
DT20															
DT21	71	57	58	39	38	43	41	37	48	52	42	52	48	50	37.0

DT22	22	62	63	44	54	49	41	44	47	48	57	55	49	50	35.0
DT23	57	40	46	35	33	31	34	35	39	41	42	45	40	41	37.0
DT24	48	37	43	31	36	34	37	36	40	42	50	39	39	41	37.0
DT25	60	48	49	36	38	32	32	28	38	40	39	38	40	41	24.0
DT26	55	42	41	31	31	29	29	27	35	42	42	41	37	38	24.0
DT27	59	50	54	45	NR	NR	34	33	41	44	55	49	46	48	44.0
DT28	69	53	59	43	49	45	44	39	46	53	54	52	51	52	51.0
DT29	28	20	20	17	12	11	12	14	28	15	23	24	19	19	<u>n/a</u>
DT30	29	19	21	15	15	12	11	13	17	15	20	22	17	18	16.0
DT31	26	19	21	14	12	11	12	13	15	14	21	24	17	17	<u>n/a</u>
DT32	17	18	23	19	15	12	13	16	13	18	24	25	18	18	<u>n/a</u>
DT33	19	13	13	8	7	6	7	10	11	12	15	18	12	12	<u>n/a</u>
DT34	35	27	29	19	18	16	15	16	19	23	26	29	23	23	17.0
DT35	21	NR	14	10	8	7	6	6	9	9	19	19	12	12	<u>n/a</u>
DT36	52	38	50	36	46	31	32	33	34	31	43	47	39	41	28.0
DT37	48	44	46	37	40	36	36	39	34	40	40	43	40	41	41.0
DT38	26	21	14	14	15	11	12	13	16	16	21	28	17	18	<u>n/a</u>
DT39	50	47	43	52	44	49	NR	40	41	43	48	48	46	47	47.0
DT40	52	46	50	46	49	42	39	45	44	47	51	50	47	48	48.0
DT41	62	52	56	56	46	48	50	53	55	45	61	51	53	55	47.0
DT42	58	44	47	48	44	37	33	36	41	44	58	49	45	46	27.0
DT43	50	44	42	42	37	35	36	38	38	40	54	47	42	43	29.0
DT44	83	98	87	58	88	79	62	78	65	66	80	75	77	79	60.0
DT45	37	26	25	17	NR	40	17	18	20	20	24	28	25	25	<u>n/a</u>
DT46	41	41	42	27	46	32	NR	37	30	24	35	35	35	37	<u>n/a</u>
DT47	130	95	95	110	94	98	90	91	89	93	93	90	97	100	96.0
DT48	95	78	94	71	106	84	95	88	96	75	90	82	88	90	87.0
DT49	56	42	43	46	42	38	39	45	46	43	49	49	45	46	<u>n/a</u>
DT50	49	39	46	35	36	29	32	31	35	37	47	47	39	40	39.0
DT51	40	36	37	27	31	25	25	30	32	35	38	44	33	34	22.0
DT52	49	46	54	43	44	37	35	34	37	35	42	44	42	43	38.0
DT53	51	45	44	34	45	29	32	35	39	39	47	48	41	42	<u>n/a</u>
DT54	56	47	50	40	48	42	43	43	43	43	52	53	47	48	47.0
DT55	51	38	37	30	29	25	25	33	35	34	37	42	35	36	<u>n/a</u>
DT56	49	39	NR	34	NR	30	30	32	37	NR	47	48	38	40	36.0

DT57	47	41	45	34	35	31	29	32	32	35	44	43	37	38	26.0
DT58	52	46	44	49	52	43	42	38	41	40	44	44	45	46	44.2
DT59	28	27	26	20	18	18	17	17	18	23	25	25	22	22	22.5

- Local bias adjustment factor used
- National bias adjustment factor used
- Annualisation has been conducted where data capture is <75%
- Where applicable, data has been distance corrected for relevant exposure

Notes:

Exceedances of the NO₂ annual mean objective of 40µg/m³ are shown in **bold**.

NO₂ annual means exceeding 60µg/m³, indicating a potential exceedance of the NO₂ 1-hour mean objective are shown in **bold and underlined**.

(1) See Appendix C for details on bias adjustment and annualisation.

(2) Distance corrected to nearest relevant public exposure.

Appendix C: Supporting Technical Information / Air Quality Monitoring Data QA/QC

Screening, Significantly Altered Emissions or New Developments

There have been no newly identified sources or significantly increased emissions in the Borough. All new developments with the potential to impact on air quality provide an Air Quality Assessment and would be required to mitigate any significant impacts. No developments have been granted planning permission that have significant emissions in 2017.

Diffusion Tube Bias Adjustment Factors

The tubes are supplied and analysed by South Yorkshire Air Quality Samplers. The tubes are prepared by spiking acetone:triethanolamine (50:50) onto the grids prior to the tubes being assembled. The tubes are then desorbed with distilled water and the extract analysed using a segmented flow auto analyser with ultraviolet detection.

The national factor for 2017 was 0.88 based on 2 studies.

A local factor from Barnsley Council of 1.03 was included in the national factor spreadsheet.

The results were downloaded on the 6 June 2018 from; <http://laqm.defra.gov.uk/bias-adjustment-factors/national-bias.html>

Discussion of Choice of Factor to Use

National factors had been used during review and assessment in Doncaster until 2014. The use of national bias had provided consistency, however on recommendations from previous review and assessment a local co-location study was implemented.

The national factor is consistently low and with one of the sites being kerbside in London it was felt that this is not representative.

The second study submitted onto the national bias is from our neighbouring authority of Barnsley MBC. The bias has been consistent here for many years and the automatic monitoring has excellent QA/QC management and therefore it is considered a good choice of factor to apply to the results.

The local regional factor of 1.03 has been used to adjust 2017 tubes in this report.

PM Monitoring Adjustment

PM₁₀ data for 2017, 2016, 2015, 2013, 2012, and 2011 were corrected to gravimetric equivalent using King's College London Volatile Correction Method (VCM) for PM₁₀ as prescribed by TG(16)). These results may therefore differ from previous years, which were corrected using the factor as per the relevant procedure at that time (up until and including 2007 date). Comparison against previous years should therefore be viewed with caution.

Short-term to Long-term Data Adjustment

Annualisation has been carried out where possible but because significant data loss occurred consistently across the year at some sites rather than for one long-term period the procedure in TG(16) could not be followed. This was the case for site reference CM5 in AQMA5.

QA/QC of Automatic Monitoring

The QA/QC procedure consists of bi-monthly calibrations performed manually on-site by the Local Site Operator (Doncaster Council). Daily data checks are carried out remotely.

An outside contractor performs six-monthly services and all units are covered by a service and maintenance agreement including call-out services.

The last independent full audit was carried out in November 2007, the analysers were found to be satisfactory with the exception of one TEOM which fell outside the standard parameters. This has now been rectified.

Data is scaled, validated and ratified in house and includes removing erroneous data and applying relevant calculations in line with the technical guidance LAQM TG(16) to obtain the final data set.

QA/QC of Diffusion Tube Monitoring

The Laboratory Performance in AIR NO₂ Proficiency Testing scheme report covering 2017 lists South Yorkshire Air Quality Samplers as having the necessary number of samples across the five round period as **Satisfactory**. In 2009 procedures have been amended so that the laboratory is in line with the harmonisation procedures.

Precision was good throughout 2017.

Helpdesk Response to Measures Quantification Query

The following e-mail extract was received from the LAQM Helpdesk in May 2018.

“Quantification of emissions/concentrations reduction can be difficult for some measures, and cannot be readily applied to all measures. There are also various confounding factors that make direct attribution of concentration changes as a function of intervention measure implementation difficult. As a consequence, literature available on this is limited, noting that it is an area of current focus for Defra.

Quantification of the emissions reduction will often be easier (and cheaper) to achieve than an estimate of the concentration reduction, which would otherwise require the application of detailed dispersion models to make suitable predictions. We therefore suggest that where necessary you focus on estimates of emissions reduction.

Using the Emissions Factors Toolkit (EFT) is useful for estimating the emissions reduction that may be achieved through realisation of some road traffic intervention measures. For example, measures that will reduce congestion can be considered through application of the EFT, e.g. by varying the average speed on the queuing section of a road link as a proxy for the reduction in queuing traffic.

Where direct quantification of emissions reduction cannot be so readily achieved, one could apply best judgement in a qualitative manner. This could involve the application of a matrix based approach whereby each measure is assigned an indicative reduction of NO₂ with associated timescales, example below, but do modify and update relative to your needs. This is comparable to, but does go slightly further than, the low / medium / high effect categories provided in the TG16 LAQM Toolbox.

Costs		Air Quality Impacts		Timescale	
Score	Approximate Cost (£)	Score	Indicative Reduction in NO ₂ Concentration		Years
7	<100k	7	>5 µg/m ³	Short (S)	< 2
6	100-500k	6	2-5 µg/m ³		
5	500k-1million	5	1-2 µg/m ³		
4	1-10 million	4	0.5 - 1 µg/m ³	Medium (M)	2-5
3	10-50 million	3	0.2 – 0.5 µg/m ³		
2	50-100 million	2	0 - 0.2 µg/m ³	Long (L)	>5
1	>100million	1	0 µg/m ³		

I hope this helps to provide some direction - happy to discuss further as required.”

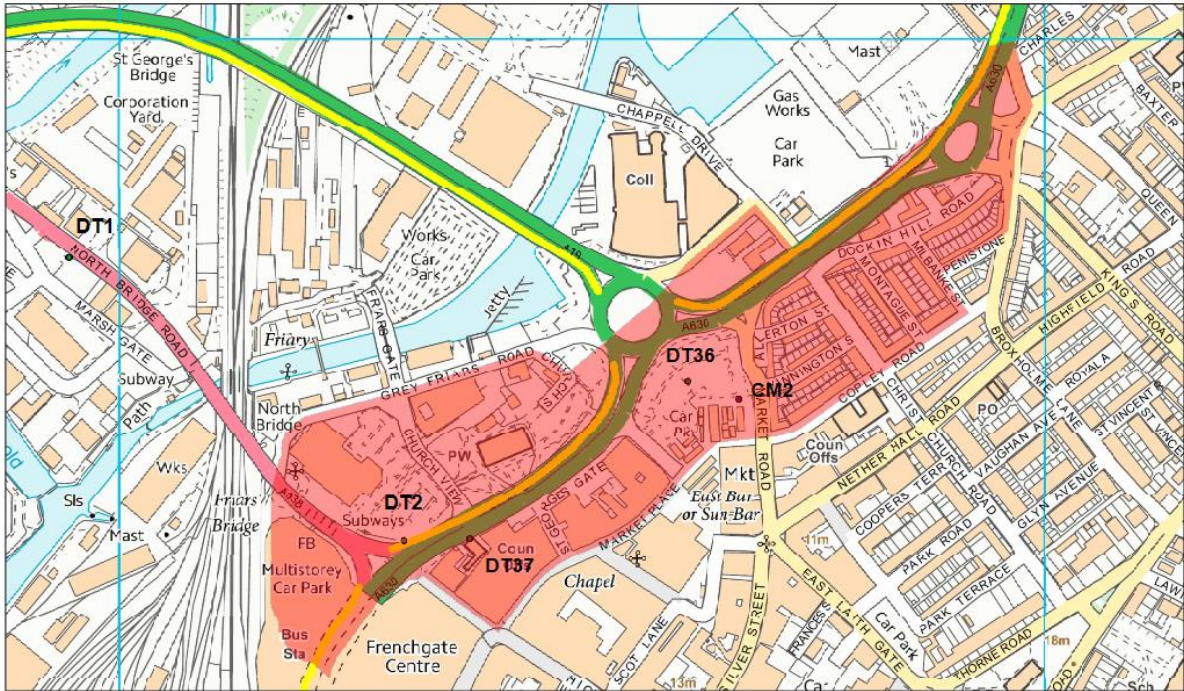
Partial Results for AQMA1 and AQMA3 Diffusion Tube Study

AQMA & Site ID	Monthly nitrogen dioxide concentrations (µg/m ³)					
	Nov 2017	Dec 2017	Jan 2018	Feb 2018	March 2018	April 2018
AQMA1 -1	52	46	44	45	43	39
AQMA1 - 2	52	52	48	41	42	36
AQMA1 - 3	56	61	66	52	49	49
AQMA1 - 4	52	57	49	55	53	44
AQMA1 - 5	50	53	46	50	53	46
AQMA3 - 6	50	37	45	45	43	NR
AQMA3 - 7	56	52	44	43	46	45
AQMA3 - 8	44	43	40	37	41	36
AQMA3 - 9	39	38	32	31	32	26

AQMA3 - 10	52	49	37	43	42	34
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Appendix D: Map(s) of Monitoring Locations and AQMAs

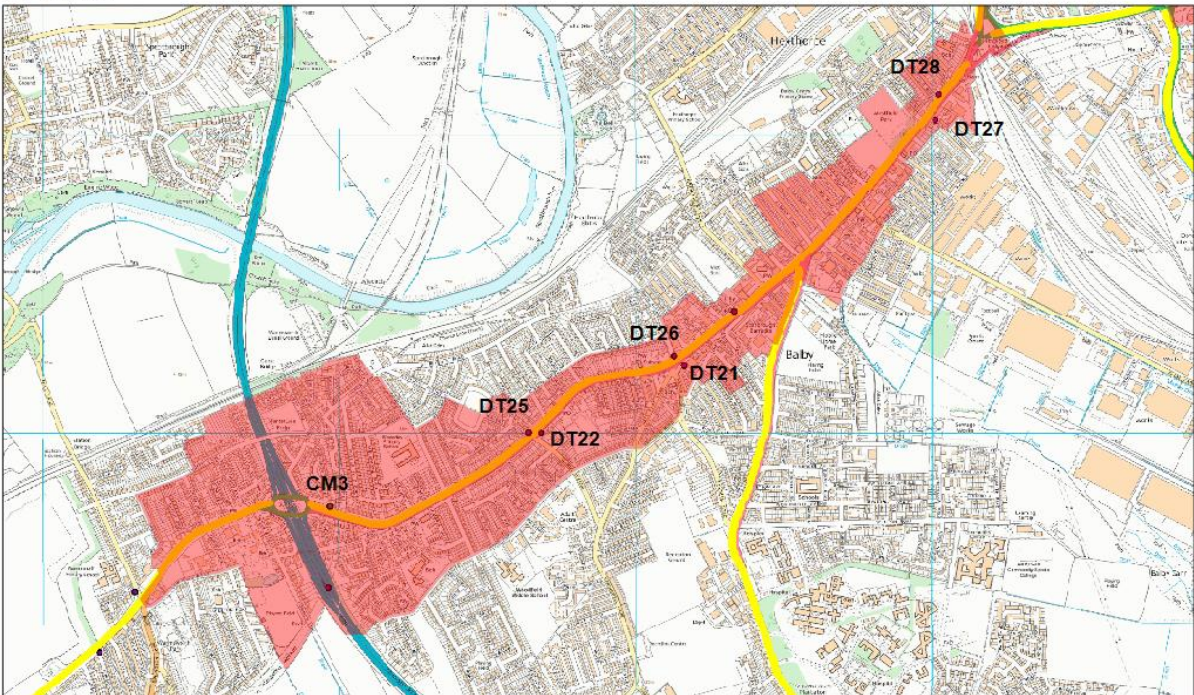
AQMA1



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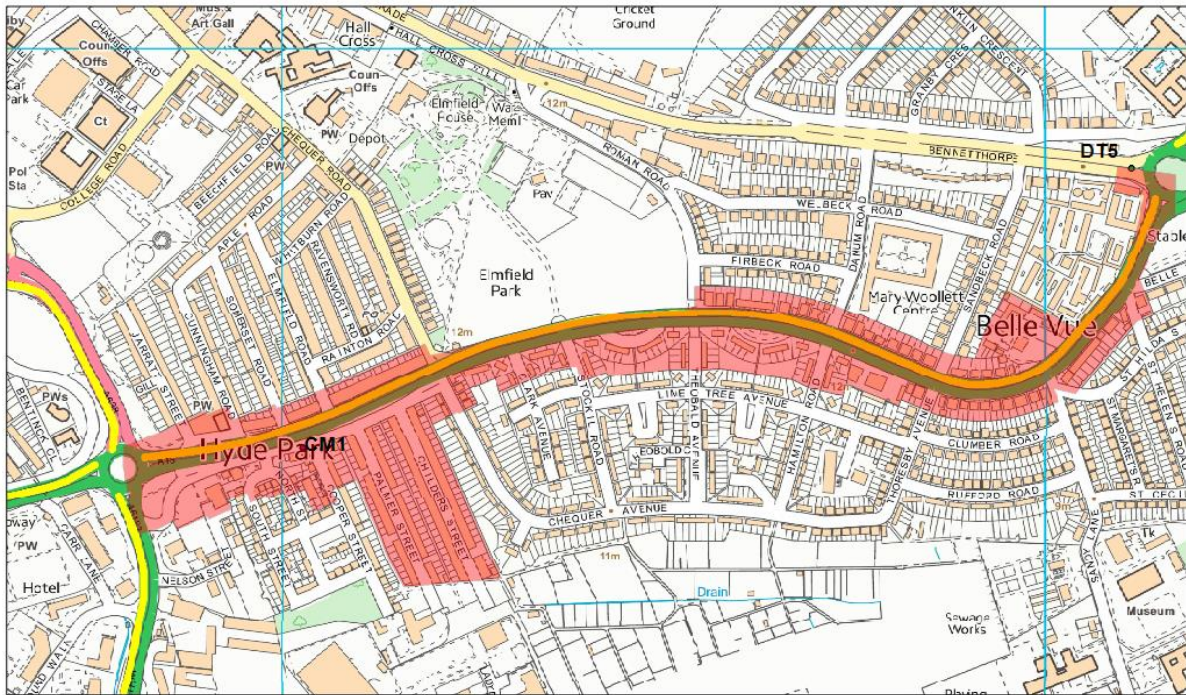
AQMA2



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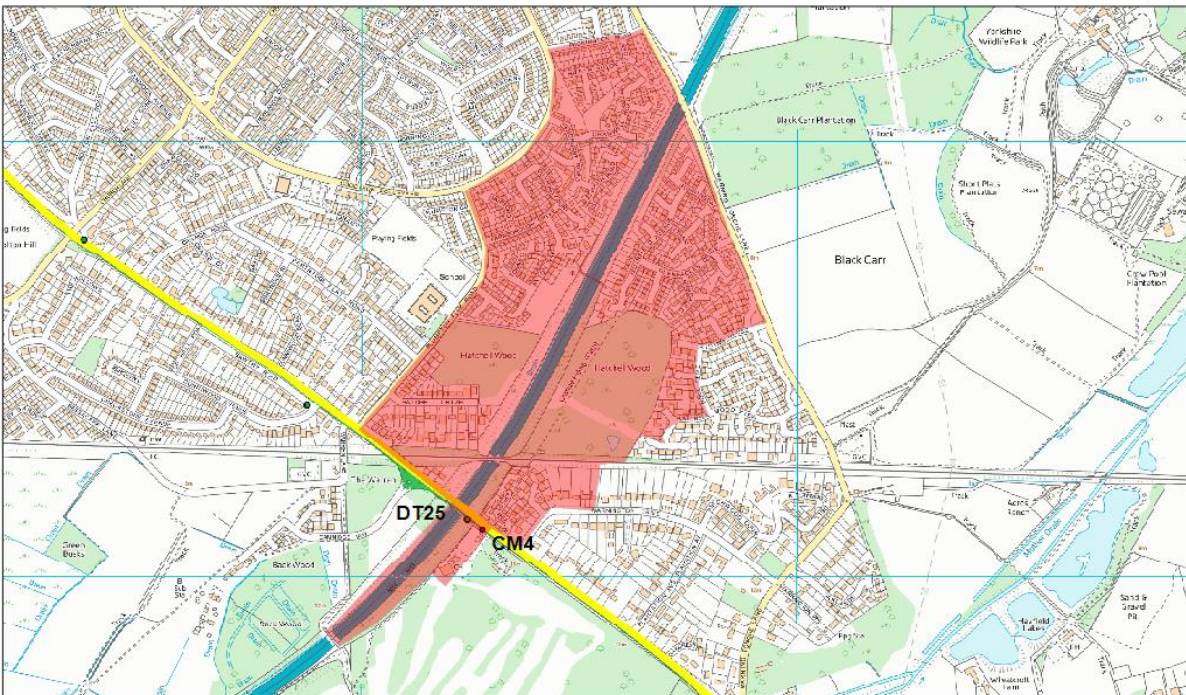
AQMA3



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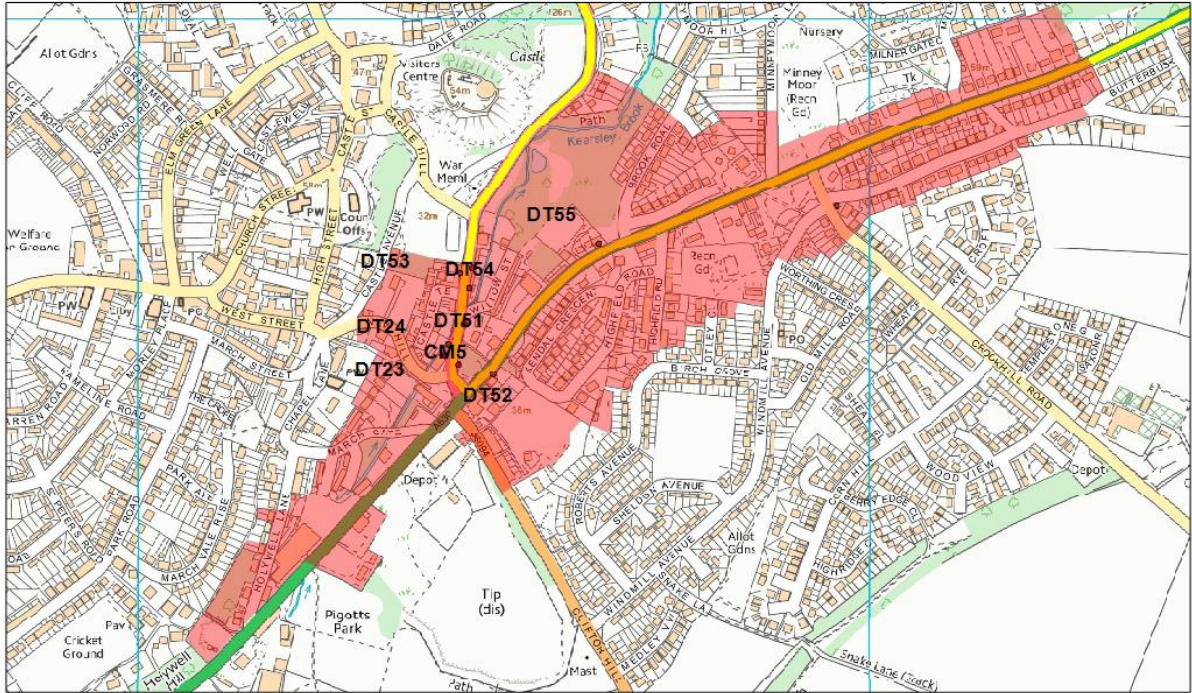
AQMA4



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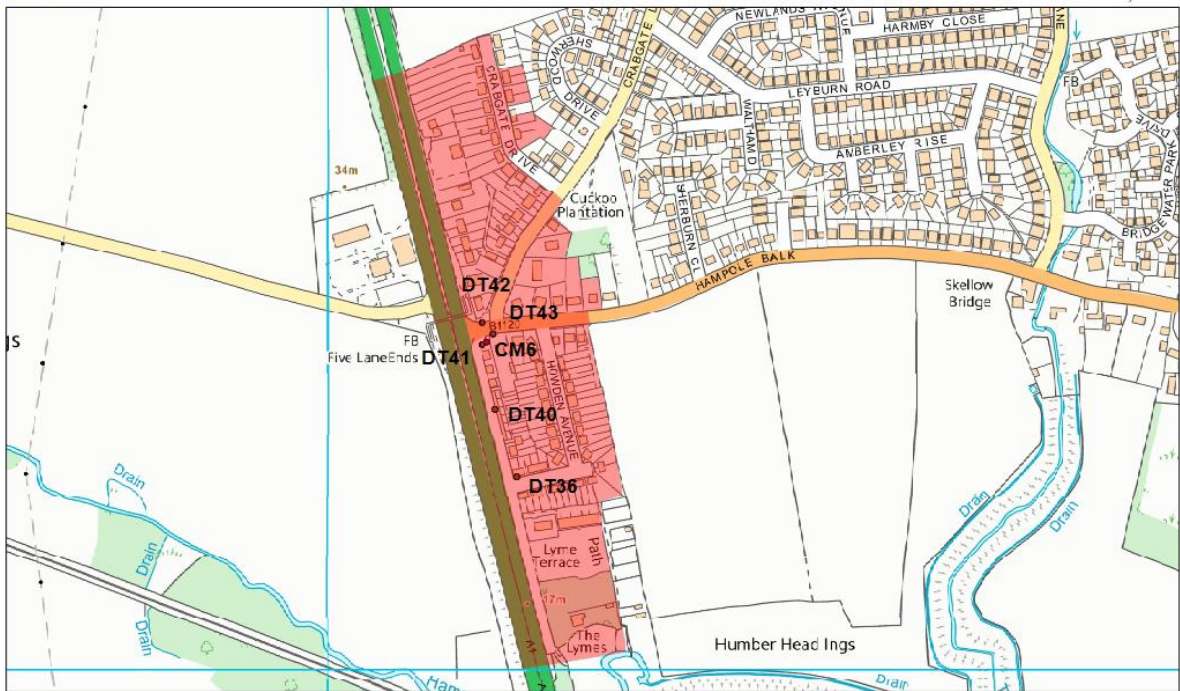
AQMA5



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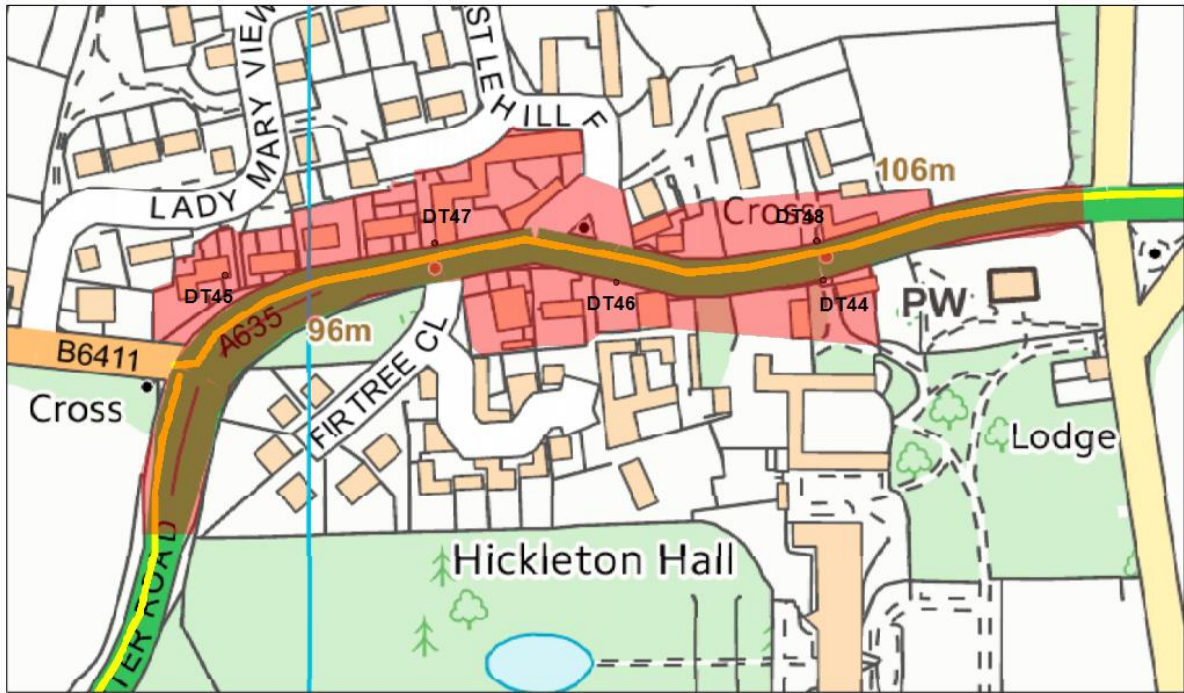
AQMA6



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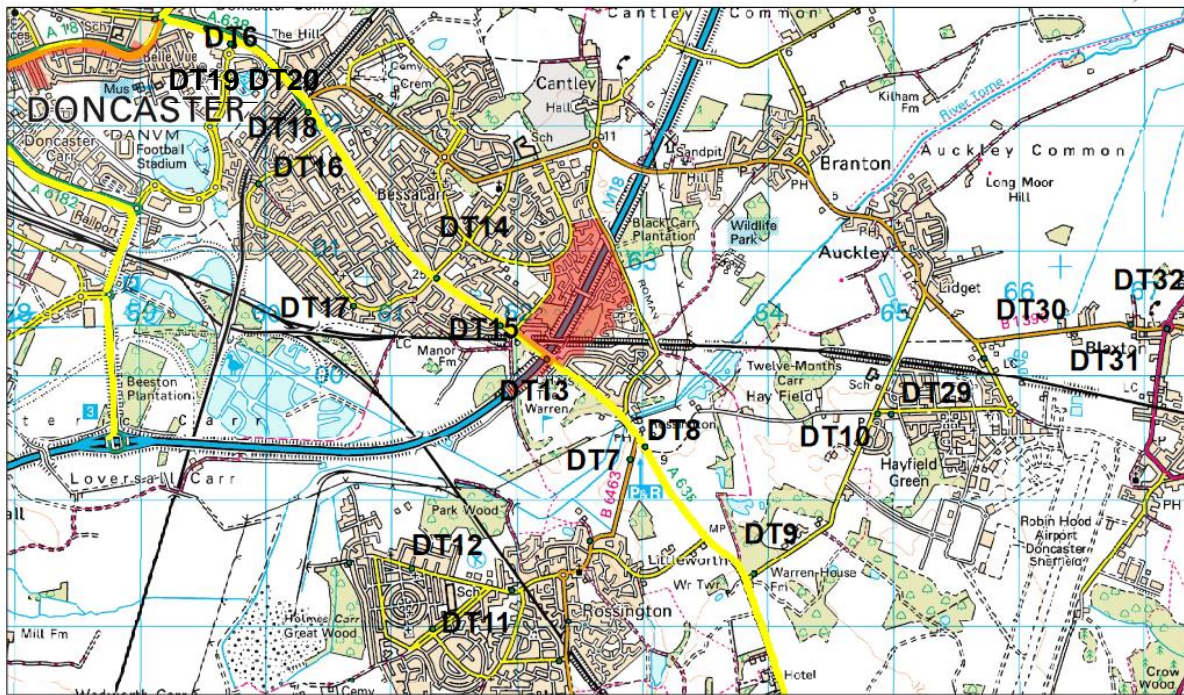
AQMA7



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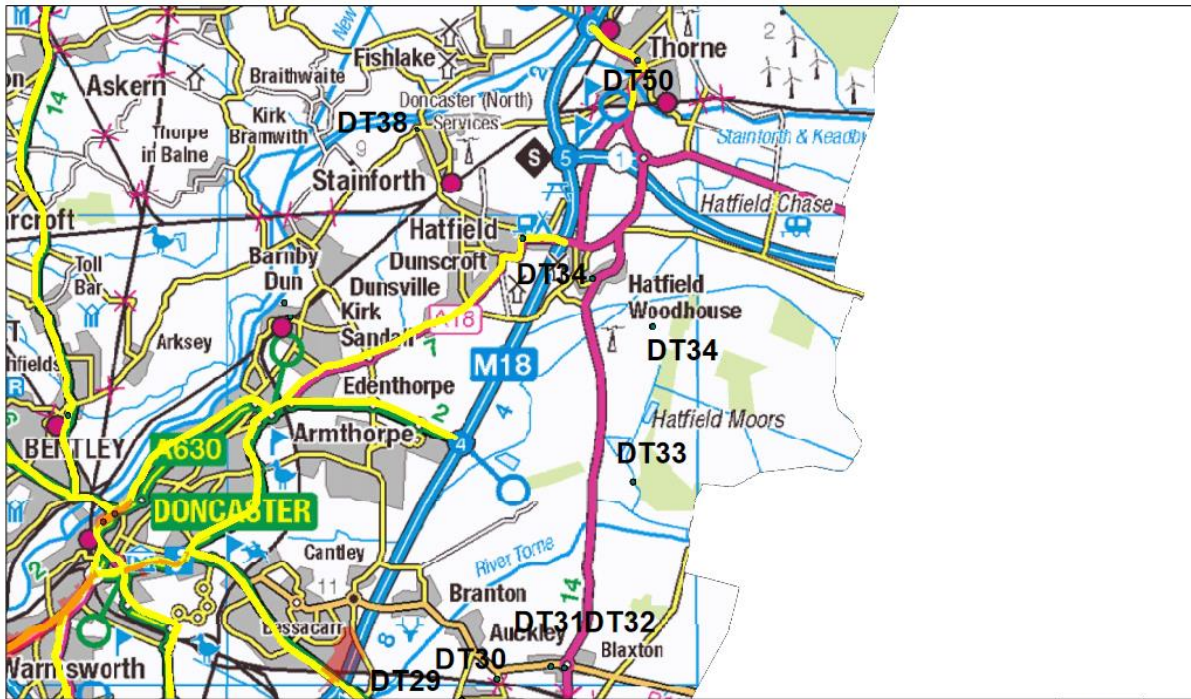
Non-AQMA Monitoring Sites



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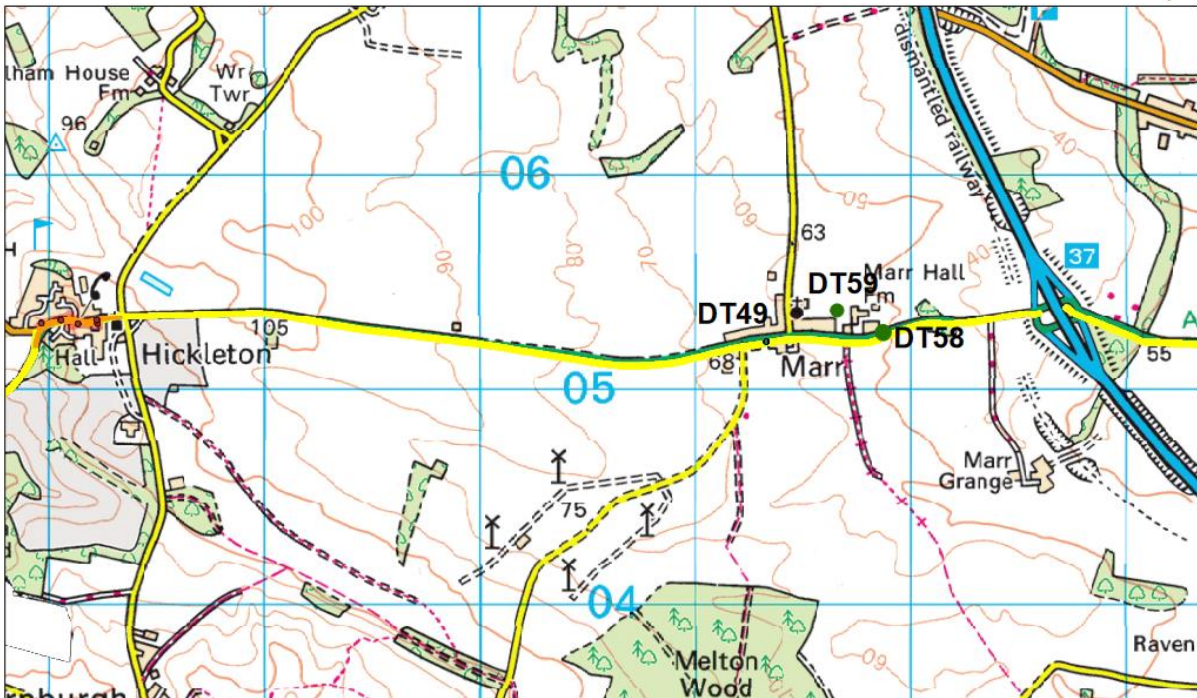
Non-AQMA Monitoring Sites



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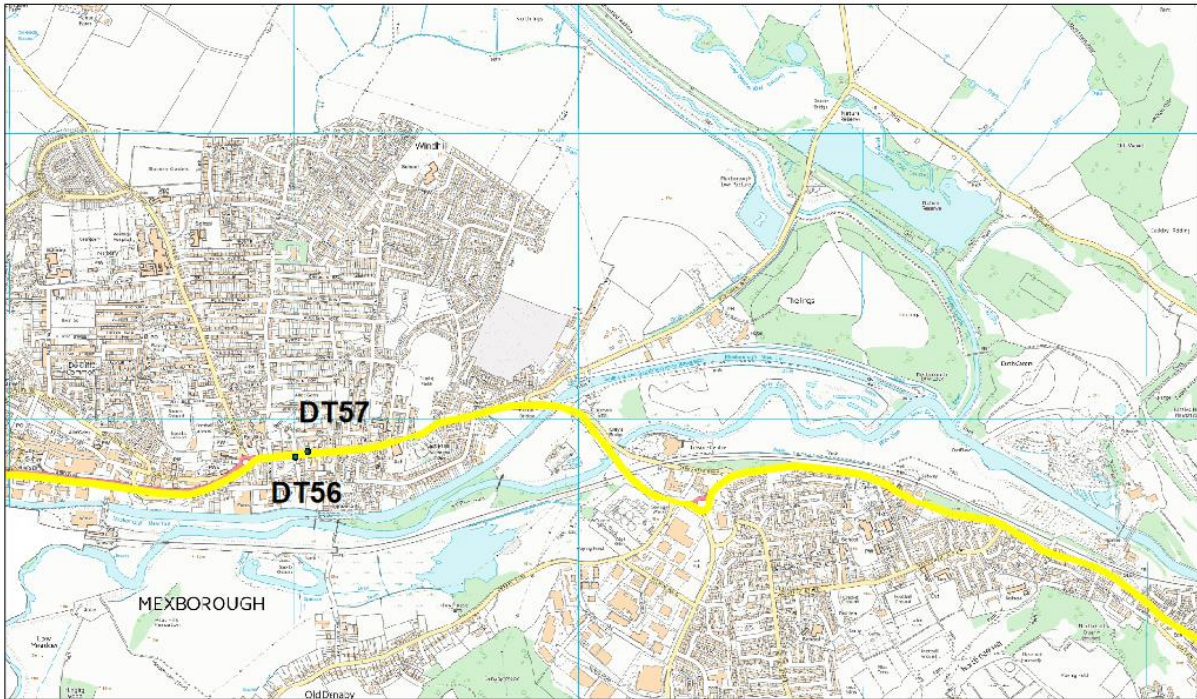
Marr Diffusion Tube Study



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Non-AQMA Mexborough



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Appendix E: Summary of Air Quality Objectives in England

Table E.1 – Air Quality Objectives in England

Pollutant	Air Quality Objective ⁴	
	Concentration	Measured as
Nitrogen Dioxide (NO ₂)	200 µg/m ³ not to be exceeded more than 18 times a year	1-hour mean
	40 µg/m ³	Annual mean
Particulate Matter (PM ₁₀)	50 µg/m ³ , not to be exceeded more than 35 times a year	24-hour mean
	40 µg/m ³	Annual mean
Sulphur Dioxide (SO ₂)	350 µg/m ³ , not to be exceeded more than 24 times a year	1-hour mean
	125 µg/m ³ , not to be exceeded more than 3 times a year	24-hour mean
	266 µg/m ³ , not to be exceeded more than 35 times a year	15-minute mean

⁴ The units are in microgrammes of pollutant per cubic metre of air (µg/m³).

Glossary of Terms

Abbreviation	Description
AQAP	Air Quality Action Plan - A detailed description of measures, outcomes, achievement dates and implementation methods, showing how the local authority intends to achieve air quality limit values'
AQMA	Air Quality Management Area – An area where air pollutant concentrations exceed / are likely to exceed the relevant air quality objectives. AQMAs are declared for specific pollutants and objectives
ASR	Air quality Annual Status Report
Defra	Department for Environment, Food and Rural Affairs
DMRB	Design Manual for Roads and Bridges – Air quality screening tool produced by Highways England
EU	European Union
FDMS	Filter Dynamics Measurement System
LAQM	Local Air Quality Management
NO ₂	Nitrogen Dioxide
NO _x	Nitrogen Oxides
PM ₁₀	Airborne particulate matter with an aerodynamic diameter of 10µm (micrometres or microns) or less
PM _{2.5}	Airborne particulate matter with an aerodynamic diameter of 2.5µm or less
QA/QC	Quality Assurance and Quality Control
SO ₂	Sulphur Dioxide
...	...

References

Air Quality Archive Internet website: www.airquality.co.uk

Defra website: <http://www.defra.gov.uk/environment/quality/air/air-quality/>

Doncaster Metropolitan Borough Council Public Access:

<http://local.doncaster.gov.uk/PublicAccess/default.aspx>

Doncaster Metropolitan Borough Council, Pollution Control, Air Quality Review and Assessment Reports, Various, 1998 – 2017

Doncaster Metropolitan Borough Council, Strategic Transportation Unit

Local Air Quality Management Policy Guidance LAQM. PG(16), issued by DEFRA

Local Air Quality Management Technical Guidance LAQM. TG(16), issued by DEFRA

Precision Results 2017:

https://laqm.defra.gov.uk/assets/Tube_Precision_2017_version_03_18%20Final%20REDUCED.pdf

Downloaded June 2018

Wasp Results: Summary of Laboratory Performance in WASP NO₂ Proficiency Testing Scheme.

<https://laqm.defra.gov.uk/assets/AIR-PT-Rounds-13-to-24-Apr-2016-Feb-2018.pdf>

Downloaded June 2018

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 15 November 2018

Subject: Report of the HWB Steering Group and Forward plan

Presented by: Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	x

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>This report provides an update on veterans health, the development of an All Age Carers Charter, Work & Health, the Well Doncaster annual report and the minutes from the last South Yorkshire and Bassetlaw, Shadow Integrated Care System Collaborative Partnership Board. It also provides a forward plan for the Board.</p>

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

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To the Chair and Members of the HEALTH AND WELLBEING BOARD

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

EXECUTIVE SUMMARY

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

EXEMPT REPORT

2. N/A

RECOMMENDATIONS

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

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

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

The Steering group has had two meetings since the last Board in September 2018. It is refocussing to ensure progress on the Health and Wellbeing Strategy and key Board priorities including health inequalities, loneliness/social isolation, oral health, the areas of focus (alcohol, obesity, dementia, and mental health) and prevention. Key updates include:

Veterans Health

- Established Doncaster Armed Forces and Veterans Steering Group (DAFVSG) for Doncaster, included a wide range of partners, commissioned and community sector.
- Refreshing current Annual Action Plan, particularly building on areas across Doncaster around Veterans and Health, Mental Health and Veterans Support.
- Expanding membership of the DAFVSG to include Doncaster and Bassetlaw Hospitals (DBHFT), Clinical Commissioning Group (CCG), GPs and Leisure. To date this year DBHFT are one of the first acute trusts nationally to apply for the Veteran Friendly Hospital Status and have been admitted as members of the Veteran's Covenant Hospital Alliance (VCHA).
- Following the trial brief provided to NHS England on recommendations to deliver a Veteran Friendly Award for GP – this has been trialled in the South of England and we are currently working with Doncaster GPs to establish a North Trial for this scheme in Doncaster.
- Working with partners to develop more performance management and impact understanding of the work around veterans and armed forces – so that we can show where we have achieved priority actions what difference this actually makes to our veterans, families and communities.

Carers

- The Carers Strategic Oversight Group (CSOG) was established to deliver and challenge the actions to achieve the Adult Carers Strategy 2015 – 2018. This group has gone through significant change in the last 6 months, including a change of membership to be inclusive of an All Age Approach.
- The group includes professional partners, community providers, Community and Voluntary sector and Individual Carer Representatives.
- An All Age Carers Charter was co-produced with carers and their representatives in response to carers requests for a public commitment to carer support (attached). The council's cabinet approved this on 16th October 2018.

Aspects of commitment under the Charter are now being further developed, including support options around employment, education, and our own responsibilities as an Employer. The CSOG have held a workshop to identify priority actions outstanding to deliver across the partnerships to establish the next years Action Plan to work towards and report on. Key areas of priority are also being reported and matrixed into other work streams to ensure no duplication of these tasks i.e. adult commissioning, social care Carers Assessment review, Young Carers, Carers identification in Health, etc.

Work and Health

The Doncaster Local Integration Board (LIB) has been operational now for just over 6 months. It was created as a requirement of the Working Win Programme, and will become the umbrella board for all employment (including employment and health) related activity in Doncaster. Its purpose is to ensure that Doncaster's health and employment systems are integrated by supporting the work of member organisations to respond to the needs and issues present within the local economy and labour market. Building from the Stronger Families Board, the LIB includes all the main partner organisations plus South Yorkshire Housing Association who are delivering Working Win and Reed in partnership who deliver the Work and Health Programme. The LIB is currently focussed on the performance of the two main contracts, the integration of a range of employment programmes and the services that support activity through a service directory.

Working Win offers:

- One-to-one support to suit individual needs and employment goals
- Working with the individual and their health care team to manage any difficulties
- Help finding a job if individuals are not in paid employment, and continued support once in work
- Help to continue working with a health condition
- Benefits advice to find out if work could increase incomes
- Help talking to employers about specific needs at work
- Meetings over the phone or in person at a convenient location

How does the trial work?

The Health-led Employment Trial is a randomised control trial, meaning people who take part will be randomly placed into one of two research groups. One group will receive the new services and the other group will be provided with information about existing services in their area.

Who is the trial for?

- People with a mental health and/or physical health condition
- People who are out of work and want to work; or working and want support to continue working
- People registered with a GP in Barnsley, Bassetlaw, Doncaster, Rotherham or Sheffield.

- People aged 18+ at the time of referral

How to get involved?

To find out more information please speak to your GP or local health professional or to contact the Health-led Employment Trial team directly, please visit www.workingwin.com or ring us on 0114 290 0218.

Health partners are asked to consider who is best placed to support the integration between health and employment sectors.

Forward Plan

The Forward Plan for 2019 is presented for debate, discussion and agreement (**Appendix A**).

South Yorkshire and Bassetlaw Shadow Integrated Care System Collaborative Partnership Board

The minutes from the September 2018 meeting are attached for information (**Appendix B**).

OPTIONS CONSIDERED

6. None

REASONS FOR RECOMMENDED OPTION

7. None

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The dimensions of Wellbeing in the Strategy should support this priority.</p>

	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The Health and Wellbeing Board will contribute to this priority</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The Health and Wellbeing Board will contribute to this priority</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The Health and Wellbeing Board will contribute to this priority</p>
	<p>Council services are modern and value for money.</p>	<p>The Health and Wellbeing Board will contribute to this priority</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The Health and Wellbeing Board will contribute to this priority</p>

RISKS AND ASSUMPTIONS

9. None

LEGAL IMPLICATIONS

10. No legal implications have been sought for this update paper.

FINANCIAL IMPLICATIONS

11. No financial implications have been sought for this update paper.

HUMAN RESOURCES IMPLICATIONS

12. No human resources implications have been sought for this update paper.

TECHNOLOGY IMPLICATIONS

13. No technology implications have been sought for this update paper.

EQUALITY IMPLICATIONS

14. The primary care committee and the Working Win approach both address the needs of some of the most vulnerable people in Doncaster. Assessing the impact of these approaches will be important.

CONSULTATION

15. None

BACKGROUND PAPERS

16. None

REPORT AUTHOR & CONTRIBUTORS

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Dr Rupert Suckling
Director Public Health

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2019/20

Date	Board Core Business		Partner Organisation and Partnership Issues	HWBB Steering Group Work plan
	Meeting/Workshop	Venue		
17 th January 2019	<p>Board meeting</p> <ul style="list-style-type: none"> • Outcomes framework (Area of focus deep dive) • Health and social care /BCF update • Safeguarding Children’s Annual Report update • Health Protection update • Mental health update • HWBB Steering group update 	St Catherine’s House, Balby	<ul style="list-style-type: none"> • Plans and reports from <ul style="list-style-type: none"> ○ CCG ○ NHSE ○ DMBC ○ Health watch ○ RDaSH ○ DBH • Safeguarding reports • Better Care Fund • DPH annual report • Role in partnership stocktake • Wider stakeholder engagement and events • Relationship with Team Doncaster and other Theme Boards • Relationship with other key local partnerships • Health Protection Assurance Framework • Wellbeing and Recovery strategy • Adults and Social care Prevention Strategy • Housing • Environment • Regeneration 	<ul style="list-style-type: none"> • Areas of focus – schedule of reports and workshop plans • Integration of health and social care (BCF) workshop plan • Other subgroups – schedule of reports • Communications strategy • Liaison with key local partnerships • Liaison with other Health and Wellbeing Boards (regional officers group) • Learning from Knowledge Hub

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2019/20

<p>7th February 2019</p>	<p>Workshop Topic tbc</p>	<p>Venue tbc</p>		
<p>14th March 2019</p>	<p>Board meeting</p> <ul style="list-style-type: none"> • Outcomes framework (Area of focus deep dive) • Health and social care /BCF update (Health & care partners annual plans) • DPH Annual report • Learning Disabilities Partnership update • Dementia Partnership update • HWBB Steering group update 	<p>Civic office room 007a and 007b</p>		
<p>11th April 2019</p>	<p>Workshop Topic tbc</p>	<p>Venue tbc</p>		
<p>13th June 2019</p>	<p>Board meeting</p> <ul style="list-style-type: none"> • Outcomes framework update (new areas) • Health and social care/BCF update 	<p>Civic office room 007a and 007b</p>		

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2019/20

	<ul style="list-style-type: none"> • Healthwatch/Missed Appointments update • Substance Misuse/Alcohol update • Health inequalities update • HWBB Steering group update 			
4th July 2019	Workshop Topic tbc	Venue tbc		
5th September 2019	Board meeting <ul style="list-style-type: none"> • Outcomes framework update (Area of focus deep dive) • Health and social care/BCF update • Children and Young people Impact report update • State of health Annual report • HWBB Steering group update 	Civic office room 007a and 007b		
10th October 2019	Workshop Topic tbc	Venue tbc		

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2019/20

<p>14th November 2019</p>	<p>Board meeting</p> <ul style="list-style-type: none"> • Outcomes framework update (new areas) • Health and social care/BCF update • Safeguarding report update (adults) • Safeguarding report update (children) • HWBB steering group 	<p>Civic office room 007a and 007b</p>		
<p>5th December 2019</p>	<p>Workshop Topic tbc</p>	<p>Venue TBC</p>		

2019 Health and Wellbeing Board: future meetings

17th January 2019 (Venue: St Catherine’s House, Balby)

14th March 2019 (Venue: Civic office rooms 007a and 007b)

13th June 2019 (Venue: Civic office rooms 007a and 007b)

5th September 2019 (Venue: Civic office rooms 007a and 007b)

14th November 2019 (Venue: Civic office rooms 007a and 007b)

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2019/20

Health and Wellbeing Workshop Dates – Topics/ venues/dates to be confirmed

7th February 2019 9-12 to be confirmed

11th April 2019 9-12 to be confirmed

4th July 2019 9-12 to be confirmed

10th October 2019 9-12 to be confirmed

5th December 2019 9-12 to be confirmed

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Doncaster Carers Charter



A **CARER** is someone of any age who supports a relative, partner, friend or neighbour who due to physical or mental illness, disability, frailty or addiction could not manage without that support. Doncaster Council and all of our partners are committed to providing help and support for carers in their daily life by recognising what's important, including:



Helping you **to be healthy**



Providing opportunities **to have friends** and be part of social activities in the community and beyond



Supporting **time for you** away from caring



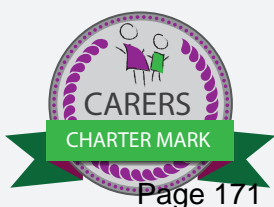
Promoting **choices** so you can tap into the right support at the right time in the way that you choose



Valuing your caring role, ensuring you are recognised and heard



Encouraging **opportunities to learn or work**



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South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

14 September 2018

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Decision Summary

Minute reference	Item	Action
74/18	<p>Matters arising</p> <p>Digital/IT update against funding awards The Board was informed that the Executive Steering Board would receive a detailed presentation on Tuesday 18th September.</p> <p>The Board requested clarity on the following:</p> <ul style="list-style-type: none"> • funds relating to the digital pathology system • funding priority bids submitted <p>All other matters arising are on this agenda.</p>	NHA
75/18	<p>National Update</p> <p>CEO ICS Report</p> <p>The Board was asked to note that the ICS is mindful of time pressures and the number of meetings CEOs are expected to attend. Therefore a review of the current meeting structures will take place over the coming weeks. HS will produce a summary of all meetings generated by programme directors for review by the SMT.</p>	HS
76/18	<p>Place Updates</p> <p>The Chair requested for Alison Knowles to prepare a report for the next meeting in October to include the following:</p> <ul style="list-style-type: none"> - The integration journey each of our places is on - The timeline for each place - Key system consideration this may require <p>Following discussion, on microsystem coaching, the Board asked Kirsten Major to oversee a scoping exercise on what is offered at a national level and report back to members.</p>	AK KM
77/18	<p>Engagement on the Long Term Plan for the NHS</p> <p>It was noted that the timeframe had been extended in order to collate themes at a Place level. The Board was informed that more responses are expected and a final collated report would be presented to the Collaborative Partnership Board in October.</p>	LS

81/18	ICS Highlight Report The Board requested that future reports include a summary cover sheet capturing the main highlights on progress for the ICS workstreams and major associated risks.	LK
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South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

14 September 2018

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ICS	Chief Executive, SYB ICS	✓		
Adrian England	Healthwatch Barnsley	Chair		✓	
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	✓		
Alison Knowles	Locality Director North of England,	NHS England			✓
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources		✓	
Andrew Hilton	Sheffield GP Federation	GP		✓	
Ann Gibbs	Sheffield Teaching Hospitals NHS FT	Director of Strategy		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher	✓		
Catherine Burn	Voluntary Action Representative	Director		✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer		✓	
Chris Holt	The Rotherham NHS FT	Deputy Chief Executive and Director of Strategy and Transformation		✓	
Clare Hodgson	EMAS	Assistant Director of Strategy Development and Commercial Services		✓	
Clare Morgan	Sheffield Teaching Hospitals NHS Foundation Trust	Programme Director (Chief Executives Office)		✓	
David Pearson	Nottingham County Council	Deputy Chief Executive		✓	
Des Breen	South Yorkshire and Bassetlaw ICS	Medical Director	✓		
Dominic Blaydon	Rotherham Hospital FT	Associate Director of Strategy and Transformation		✓	
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Greg Fell	Sheffield City Council	Director of Public Health	✓		
Frances Cuning	Yorkshire & the Humber PHE Centre	Deputy Director – Health and Wellbeing	✓		
Helen Stevens	South Yorkshire and	Associate Director of		✓	

	Bassetlaw ICS	Communications and Engagement			
Ian Atkinson	NHS Rotherham CCG	Deputy Chief Officer	✓		Chris Edwards
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	✓		
James Scott	South Yorkshire and Bassetlaw Shadow ICS	Senior Programme Manager		✓	
Janet Wheatley	Voluntary Action Rotherham	Chief Executive		✓	
Jeremy Cook	South Yorkshire and Bassetlaw Shadow ICS	Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive		✓	
Kirsten Major	Sheffield Teaching Hospital FT	Interim CEO	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive		✓	
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS Deputy System Lead, Chief Officer NHS Barnsley CCG	✓		
Lisa Kell	South Yorkshire and Bassetlaw ICS	Director of Commissioning Reform	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive	✓		
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer	✓		
Mags McDadd	South Yorkshire and Bassetlaw Shadow ICS	Corporate Committee Administrator, Executive PA and Business Manager	✓		
Matthew Groom	NHS England Specialised Commissioning	Assistant Director	✓		Sarah Halstead
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning and Development		✓	
Mark Janvier	NHS England - North	Head of Operations and Delivery	✓		Alison Knowles
Mike Curtis	Health Education England	Local Director		✓	
Moira Dumma	NHS England	Director of Commissioning Operations		✓	
Neil Priestly	Sheffield Teaching Hospital FT	Director of Finance		✓	
Neil Taylor	Bassetlaw District Council	Chief Executive		✓	

Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Patrick Birch	Doncaster Metropolitan Borough Council	Strategic Lead for Adult Transformation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Executive Director		✓	
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive	✓		
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive	✓		
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		Jo Miller
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sandra Crawford	Nottinghamshire Healthcare NHS FT	Associate Director of Transformation Local Partnerships Division	✓		Paul Smeeton
Sarah Halstead	NHS England Specialised Commissioning	Senior Service Specialist and RightCare Associate		✓	
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		✓	
Simon Morritt	Chesterfield Royal Hospital NHS FT	Chief Executive	✓		
Steve Shore	Healthwatch Doncaster	Chair		✓	
Teresa Roche	Rotherham Metropolitan Borough Council	Director of Public Health		✓	
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw ICS	Chief Operating Officer	✓		
Yvonne Elliott	Primary Care Sheffield	Deputy Chief Executive Officer		✓	

Minute reference	Item	Action
71/18	<p>Welcome and introductions</p> <p>The Chair welcomed members to the meeting.</p>	
72/18	<p>Apologies for absence</p> <p>The Chair noted the apologies for absence.</p>	
73/18	<p>Minutes of the previous meeting held 8th June 2018</p> <p>The minutes of the previous meeting were agreed as a true record and will be posted on the website after this meeting. www.healthandcaretogethersyb.co.uk</p>	
74/18	<p>Matters arising</p> <p>Digital/IT update against funding awards The Board was informed that the Executive Steering Board would receive a detailed presentation on Tuesday 18th September.</p> <p>The Board requested clarity on the following:</p> <ul style="list-style-type: none"> • funds relating to the digital pathology system • funding priority bids submitted <p>All other matters arising are on this agenda.</p>	NHA
75/18	<p>National Update</p> <p>CEO ICS Report</p> <p>The Chair presented the Chief Executive Officer's report to the meeting.</p> <p>This monthly report provided an update on:</p> <ul style="list-style-type: none"> • The work on of the ICS CEO over the last month • The number of key priorities not covered elsewhere on the agenda. <p>The report gave a concise update to members regarding the following:</p> <ul style="list-style-type: none"> • Memorandum of Understanding (MOU) • ICS ways of working / governance review • Commissioning Review • Chief Executive System Leads • Hospital Services – Strategic Outline Case (SOC) • Long Term Plan <p>The Chair provided feedback to the Board of the ICS Leads Development Day which he attended on 12th September. The main objectives of the day were:</p> <ul style="list-style-type: none"> • Inspecting Systems – insight from the CQC • NHS 10 year plan – presented by Ben Dyson and Ivan Ellul • Financial regime 2019/20 • Deep Dive – Mental Health • Learning from the ICS <p>The Board was informed that ICS Leads had the opportunity to input to the emerging system architecture with NHS England and NHS Improvement. The Board discussed in detail the key themes of the day and in particular workforce issues, primary care and the establishment of neighbourhood and the financial framework.</p> <p>It was noted that Sheffield Teaching Hospitals NHS Trust are hosting a visit from NHS Improvement in 1st October to establish a clear view of the benefits of group</p>	

	<p>models.</p> <p>The Board was asked to note that the ICS is mindful of time pressures and the number of meetings CEOs are expected to attend. Therefore a review of the current meeting structures will take place over the coming weeks. HS will produce a summary of all meetings generated by programme directors for review by the SMT.</p> <p>The Chair added that the South Yorkshire and Bassetlaw ICS needs to consider new ways of working to respond to changes nationally, in line with new governance arrangements. It was noted that new arrangements from April 2019 would consider a Guiding Coalition to include an inclusive cohort of all provider and CCG Boards, Governing bodies, Healthwatch, local councils and the Citizens' Panel. The Chair advised that members would have the opportunity to contribute to the new ICS structure over the coming month.</p>	<p>HS</p>
<p>76/18</p>	<p>Place Updates</p> <p>The Chair requested a representative from each 'place' to provide a brief verbal update on progress:</p> <p><u>Doncaster</u></p> <ul style="list-style-type: none"> - System transformation arrangements are now in place - Currently reviewing governance - Testing new models of service delivery - Moving towards integration with joint partners and progressing to look at teams. - Ongoing work with the local authority on neighbourhood model - Progress to support new contracting arrangements - Some front line staff are now using a new Integrated Digital Care Record and hope to roll this out further - Progressing with streamlining and simplifying commissioning. <p><u>Bassetlaw</u></p> <ul style="list-style-type: none"> - Established a programme team. Programme Directors (job share) in post, currently appointing administration and project manager to support. Posts jointly funded by partners to the place partnership - Springboard event held identifying population health priorities and supporting workstreams - Social care commitment with alignment of staff with Primary Care Homes (PCH). - Exemplified of PCH initiatives include the establishment of a Citizens Advice service in a GP practice; children's counselling service and a social prescribing triage clinic - Collaborative working with local authorities to establish accommodation units linked to hospital discharge to support vulnerable patients - Progressing the integration of community and mental health services alongside patient centred care and use of patient activation <p><u>Rotherham</u></p> <ul style="list-style-type: none"> - Rotherham Place Plan updated – to be agreed by partners - 24/7 Mental Health liaison service planned to go live from October - Integrating physical and mental health care e.g. Care Co-ordination - Established a new intermediate care vision <p><u>Sheffield</u></p> <ul style="list-style-type: none"> - Workstream update – ongoing - Prioritising: reduce smoking; reduce obesity; improve older care - Sheffield outcomes project; early parenting; hospital admissions - Working through financial reforms - Ongoing reviewing of commissioning <p><u>Barnsley</u></p> <ul style="list-style-type: none"> - Noted the place based approach to integrating service provision and commissioning activities and the publication of the Strategic Outline Case outlining that vision for Barnsley. Currently exploring the novel 	

	<p>contract route via the ISAP process versus how far can we go towards full integration through collaboration and partnership working.</p> <p>Following discussion the Board agreed that it would be helpful to put some structure around the 'place' updates.</p> <p>The Chair requested for Alison Knowles to prepare a report for the next meeting in October to include the following:</p> <ul style="list-style-type: none"> - The integration journey each of our places is on - The timeline for each place - Key system consideration this may require <p>Following discussion, on microsystem coaching, the Board asked Kirsten Major to oversee a scoping exercise on what is offered at a national level and report back to members.</p>	<p>AK</p> <p>KM</p>
<p>77/18</p>	<p>Engagement on the Long Term Plan for the NHS</p> <p>The Collaborative Partnership Board received this report from Lesley Smith, Deputy System Lead and Chief Executive System Lead for the Strategy, Planning and Transformation Delivery.</p> <p>The report provided a high level overview of the key themes emerging from system partners as part of the engagement on the Long Term Plan for the NHS from system partners.</p> <p>The Board was asked to note the need to develop and establish a workforce that is equipped to deliver the national and local priorities to support integrated service delivery.</p> <p>It was noted that the timeframe had been extended in order to collate themes at a Place level. The Board was informed that more responses are expected and a final collated report would be presented to the Collaborative Partnership Board in October.</p> <p>The Chair thanked Lesley Smith for her report.</p>	<p>LS</p>
<p>78/18</p>	<p>Hospital Services Review Strategic Outline Case</p> <p>The Collaborative Partnership Board received the report from Alexandra Norrish, Programme Director, Hospital Services Review, SYB ICS.</p> <p>Boards, Governing Bodies and members of the public have now given their feedback on the recommendations within the report. Partner organisations largely support the recommendations and therefore the Strategic Outline Case (SOC) reflects this support with two main changes:</p> <ul style="list-style-type: none"> • It gives greater emphasis and focus to the need for transformation of the workforce. • It outlines that the Clinical Working Groups on maternity and paediatrics will be asked to explore a wider range of clinical models that could satisfy interdependencies between maternity and paediatrics. <p>The SOC had been discussed and approved at the Governing Bodies of Bassetlaw; Doncaster, Rotherham, Barnsley and Sheffield CCGs. Governing Bodies had been asked to confirm in writing their formal sign off of the SOC.</p> <p>The Chair thanked Alexandra Norrish for her report.</p> <p>The Collaborative Partnership Board noted the contents of the report.</p>	
<p>79/18</p>	<p>Finance Update</p>	

	<p>The Collaborative Partnership Board received the report from Jeremy Cook, Finance Director, SYB ICS.</p> <p>The Board noted that there is a risk of loss of system provider sustainability funding (PSF) if the system does not meet its quarterly phased system improvement plan value up to an annual cap of £5.7m. As Q1 is confirmed the residual risk for the remainder of the year is £4.8m.</p> <p>It was noted that both the year-to-date and the forecast position before PSF are showing favourable variances, however, there is a need to improve the current run-rate in order to deliver the system improvement plan value – the current forecast is £0.840 million better than plan. Year to date position at Month 4 is also a favourable variance against plan of £4.2m excluding PSF, all organisations are forecasting break even or better against plan before PSF. CIP and QIPP schemes are behind plan year-to-date and forecast. There is a need to ensure that a strong focus remains on CIP and QIPP delivery:</p> <p>The key financial risks were noted as follows:</p> <ul style="list-style-type: none"> • Plan Alignment Gap: There is a £15.6m plan alignment gap between commissioners and provider within the Doncaster and Bassetlaw and Sheffield systems; • CIP / QIPP delivery gap: There is a £29.2m stretch on CIP/QIPP delivery compared to 2017-18 out-turn; • CIP / QIPP phasing: CIP plans are phased 67% in the last six months and QIPP plans are phased 55% in the last six months. <p>The ICS Director of Finance informed the Board that he will be visiting local-systems in September to review risk and mitigation plans on a place-basis where risk is considered to be high. The proposed Finance and Activity Committee will provide ICS-level scrutiny of risks, mitigations and recovery plans.</p> <p>The Collaborative Partnership Board was asked to note the contents of the report and in particular the position at Month 4 and the risks to achievement of the system improvement plan.</p> <p>The Chair thanked Jeremy Cook for his report.</p>	
80/18	<p>Memorandum of Understanding</p> <p>The Collaborative Partnership Board received the report from Will Cleary-Gray, Chief Operating Officer, SYB ICS.</p> <p>The Board was asked to note the final version of the national Memorandum of Understanding (MOU) for South Yorkshire and Bassetlaw Integrated Care System. The MOU is consistent with previous drafts which were shared with partner organisations for discussion. The MOU will now be considered in context of feedback from partner discussions and review of governance and ways of working across the South Yorkshire and Bassetlaw system. The Board was asked to note the date for final sign off is 1st October 2018.</p> <p>The Collaborative Partnership Board noted the contents of the report.</p> <p>The Chair thanked Will Cleary-Gray for his report.</p>	
81/18	<p>ICS Highlight Report</p> <p>The Collaborative Partnership Board received the ICS Highlight Report from Lisa Kell, Director of Commissioning, SYB ICS.</p> <p>Unfortunately, as the meeting had overrun, the report was not discussed in detail.</p> <p>The Chair requested that this agenda item appear at the beginning of future Collaborative Partnership Board agendas.</p>	

	<p>The Board requested that future reports include a summary cover sheet capturing the main highlights on progress for the ICS workstreams and major associated risks.</p> <p>The Chair thanked Lisa Kell for her report.</p>	LK
82/18	<p>SYB ICS Yorkshire and Humber Applied Research Collaboration (ARC) bid</p> <p>Richard Stubbs, Chief Executive, The Yorkshire and Humber Academic Health Science Network provided a verbal update to the Board.</p> <p>The Board were informed that the bid was submitted and anticipating a response by the end of September 2018.</p> <p>The Chair thanked Richard Stubbs for the update.</p>	
83/18	<p>Any Other Business</p> <p>There was no other business to consider.</p>	
84/18	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place at 9.30am to 11.30am on 19th October 2018 in the Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>	