



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, 5th September, 2019

Time: 9.00 a.m.

PLEASE NOTE EARLIER START TIME FOR THIS MEETING

Items for consideration:

	Time/ Lead
1. Welcome, introductions and apologies for absence.	2 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.	15 mins (Chair)
(A period not exceeding 15 minutes for questions from members of the public.)	

**Damian Allen
Chief Executive**

Issued on: Wednesday 28th August 2019

Governance Services Officer for this Meeting:

Jonathan Goodrum
01302 736709

Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

- | | | |
|-----|--|--|
| 5. | Declarations of Interest, if any. | 1 min
(Chair) |
| 6. | Minutes of the Meeting of the Health and Wellbeing Board held on 13th June 2019.
<i>(Attached – pages 1 – 10)</i> | 3 mins
(Chair) |
| 7. | Report from Health and Wellbeing Board Steering Group and Forward Plan.
<i>(Paper attached – pages 11 – 36)</i> | 10 mins
(Dr Rupert Suckling) |
| 8. | Tobacco Control Update.
<i>(Presentation/Paper attached – pages 37 – 100)</i> | 30 mins
(Dr Victor Joseph/
Anna Brook) |
| 9. | Arts and Health Update.
<i>(Presentation/Cover Sheet attached – pages 101 – 102)</i> | 30 mins
(Lucy Robertshaw) |
| 10. | Healthwatch Doncaster - Annual Report and Service Update.
<i>(Paper attached – pages 103 – 134)</i> | 30 mins
(Steve Shore) |
| 11. | Universal Credit Update.
<i>(Presentation/Cover Sheet attached – pages 135 – 136)</i> | 30 mins
(Paul Tanney/
Jennie Daly) |
| 12. | Better Care Fund 2019-20 Draft Plan.
<i>(Paper attached – pages 137 – 158)</i> | 30 mins
(Olwen Wilson/
Dr Rupert Suckling) |

Date/time of next meeting:

**Thursday, 7 November 2019 at 9.00 a.m. in Room 007a and b - Civic Office,
Waterdale, Doncaster, DN1 3BU.**

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
Phil Holmes	Director of Adults, Health and Well Being, Doncaster Council
Riana Nelson	Director of Learning, Opportunities and Skills, Doncaster Council
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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Public Document Pack Agenda Item 6

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 13TH JUNE, 2019

A MEETING of the HEALTH AND WELLBEING BOARD was held in Room 007A AND B - CIVIC OFFICE on THURSDAY, 13TH JUNE, 2019, at 9.30 a.m.

<u>PRESENT:</u>	Chair -	Councillor Rachael Blake, Portfolio Holder for Adult Social Care.
	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
	Steve Shore	Chair of Healthwatch Doncaster
	Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group (DCCG)
	Damian Allen	Director of People (DCS/DASS), Doncaster Council
	Lucy Robertshaw	Assistant Director, Darts
	Rob Moore	Director of Corporate Resources, Doncaster Children's Services Trust, substituting for Paul Moffat
	Karen Barnard	Director of People & Organisational Development, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust, substituting for Richard Parker

Also in attendance:

Helen Conroy, Public Health Specialist, Doncaster Council
Stuart Green, Aspire Drug and Alcohol Services Manager
Tim Young, CEO – Alcohol and Drug Service
Dr Victor Joseph, Public Health Consultant, Doncaster Council
Anna Brook, Public Health Registrar
Anthony Fitzgerald, Director of Strategy and Delivery, DCCG
Jayne Gilmour, Interim Strategic Lead, Adults Health and Wellbeing, Doncaster Council
Councillor David Nevett (Observer)
Glyn Butcher, People Focused Group (Observer)

1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Dr David Crichton, Steve Helps, Paul Tanney, Richard Parker, Peter Dale, Kathryn Singh, Laura Sherburn and Paul Moffat.

2 APPOINTMENT OF VICE-CHAIR

It was proposed by Councillor Nigel Ball and seconded by Councillor Cynthia Ransome that Dr David Crichton be appointed as Vice-Chair of the Board for the 2019/20 Municipal Year.

Upon being put to a vote, it was unanimously

RESOLVED that Dr David Crichton be appointed as Vice-Chair of the Doncaster Health and Wellbeing Board for the 2019/20 Municipal Year.

3 CHAIR'S ANNOUNCEMENTS

Further to her announcement at the Board's last meeting, the Chair, Councillor Rachael Blake, confirmed that Doncaster Council had recently signed up to the Employers for Carers (Carers UK) scheme to support its own working carers internally, and she stated that she hoped that the other partner organisations represented on the Board would feel encouraged to do the same. She explained that the Council was now aspiring to gain accreditation – a status that only 6 organisations throughout the country had so far attained. To this end, the Chair explained that she was seeking partners' agreement and support to the proposal to start holding conversations across the Borough with a view to adopting a 'Doncaster Growing Together' approach in working towards the accreditation, which would be ground-breaking in nature. If the Board was in agreement, the Chair confirmed that she would speak to the Carers Group with a view to taking things forward.

In response, Board Members gave their full support for this initiative and the proposed course of action.

4 PUBLIC QUESTIONS

Mr Doug Wright referred to the Health and Social Care Joint Commissioning Management Board (JCMB) and asked why the meetings of this body were not held in public. He felt that from an accountability perspective, and given the important issues being considered by the Board, such as the challenge of meeting the South Yorkshire and Bassetlaw Integrated Care System efficiency target of £120.9m, that members of the public should be allowed into these meetings to observe the proceedings and ask questions. Mr Wright acknowledged that the minutes of the JCMB meetings were now being submitted to the Health and Wellbeing Board (HWB) for information, but felt that this did not enable the public to ask timely questions, given that the JCMB minutes could be several months old by the time that they were included on each HWB agenda.

In reply, Dr Rupert Suckling and Damian Allen explained that this issue had been discussed by the JCMB and it had been agreed to continue to hold the meetings in private, but that the minutes would be received by the HWB to provide transparency and give the public an opportunity to ask questions in this forum. Jackie Pederson added that the JCMB minutes were also submitted to the Doncaster Clinical Commissioning Group's Governing Body meetings, which provided a further opportunity for questions to be asked on the delivery side.

Councillor Nigel Ball felt that a valid point had been made with regard to the timeliness of receiving the JCMB minutes and expressed the view that it would be useful if members of the public were permitted to observe the proceedings at the JCMB meetings at some point in the future. The Chair then thanked Mr Wright for his question and confirmed that the position regarding public access to the JCMB meetings would be reviewed in 6 months' time.

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Mr Tim Brown addressed the Board as follows:-

“Thank you Chair for giving me the opportunity to speak and express my concerns in front of such a powerful and distinguished audience.

I can confirm that I have read the 3 main reports today: Joint Strategic Needs Assessment; Tobacco Control; and Doncaster Health and Social Care Commissioning Strategy.

I must say that I am alarmed and distressed by the absence of any narrative regarding health inequalities between ethnic groups and the major differences in health behaviours and outcomes between them.

One example, Chair, is smoking which is a key driver of poor health and premature mortality.

Smoking by ethnic group and sex in England, 2015 - source: PHE analysis of data from the Annual Population Survey shows considerable inequality: 25% of men in the ‘Mixed’ ethnic group smoke, while only 3% of Asian women smoke.

To strengthen the fantastic Public Health Team Tobacco Control work is there an opportunity to explore whether there is a prevalence of smoking amongst different BME groups in Doncaster and to target some interventions?

Chair, as an ordinary black parent, I am struggling to understand how the Joint Strategic Needs Assessment is linked to the BME Health Needs Assessment.

It is the case in Doncaster that BME citizens are under represented in the workforces of so many of the organisations represented here today.

Can the organisations represented here today consider implementing the evidence base from NHS Workforce Race Equality standard and Professor Williams of Harvard University regarding transforming workforce equality?

The key themes from this work are:

- Leadership
- Accountability
- Data
- Communication
- Role Models
- Resources

Finally Chair, the Doncaster health and social care commissioning strategy is a well presented document, but it is silent on how people like me have been engaged in the process. Is it possible especially in the context of showing compliance with the relevant section of the Health and Social Care Act 2012 and Equality Act 2010 that the report authors share with me the specific BME community engagement and Equality Impact Assessment?”

Having thanked Mr Brown for his questions, the Chair invited Board members to respond to the points raised and the following comments/observations were made:-

- Dr Rupert Suckling explained that work on embedding and delivering the BME Health Needs Assessment was still ongoing, so there would be links to the JSNA going forward.
- The Chair suggested that Mr Brown's question concerning smoking could be covered later in the meeting when the Board received the update on tobacco control.
- Board members gave an assurance that all of the organisations represented around the table had systems in place to ensure that best practice was followed in their recruitment processes. It was also suggested that the issue of workforce equality could be referred to the NHS HR&OD Group for discussion.
- Karen Barnard confirmed that the Doncaster & Bassetlaw Teaching Hospitals Foundation Trust was participating in the 'Moving Forward' staff development programme, which was aimed at helping BME staff to progress to higher levels within the organisation.
- Anthony Fitzgerald gave a brief outline of the community engagement processes followed in developing the Doncaster Health and Social Care Commissioning Strategy, explaining that over 800 people across the Borough had been contacted over a 6-week engagement period, in conjunction with Healthwatch Doncaster, with face-to-face sessions being attended by a diverse range of people. He stated that he would be happy to share the Equality Impact Assessment with Mr Brown, which could also be viewed via the CCG's website.
- During discussion on apprenticeships, work experience programmes and shadowing opportunities, Glyn Butcher from the People Focused Group (who was currently shadowing the Chair, Cllr Rachael Blake) spoke of the benefits gained from his experiences of shadowing community leaders in the Borough. Cllr Nuala Fennelly added that she had recently joined the Board of the Doncaster Chamber of Commerce, and was hoping that the Chamber could help to encourage its member businesses to allow people to shadow within their respective organisations.

5 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

6 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 14TH MARCH 2019

RESOLVED that the minutes of the meeting held on 14<sup>th</sup> March 2019 be approved as a correct record and signed by the Chair.

## 7 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:

- Suicide Prevention and Mental Health Awareness;
- Get Doncaster Dancing;
- Anchor Organisations;
- Recovery City Workshop;
- Forward Plan for the Board;
- Minutes of SY&B Shadow Integrated Care System Collaborative Partnership Board held on 8 March 2019; and
- Minutes of Joint Commissioning Management Board held on 28 March 2019.

In referring to the '#Another Way' suicide prevention campaign, Dr Rupert Suckling stated that he wished to give a big 'thank you' to Jayne Desmier for all her hard work on this initiative. In praising the video that had been made in support of the campaign, Board members hoped that the video would be widely publicised so that it reached as many different audiences as possible. Dr Suckling confirmed that the video had been shown in cinemas and it also popped up as an advert in certain YouTube videos for viewers located in Doncaster.

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.

## 8 OUTCOMES FRAMEWORK: DONCASTER 2018/19 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) STATE OF HEALTH REPORT AND 2019/20 JSNA WORK PLAN

The Board considered the 2018/19 Joint Strategic Needs Assessment (JSNA) State of Health Report, together with the JSNA Work Plan for 2019/20, which the Board was asked to agree.

In introducing this item, Jon Gleek summarised the work packages proposed for inclusion in the JSNA Work Plan over the coming year, as detailed in the report. In answer to a question, the officers outlined the various methods and sources of information that would be used to capture the relevant data for the Older People (Ageing Well) Needs Assessment.

Laurie Mott then outlined the key findings in the State of Health report, explaining that it comprised two elements. Firstly, the report gave details of some of the key issues affecting the health of Doncaster people. Secondly, it reported on some of the new insights and findings of the JSNA programmes of the last year. With regard to health in Doncaster, it was noted that the Borough continued to face significant health

challenges. The information being gathered would help to ensure that partners continued to focus on the right priority areas.

The Board then noted and discussed the new insights highlighted in the report, in relation to Population Change, Pupil Life Style Survey, Childhood Obesity, Learning Disabilities, Active Travel, Mental Health and Life Expectancy. It was pointed out that further information on many of these new insights would be available on the new JSNA website.

In referring to the impact of fast-food outlets on childhood obesity, Dr Rupert Suckling confirmed that the Council was taking measures to strengthen the health policies contained within the Local Plan in connection with the prevalence of fast-food premises across the Borough.

During further discussion on various aspects of the report, Damian Allen expressed concern over the findings of the Pupil Life-Style Survey that LGBT children in secondary schools faced mental health challenges and reported higher levels of bullying and lower levels of happiness. He added that he would be following up these statistics.

After the Board had requested that the State of Health Report also be submitted to the Doncaster Growing Together Portfolio Group for its consideration, it was

RESOLVED that:

- (1) the findings of the Doncaster 2018/19 JSNA State of Health Report be noted;
- (2) the JSNA work programme be agreed and the Director of Public Health be given delegated authority to make modifications to the work as changing circumstances demand; and
- (3) the State of Health Report also be submitted to the Doncaster Growing Together Portfolio Group for consideration.

9 SUBSTANCE MISUSE STRATEGIC UPDATE 2019 AND ASPIRE DRUG AND ALCOHOL SERVICES PERSPECTIVE

The Board received and noted two presentations in relation to substance misuse – the first, by Helen Conroy, provided a 2019 strategic update on substance misuse, while the second presentation by Tim Young and Stuart Green gave an outline perspective from the Alcohol & Drug Service and Aspire Drug & Alcohol Services respectively.

Arising from discussion on the support available for people discharged from prison with drug and alcohol addictions, further information was requested by Cllr Nuala Fennelly as to the numbers of prisoners not originally from Doncaster who continued to live in the Borough following their discharge, and the impact this was having on the statistics for substance misuse in Doncaster. In response, Dr Rupert Suckling undertook to obtain this information for Cllr Fennelly outside of the meeting.

After Members had agreed that it would be helpful if the Alcohol Alliance could feed into this Board in future to assist the Board in keeping a watching brief on this topic, it was

RESOLVED to note the information contained in the Substance Misuse strategic update 2019.

10 TOBACCO CONTROL UPDATE

The Board considered a report and received a presentation which gave a summary of the current position with regard to Tobacco Control and outlined the findings from a review carried out into current Tobacco Control activities. It was noted that the review, which had included the undertaking of a CLear Peer Assessment, had resulted in a number of actions and priorities being identified, which all organisations represented on the Board were being asked to consider and sign up to.

In reply to a query as to whether vaping and e-cigarettes could be used as a tool to encourage people to stop smoking cigarettes, Anna Brook confirmed that the NHS Stop Smoking Service did support people in terms of providing advice and guidance on the use of nicotine replacement products and smoking alternatives such as e-cigarettes. She added that while vaping/e-cigarettes were now commonly used as quitting aids, the longer-term effects of using these as an alternative to smoking were still unknown.

With regard to the earlier question put to the Board by Mr Tim Brown concerning the exploration of smoking prevalence among BME communities, Dr Victor Joseph explained that in April 2017, a Health Equity Audit of the Stop Smoking Service in Doncaster was undertaken by the Public Health team, including examining the uptake of the service by ethnic groups. This had found that the uptake among the white population was 82%, compared to a 3% uptake among the non-white population of Doncaster. This information was used as part of the service redesign in order to reach out to those groups where uptake was low. It was also noted that as part of the BME Health Needs Assessment in 2018, one of the problem areas some of the groups interviewed had identified was smoking.

In discussing the content of the report and appendices, Councillor Nigel Ball felt that the recommended priorities did not go far enough and could benefit from further strengthening. The Board therefore agreed that the report should be taken back to the Tobacco Alliance to enable further work to be undertaken to strengthen the priorities and discussion on resourcing issues, prior to being re-submitted to this Board's next meeting in September.

RESOLVED to refer the report back to the Tobacco Alliance for further work to be carried out on strengthening the priorities, prior to being re-submitted to this Board's meeting in September 2019.

11 DONCASTER HEALTH AND SOCIAL CARE COMMISSIONING STRATEGY 2019-2021/BETTER CARE FUND 2018-19 QUARTER 4 UPDATE

The Board received an update report on the Quarter Four 2018/19 Statutory Return for the Better Care Fund (BCF), together with a presentation by Anthony Fitzgerald on the Doncaster Joint Commissioning Strategy 2019-21, a copy of which was included in the agenda pack.

It was noted that a key focus of the strategy was to support a managed shift towards health and care that was increasingly preventative and delivered at community level, rather than in acute settings.

RESOLVED to note the contents of the presentation on the Doncaster Health and Social Care Commissioning Strategy 2019-2021 and, in relation to the Better Care Fund update :-

1. note progress against the BCF national conditions, performance indicators, the final BCF outturn position for 2018/19 and general positive progress towards the integration of health and social care in Doncaster;
2. consider the challenges in delivering the BCF plan and actions that could be taken to address these at the strategic level;
3. note that a BCF plan for 2019-20 and supporting Section 75 Agreement will be finalised as soon as funding allocations and planning guidance are received; and
4. note the action being taken to prepare for more major changes to the BCF anticipated for 2020/21 onwards.

## 12 AUTISM SELF-ASSESSMENT FRAMEWORK 2018

The Board received a presentation by Jayne Gilmour on the findings of the Autism Self-Assessment (2018) and areas of work required within the new Learning Disability and Autism Strategy (2019 – 2024).

Jayne updated the Board on progress made since the last report to the Board's meeting in March 2019, in respect of drawing up the Learning Disability/Autism Strategy, and the outcomes from the latest Self-Assessment, completed in December 2018.

In particular, the Board noted that there was more work to be done in respect of Autism Awareness training, such as the fact that there was no multi-agency plan or coordinated approach to collecting data with regard to training provision.

It was reported that work undertaken since December 2018 had included developing a strategy with better population data and putting in place a full engagement process with people who use these services and their families. Jayne concluded by summarising the priorities identified for the delivery of the strategy, and next steps for taking things forward.

During discussion, Damian Allen stated that an incredible amount of work had been done in relation to the Autism Self-Assessment and to improve areas such as the way in which data was collected and used. In recognition of this, he stated that he wished to commend Jayne and colleagues across the Partnership for their efforts, and he added that the evaluation of the Assessment had acknowledged the progress made.

RESOLVED:

- (1) to note the findings of the Autism Self- Assessment (2018) and areas of work required within the new Learning Disability and Autism Strategy (2019-2024);
- (2) that the necessary measures are taken to ensure that the needs of people with autism are included in the JSNA; and
- (3) that this Board takes a role in ensuring the priorities within the strategy are delivered.

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

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

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## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 5 September 2019

**Subject:** Report of the 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                |                   |
| Joint Strategic Needs Assessment |                                      |                   |
| 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 suicide prevention and mental health awareness, the Motor Neurone Disease charter and Board effectiveness. There has been one meeting of the South Yorkshire and Bassetlaw, Shadow Integrated Care System Collaborative Partnership Board since the Health and Wellbeing Board's last meeting and one meeting of the Doncaster Joint Commissioning Management 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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# Doncaster Council

## Report

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**Agenda Item No. 7**  
**Date: 5 September 2019**

**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 one meeting since the last Board in June 2019. 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:

### **Suicide Prevention and Mental Health Awareness**

The theme for World Suicide Prevention Day this year (10<sup>th</sup> September) is Working Together to Prevent Suicides and Doncaster Public Health Team are working in partnership with Primary Care Doncaster to offer local GP Practices the opportunity to join us to raise awareness of suicide and promote ways to achieve better mental health. All GP surgeries have agreed to show their support by:

- playing the recent Let's Talk Film that supported the #Anotherway campaign in reception areas throughout the day and upload to the practice 'home' site.
- Allowing staff the opportunity to take a 20 minute FREE suicide prevention e-learning training – increasing opportunities for e-learning in the communities
- Offering to host a Community Tea & Talk session with the aim of getting to know their neighbours by connecting with local community groups to support them (within a 3 month period)
- The surgeries have been provided with lots of support and a FREE resource pack which includes health promotional material and local & national support services.
- Evaluation will be carried out in December to look at scaling this project up for 2020 in terms of wider engagement. There is also work planned with the Community Led Support Teams to do something similar for World Mental Health Day in October.
- Support for Champions, local councils and organisations on running long term anti-stigma work in their community

### **Motor Neurone Disease – Charter update**

In March 2018 the Health and Wellbeing Board signed up to the MND charter. Board members are asked to provide an update on progress to the chair of the Board by the end of September 2019.

## Board Effectiveness

The effectiveness of the Board has been reviewed against the 21<sup>st</sup> century public servant model using a series of interviews and a Board observation. The next steps in the Board's development will be discussed at the development workshop in December. The key themes for the Board to reflect on are:

- Effective use of the time and expertise of public servants
- Maximising the impact of political collaboration
- Maximising the impact of public collaboration
- Maintaining momentum

## South Yorkshire and Bassetlaw Shadow Integrated Care System Collaborative Partnership Board

The minutes of the 10<sup>th</sup> May 2019 meeting are attached for information.

## Doncaster Joint Commissioning Management Board

The minutes of the 28<sup>th</sup> May 2019 meeting are attached for information.

## Forward Plan

The Forward Plan for 2019 is presented for debate, discussion and agreement.

## OPTIONS CONSIDERED

6. None

## REASONS FOR RECOMMENDED OPTION

7. None

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

8.

|  | Outcomes                                                                                                                                                                                                                                                                                                                                                      | Implications                                                           |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|  | <p><b>Doncaster Working:</b> 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"><li>• Better access to good fulfilling work</li><li>• Doncaster businesses are supported to flourish</li><li>• Inward Investment</li></ul> | <p>The Health and Wellbeing Board will contribute to this priority</p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|  | <p><b>Doncaster Living:</b> 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"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul> | <p>The Health and Wellbeing Board will contribute to this priority</p> |
|  | <p><b>Doncaster Learning:</b> 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"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>                                                                                                                      | <p>The Health and Wellbeing Board will contribute to this priority</p> |
|  | <p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>                                                                                                                                                                                              | <p>The Health and Wellbeing Board will contribute to this priority</p> |
|  | <p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and</li> </ul>                                                                                                                                                           | <p>The Health and Wellbeing Board will contribute to this priority</p> |

|  |                                                                                                                                                                                                          |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | self-reliance by connecting<br>community assets and strengths <ul style="list-style-type: none"> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul> |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**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.

**HEALTH IMPLICATIONS**

14. There are no additional health implications in this report.

**EQUALITY IMPLICATIONS**

15. 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**

16. None

**BACKGROUND PAPERS**

17. None

**REPORT AUTHOR & CONTRIBUTORS**

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**Dr Rupert Suckling  
Director Public Health**

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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                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 10 <sup>th</sup> October 2019 | Age friendly workshop | High Speed Rail College, Doncaster | <ul style="list-style-type: none"> <li>● Plans and reports from                             <ul style="list-style-type: none"> <li>○ CCG</li> <li>○ NHSE</li> <li>○ DMBC</li> <li>○ Health watch</li> <li>○ RDaSH</li> <li>○ DBH</li> </ul> </li> <li>● Safeguarding reports</li> <li>● Better Care Fund</li> <li>● DPH annual report</li> <li>● Role in partnership stocktake</li> <li>● Wider stakeholder engagement and events</li> <li>● Relationship with Team Doncaster and other Theme Boards</li> <li>● Relationship with other key local partnerships</li> <li>● Health Protection Assurance Framework</li> <li>● Wellbeing and Recovery strategy</li> <li>● Adults and Social care Prevention Strategy</li> <li>● Housing</li> <li>● Environment</li> <li>● Regeneration</li> </ul> | <ul style="list-style-type: none"> <li>● Areas of focus – schedule of reports and workshop plans</li> <li>● Integration of health and social care (BCF)) workshop plan</li> <li>● Other subgroups – schedule of reports</li> <li>● Communications strategy</li> <li>● Liaison with key local partnerships</li> <li>● Liaison with other Health and Wellbeing Boards (regional officers group)</li> <li>● Learning from Knowledge Hub</li> </ul> |

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

|                                            |                                                                                                                                                                                                                                                                                                                                                             |                                        |  |  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|
| <p><b>7<sup>th</sup> November 2019</b></p> | <p><b>Board meeting</b></p> <ul style="list-style-type: none"> <li>• HWBB steering group</li> <li>• Outcomes framework update (new areas)</li> <li>• Health and social care/BCF update</li> <li>• Children and Young people Impact report update</li> <li>• Safeguarding report update (adults)</li> <li>• Safeguarding report update (children)</li> </ul> | <p>Civic office room 007a and 007b</p> |  |  |
| <p><b>5<sup>th</sup> December 2019</b></p> | <p><b>Workshop</b><br/>Topic tbc</p>                                                                                                                                                                                                                                                                                                                        | <p>Venue tbc</p>                       |  |  |
| <p><b>16<sup>th</sup> January 2020</b></p> | <p><b>Board meeting</b></p> <ul style="list-style-type: none"> <li>• HWBB Steering group</li> <li>• Outcomes framework Health and Social Care/BCF update</li> </ul>                                                                                                                                                                                         | <p>Venue tbc</p>                       |  |  |

**2019/20 Health and Wellbeing Board: future meetings**

7<sup>th</sup> November 2019 (Venue: Civic office rooms 007a and 007b)

16<sup>th</sup> January 2020 (Venue: Civic office rooms 007a and 007b)

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

5<sup>th</sup> December 2019 9-12 to be confirmed

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**South Yorkshire and Bassetlaw Integrated Care System**

**Collaborative Partnership Board**

**Minutes of the meeting of**

**10 May 2019**

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

**Decision Summary**

| <b>Minute reference</b> | <b>Item</b>                                               | <b>Action</b>                                                                                             |
|-------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>18/19</b>            | <b>Hosted Networks</b>                                    | AN to present an update on Hosted Networks to the July Collaborative Partnership Board meeting            |
| <b>20/19</b>            | <b>Priorities of Joint Working for Local Authorities</b>  | Public Health Directors to present a progress update to a future Collaborative Partnership Board meeting. |
| <b>21/19</b>            | <b>Towards a SYB New Collaborative Partnership System</b> | Revised proposal to be presented to the next Collaborative Partnership Board meeting in July.             |

**South Yorkshire and Bassetlaw Integrated Care System**

**Collaborative Partnership Board**

**Minutes of the meeting of**

**10 May 2019**

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

| Name                     | Organisation                                                | Designation                                     | Present | Apologies | Deputy for  |
|--------------------------|-------------------------------------------------------------|-------------------------------------------------|---------|-----------|-------------|
| Sir Andrew Cash<br>CHAIR | South Yorkshire and Bassetlaw Integrated Care System        | Chief Executive, SYB ICS                        | √       |           |             |
| Adrian England           | Healthwatch Barnsley                                        | Chair                                           | √       |           |             |
| Ainsley Macdonnell       | Nottinghamshire County Council                              | Service Director                                |         | √         |             |
| Alan Davis               | South West Yorkshire Partnership NHS Foundation Trust       | Director of Human Resources                     | √       |           |             |
| Alison Knowles           | NHS England                                                 | Locality Director North of England,             |         | √         |             |
| Alan Shirley             | Primary Care Workforce and Training Hub                     | Programme Director                              | √       |           | Ben Jackson |
| Andrew Hilton            | Sheffield GP Federation                                     | GP                                              |         | √         |             |
| Angela Potter            | Nottinghamshire Healthcare NHS Foundation Trust             | Director and Business Development and Marketing | √       |           |             |
| Anne Gibbs               | Sheffield Teaching Hospitals NHS Foundation Trust           | Director of Strategy                            |         | √         |             |
| Anthony May              | Nottinghamshire County Council                              | Chief Executive                                 |         | √         |             |
| Ben Brewis               | Barnsley Hospital NHS Foundation Trust                      | Deputy Director of Operations                   | √       |           |             |
| 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 Marsh              | Public Health. Doncaster Council                            | Director of Public Health                       | √       |           |             |
| Chris Preston            | The Rotherham NHS Foundation Trust                          | Deputy Chief Executive Officer (from 1.6.19)    | √       |           |             |
| Clare Hodgson            | East Midlands Ambulance Service                             | Deputy Director of Strategy and Transformation  | √       |           |             |
| Damien Allen             | Doncaster Metropolitan Borough Council                      | Director of People                              | √       |           | Jo Miller   |
| David Pearson            | Nottingham County Council                                   | Deputy Chief Executive                          |         | √         |             |
| Des Breen                | South Yorkshire and Bassetlaw Integrated Care System        | Medical Director                                | √       |           |             |
| Diana Terris             | Barnsley Metropolitan                                       | Chief Executive                                 |         | √         |             |

|                 | Borough Council                                            |                                                                            |   |   |               |
|-----------------|------------------------------------------------------------|----------------------------------------------------------------------------|---|---|---------------|
| Greg Fell       | Sheffield City Council                                     | Director of Public Health                                                  |   | √ |               |
| Giles Ratcliffe | Public Health England                                      | Consultant in Public Health Specialist Commissioning, Yorkshire and Humber | √ |   |               |
| Helen Stevens   | South Yorkshire and Bassetlaw Integrated Care System       | Associate Director of Communications and Engagement                        | √ |   |               |
| Ian Atkinson    | NHS Rotherham Clinical Commissioning Group                 | Director of Commissioning                                                  | √ |   | Chris Edwards |
| Idris Griffiths | NHS Bassetlaw Clinical Commissioning Group                 | Accountable Officer                                                        | √ |   |               |
| Jackie Mills    | NHS Sheffield Clinical Commissioning Group                 | Deputy Director of Finance                                                 | √ |   | Maddy Ruff    |
| Jackie Pederson | NHS Doncaster Clinical Commissioning Group                 | Accountable Officer                                                        | √ |   |               |
| Jeremy Cook     | South Yorkshire and Bassetlaw Integrated Care System       | Director of Finance                                                        | √ |   |               |
| John Mothersole | Sheffield City Council                                     | Chief Executive                                                            |   | √ |               |
| John Somers     | Sheffield Children's NHS Foundation Trust                  | Chief Executive                                                            |   | √ |               |
| Jo Miller       | Doncaster Metropolitan Borough Council                     | Chief Executive                                                            |   | √ |               |
| Julia Burrows   | Barnsley Metropolitan Borough Council                      | Director of Public Health                                                  | √ |   |               |
| Kathryn Singh   | Rotherham, Doncaster and South Humber NHS Foundation Trust | Chief Executive                                                            | √ |   |               |
| Kevin Smith     | Yorkshire & the Humber Public Health England Centre        | Deputy Director – Health and Wellbeing                                     | √ |   |               |
| Kirsten Major   | Sheffield Teaching Hospitals NHS Foundation Trust          | Chief Executive                                                            | √ |   |               |
| Kevan Taylor    | Sheffield Health and Social Care NHS Foundation Trust      | Chief Executive                                                            | √ |   |               |
| Lesley Smith    | NHS Barnsley Clinical Commissioning Group                  | SYB ICS Deputy System Lead, Chief Officer NHS Barnsley CCG                 | √ |   |               |
| Lisa Kell       | South Yorkshire and Bassetlaw Integrated Care System       | Director of Commissioning Reform                                           | √ |   |               |
| Lisa Wilkins    | South Yorkshire and Bassetlaw Integrated Care System       | Consultant in Health Public Health Medicine                                |   |   |               |
| Louise Barnett  | The Rotherham NHS Foundation Trust                         | Chief Executive                                                            |   | √ |               |
| Maddy Ruff      | NHS Sheffield Clinical Commissioning Group                 | Accountable Officer                                                        |   | √ |               |
| Mark Janvier    | NHS England                                                | Head of Operations and Delivery                                            | √ |   |               |
| Matthew Groom   | NHS England Specialised Commissioning                      | Assistant Director                                                         | √ |   |               |
| Mike Curtis     | Health Education England                                   | Local Director                                                             |   | √ |               |

|                   |                                                                 |                                                 |   |   |  |
|-------------------|-----------------------------------------------------------------|-------------------------------------------------|---|---|--|
| Neil Priestley    | Sheffield Teaching Hospitals NHS Foundation Trust               | Director of Finance                             |   | √ |  |
| Neil Taylor       | Bassetlaw District Council                                      | Chief Executive                                 |   | √ |  |
| Paul Moffat       | Doncaster Children's Services Trust                             | Director of Performance, Quality and Innovation |   | √ |  |
| 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 Foundation Trust | Chief Executive                                 | √ |   |  |
| Richard Stubbs    | Yorkshire and Humber Academic Health Science Network            | Chief Executive                                 | √ |   |  |
| Rob Webster       | South West Yorkshire Partnership NHS Foundation Trust           | Chief Executive                                 |   | √ |  |
| Rod Barnes        | Yorkshire Ambulance Service NHS Trust                           | Chief Executive                                 | √ |   |  |
| Rupert Suckling   | Doncaster Metropolitan Borough Council                          | Director of Public Health                       |   | √ |  |
| Ruth Hawkins      | Nottinghamshire Healthcare NHS Foundation Trust                 | Chief Executive                                 |   | √ |  |
| Sharon Kemp       | Rotherham Metropolitan Borough Council                          | Chief Executive                                 |   | √ |  |
| Simon Morritt     | Chesterfield Royal Hospital NHS Foundation Trust                | 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 Integrated Care System            | Chief Operating Officer                         | √ |   |  |
| Yvonne Elliott    | Primary Care Sheffield                                          | Deputy Chief Executive Officer                  | √ |   |  |

| Minute reference | Item                                                                           | Action |
|------------------|--------------------------------------------------------------------------------|--------|
| 14/19            | <b>Welcome and introductions</b><br>The Chair welcomed members to the meeting. |        |
| 15/19            | <b>Apologies for absence</b><br>The Chair noted the apologies for absence.     |        |
| 16/19            | <b>Declaration of Interest</b><br>Members were asked to declare any items.     |        |



|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|       | The Chair asked members to ensure their register of interest details are up to date within their organisations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
| 17/19 | <p><b>Minutes of the previous meeting held 8<sup>th</sup> March 2018</b></p> <p>The minutes of the previous meeting were agreed as a true record and would be posted on the website after this meeting.<br/> <a href="http://www.healthandcaredtogethersyb.co.uk">www.healthandcaredtogethersyb.co.uk</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| 18/19 | <p><b>Matters arising</b></p> <p><b>ICS Workforce</b><br/> KT informed the Board that the response was well received and in line with national standards.</p> <p><b>Hosted Networks</b><br/> The Board was informed that the programme has progressed and a report would be presented to the Integrated Care System (ICS) Health Executive Group on 14<sup>th</sup> May. A comprehensive report will be brought to the July ICS Collaborative Partnership Board meeting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AN |
| 19/19 | <p><b>National Update</b></p> <p><b>National Assembly</b><br/> The Chair updated the Board on the first meeting of the quarterly NHS Assembly he attended as a member on 17<sup>th</sup> April 2019. The membership is a national guiding coalition including national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector. The membership locally includes Richard Stubbs, Chief Executive Yorkshire and the Humber Academic Health and Science Network and Rob Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust. The main discussion items focused on (1) legislative changes - the unanimous view being small scale change and (2) Long Term Plan implementation framework; the Assembly debated at length concluding a common model is not appropriate for all ICSs due to the variance in structure and size.</p> <p><b>Taking forward South Yorkshire and Bassetlaw (SYB ) response to NHS Long Term Plan (LTP) paper</b><br/> LS updated the Board on the delivery of engagement plans across the system including public engagement and local planning and commissioning of services. SYB ICS is on track to deliver the revised mission and vision in setting out the 5 year strategic plan response to the LTP, submission date noted as autumn 2019.</p> <p>The key elements were noted as:</p> <ul style="list-style-type: none"> <li>• Population health and population health management</li> <li>• Preventing disease and reducing health inequalities</li> <li>• Integration - ‘boost out of hospital care’ and make the most of new models</li> <li>• Maximising of digital innovation opportunities</li> <li>• Workforce</li> <li>• System financial sustainability</li> </ul> <p>LS highlighted that a cross system Task and Finish Group was established with the first meeting of the group on 23<sup>rd</sup> May, to support wider engagement on developing the plan priorities, with the ICS System Health Executive Group overseeing the development of the plan progress as agreed.</p> |    |
| 20/19 | <p><b>Priorities of Joint Working for Local Authorities</b></p> <p>The Board was updated on the working of the Integrated Care System on a South Yorkshire and Bassetlaw basis to look at priorities for the Local Authorities and the potential working in partnership with wider partners and the NHS. Following a workshop attended by the ICS Lead and Directors of Public Health, it was agreed to prioritise three areas, Complex Lives, Connectness and Physical activity/active travel.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |



The Board received detailed presentations from Public Health Directors/ leads from the three priority areas.

**Complex Lives**

The Board was updated on the joined up support programme for people experiencing multiple disadvantages. The shared challenges in South Yorkshire and Bassetlaw were noted as; the rise in homelessness and rough sleeping; drug and alcohol addiction, mental ill health, poor physical health; fragmented commissioning and the delivery of a diverse range of services required across health, housing support and offending behavior.

The Board noted there is a strong potential to take this work forward as part of national priorities and the NHS Long Term Plan and there are discussions within the South Yorkshire and Bassetlaw footprint to scope a common approach to responding to challenges. Each Place provided an update on their current work programmes and noted the great potential to progress these priorities across the system.

In order to progress to the next steps the Board noted the recommendations:

- Establish a South Yorkshire and Bassetlaw leadership group to drive an implementation work programme including Local Authority representatives, Public Health commissioners, CCG commissioners, NHS provider representatives (Community NHS Trusts/Acute Trusts),
- Establish a small core delivery team to provide support, coherence, pace, strategic development and analytical capacity – as an emergent SYB Homelessness and Health Reform Delivery Unit (incorporating/building on the Rough Sleeper coordinator role which is Minister of Housing, Communities and Local Government (MHCLG) funded, based at Barnsley Metropolitan Borough Council)
- Continue to explore building on initial conversations a connection to and integration with the South Yorkshire Mayor and Sheffield Combined Authority focus on homelessness

**Connectness**

The Board received an update of the ongoing work around connectness (loneliness) and the potential to upscale some of the initiatives across the Integrated Care System footprint and the supporting role for the ICS to transform South Yorkshire and Bassetlaw, working in partnership with business, health sector, local government, voluntary sector and wider society to improve lives and make a difference.

The Board noted the contents of the report and supported the recommendations and next steps:

- Make Every Contact Count (MECC) approach to connectness across the ICS footprint
- Social Prescribing (SP) is linked in with social connectness (Work to be an Age Friendly South Yorkshire community.
- Promote the “Five Ways To Wellbeing” across SYB with ICS support.
- Ensure that the developing primary care networks embed social connectness as part of their social prescribing offer.
- Identify potentially resource effective approaches by main stream NHS for example b:friend and apps (apply digital technology as appropriate).
- Develop co-ordinated NHS approach regarding bereavement services/support.

**Physical activity / active travel**

The Board was updated on the physical activity priority and the potential role for the ICS in supporting the aim of South Yorkshire and Bassetlaw having the most physical active population in the UK. The Board noted the contents of the report and the recommendation in supporting the next steps:

- Focus on the role of the NHS in promoting activity within clinical services
- Investment in leadership and implementation of roles
- Improve interventions transport strategy, air quality strategy, parks and green space, a built environment that supports physical activity
- Explore the potential for integration of NHS treatment services in leisure facilities
- Lead the NHS approach to active travel for the NHS with the potential to focus on



|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|              | <p>exercise and frailty</p> <ul style="list-style-type: none"> <li>• Build on links with Sheffield City Region Active (SCR), SCR Active Travel Commissioner, Yorkshire Sport Foundation Partnership and Sport England, and the potential for collaboration</li> </ul> <p>The Board conveyed their thanks for the presentations and asked the presenters to identify how the ICS can support the programmes at both a local and ICS level. An update will be presented to a future ICS Collaborative Partnership Board meeting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DPHs</b> |
| <b>21/19</b> | <p><b>Towards a SYB New Collaborative Partnership System</b></p> <p>The Board noted that the terms of reference and arrangements for the ICS Collaborative Partnership Board need to be reviewed and updated in accordance with the new interim governance arrangements and strategic developments. Members were asked to consider the emerging themes, priorities and topics which would benefit from health and care collaboration at a system level and any additional items, taking into consideration membership and frequency of meetings and an ICS Assembly forum.</p> <p>The Board noted the contents and recommendations of the report and noted a revised proposal to be presented to the next Collaborative Partnership Board meeting in July.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>WCG</b>  |
| <b>22/19</b> | <p><b>Update on ICS Prevention and Prevention Priorities within the Long Term Plan</b></p> <p>The Board was presented with an update on the progress of the priority areas within the Integrated Care System Prevention workstream and the relationship of these programmes to the Long Term Plan and Primary Care networks.</p> <ol style="list-style-type: none"> <li>1. The Board noted the ongoing development of the QUIT programme and the possibility of funding from Yorkshire Cancer Research to support the programme, including funding specialist stop smoking advisors in the Trusts. A business case is in development looking at how all partners can contribute to the other costs until the anticipated NHS England Long Term Plan funding for this is available. It was noted the ICS funded element of the proposal is to be presented to the ICS System Health and Executive Group on 14<sup>th</sup> May for consideration. Bid application submission date was noted as 14<sup>th</sup> June with implementation scheduled to start in September 2019.</li> <li>2. The Board noted that the NHS England ambition for the number of patients receiving social prescribing equates to 3-5% of the population across England with less than 1% currently being served in South Yorkshire and Bassetlaw. NHS England is supporting funding for social prescribing link workers in conjunction with the Primary Care Networks but there is also a need to ensure that there is sufficient capacity in the services (including voluntary sector) that social prescribing clients are referred on to.</li> <li>3. The Board noted that an ICS CVD Prevention Clinical Lead was recruited on 9<sup>th</sup> May and that there is a need to identify adequate programme management resources to support the South Yorkshire and Bassetlaw cardiovascular disease (CVD) prevention work. The report also noted that CVD was a priority within the Long Term Plan and a requirement in the operating plan for Clinical Commissioning Groups (CCGs) to work with RightCare on hypertension and Atrial Fibrillation (AF). The level of priority given to CVD currently varies between the CCGs.</li> </ol> <p>The Board noted the contents of the report.</p> |             |
| <b>23/19</b> | <p><b>Population Health Management</b></p> <p>The Board was presented with an update on the South Yorkshire and Bassetlaw approach to Population Health Management (PHM) and the progress made to date noting the issues identified in the paper regarding PHM expertise and capacity impacting on the programme. It was noted that there is a PHM focus to improve population health driven by data planning and delivery of care to achieve maximum results, working with Local</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |



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|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|              | <p>Authorities and health organisations in the system to identify 'at risk' groups and designing and targeting prevention mechanisms.</p> <p>The Board noted the PHM issues in the report and a request for support would be discussed at the System Health Executive Group on 14<sup>th</sup> May 2019.</p>                                                                                                                                                                                                                                                           |  |
| <b>24/19</b> | <p><b>ICS Finance Update</b></p> <p>The Board was updated on month 9 noting that the system is reporting a favourable variance against plan of £19.6m excluding Provider Sustainability Funding (PSF) and £65.7m including PSF. JC added that only Sheffield Children's (SC) had reported a £1.5m deficit and offsets were used to secure SCH Q4 PSF of £1.2m. The maximum amount of The Rotherham NHS Foundation Trust PSF earn back of £2.4m had been secured.</p> <p>The Board noted the position on the financial performance for the year ended 31 March 2019</p> |  |
| <b>25/19</b> | <p><b>ICS Highlight Report</b></p> <p>The Board received the workstreams highlight report including an overview of mitigated risks for each area which are now grouped into larger portfolios following the workstream review that was undertaken with a focus on outcomes and added value.</p> <p>The Board noted this should be shared by all with Boards and Governing Bodies.</p>                                                                                                                                                                                  |  |
| <b>26/19</b> | <p><b>Any Other Business</b></p> <p>There was no other business to consider.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>27/19</b> | <p><b>Date and Time of Next Meeting</b></p> <p>The next meeting will take place at 9.30am to 11.30am on 12 July 2019 in the Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>                                                                                                                                                                                                                                                                                                                                                                                |  |

**MINUTES OF THE JOINT COMMISSIONING OPERATIONAL GROUP (JCOG)  
HELD ON TUESDAY 28 MAY, 1400-1600  
SOVEREIGN HOUSE BOARDROOM**

**PRESENT:**

|                    |           |                                                          |
|--------------------|-----------|----------------------------------------------------------|
| Anthony Fitzgerald | <b>AF</b> | Director of Strategy & Delivery, DCCG                    |
| Ailsa Leighton     | <b>AL</b> | Deputy Director of Strategy & Delivery, DCCG             |
| Jo ForreSTALL      | <b>JF</b> | Head of Strategy & Delivery- Community Services, DCCG    |
| Amy Coggan         | <b>AC</b> | Head of Performance & Intelligence, DCCG                 |
| Carolyn Ogle       | <b>CO</b> | Associate Director of Primary Care & Commissioning, DCCG |
| Lisa Devanney      | <b>LD</b> | Associate Director of HR & Corporate Services, DCCG      |
| Denise Bann        | <b>DB</b> | Head of Procurement, DMBC                                |
| Faye Tyas          | <b>FT</b> | Head of Financial Management, DMBC                       |
| Dr Victor Joseph   | <b>VJ</b> | Consultant in Public Health, DMBC                        |
| Angela Harrington  | <b>AH</b> | Commissioning Manager, DMBC                              |

**APOLOGIES:**

Cath Doman  
Ilan Boldy  
Jon Gleek  
Katy Turner

**In attendance:**

|                            |            |                                             |
|----------------------------|------------|---------------------------------------------|
| Charlotte Keegan (Minutes) | <b>CK</b>  | Support Officer, DCCG                       |
| Mitchell Salter            | <b>MS</b>  | Graduate in Public Health, DMBC             |
| Karen Horrocks             | <b>KH</b>  | Public Health Improvement Coordinator, DMBC |
| Vanessa Powell-Hoyland     | <b>VPH</b> | Well Doncaster Project Manager              |
| Richard Smith              | <b>RS</b>  | Energy Manager, DMBC                        |

| Ref | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Action |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1.  | <b>Welcome and apologies for absence</b><br>AF welcomed everyone to the meeting and introductions were made.<br>Apologies for absence were noted as above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 2.  | <b>Declarations of Interest</b><br><br>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Doncaster Clinical Commissioning Group (DCCG).<br><br>Declarations declared by members of the committee are listed in the DCCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the DCCG website at the following link: <a href="http://www.doncasterDCCG.nhs.uk">www.doncasterDCCG.nhs.uk</a><br><br>The meeting was noted as quorate.<br><br><b>Declarations of interest from today's meeting:</b><br>It was agreed that there were no declarations to be made, and all members could contribute to the discussions. |        |
| 3.  | <b>Notification of Any Other Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
| 4.  | <b>4.1 Minutes of the previous meeting (30<sup>th</sup> April)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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|    | <p><b>4.2 Action Tracker</b><br/>The action tracker was discussed and updated as appropriate.</p> <p><u>Matters Arising</u></p> <ul style="list-style-type: none"> <li>• <i>Organisational Development Update</i></li> </ul> <p>LD shared that she will be meeting with a council representative to identify how to start writing the specification jointly. It will set out what we are trying to achieve and how it would only work if we put it out to tender then someone will come in and do a diagnostic. They would then develop the OD strategy.</p> <p><b>ACTION: LD to write and take the OD Specification to JCOG and JCMB joint session in August.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 5. | <p><b>VCF Progress Update</b><br/>OW shared an update from Katy Turner. The team carried out a consultation via a survey but had a limited response. They are now trying to widen out the responses to the survey. From the engagement, there are 4 models emerging: Alliance based, locality based, sector based or life stages. At the moment, the work is very council focused or health and social care focused. It needs to be seen as a wider partnership.</p> <p>There is work going ahead on anchor institutions which will be a good handle to use at the next engagement event in July. It has been suggested to the team that they reach out through the home sector and the faith sector to get extra input. The team have acknowledged that they need to engage more- there are events set up for July and September to fill the gaps in engagement that have been identified.</p> <p><b>ACTION: CK to organise a meeting between Anthony Fitzgerald, Denise Bann, Katy Turner and the 5 team representatives to discuss in detail the progress update on the VCF project in relation to the specification the team were given.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 6. | <p><b>Health and Social Care Strategy Reporting Approach</b><br/>AC presented the item.</p> <p>There are 3 main categories in the 3 main life stage delivery plans: CCG work, Council led work, and work which the CCG and Council are carrying out jointly.</p> <p>Each month Performance and Intelligence teams will be updating against the actions that come out of governance, to keep track of progress and AC will bring a summary report of everything that is being jointly worked on in the delivery plans to the JCOG meeting on a monthly basis.</p> <p>Doncaster Growing Together governance is to decide where work needs to be directed should anything need escalating further. Risks and escalations should be being captured as the work is going on in task and finish groups and programme boards. Issues will be escalated to providers when necessary- it can be taken through contractual governance structure for the provider.</p> <p><b>ACTION: CK to make this the 1<sup>st</sup> agenda item for every JCOG meeting.</b></p> <p>AC has proposed that the owner of the action will input the update of the action. The owner/ lead can say whether they feel the action is on track or not, rather than RAG rating according to end dates as this is not always the most detailed form of representation).</p> <p>AC presented the implementation plan of action progress. She explained what the chart is representative of and updated on actions. It was also shown that jointly owned actions are mapped into Pentana. AC informed the group that the data in July, for June's update, will be fully live on Pentana.</p> <p>AC asked the group how they want people to input the action updates. It was agreed that all action owners will give updates. There is no one lead on a life stage to input actions for all action owners.</p> <p>AF also suggested getting action owners to JCOG on a rolling basis so they can see the result of their input to Pentana.</p> <p>CCG staff training dates are in June.</p> |  |

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|    | <p><b>ACTION: AC to confirm dates for training sessions at DMBC.</b></p> <p><u>Questions/ Comments</u><br/> AF asked how this work will be manageable in one meeting- will all life stages be looked at in the same meeting etc.<br/> AC stated that the group will receive a summary report against all 3 stages- outcomes, progress and action progress- at a higher level.<br/> FT supported this approach and noted that the summary is useful as it has the ability to drill down into areas that the group would want to dive into.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 7. | <p><b>BCF- Public Health Prevention Projects</b></p> <p><b>Progress Updates:</b></p> <ul style="list-style-type: none"> <li>• <b>Well Doncaster</b></li> </ul> <p>VPH gave a brief overview of the scheme which was initiated in 2015 by Public Health who had found that the health inequalities in the North of England were significantly worse than the South of England. In Doncaster, we decided to look at our most deprived communities and chose to focus on Denaby main, where we have been working for the last 3 years. The funding has been stretched to make a 6 year programme. We wanted the work to evidence that you need to invest in a community and grow that community. A population approach has been focused on in Denaby which has been supported by Well Doncaster staff.</p> <p>Every year appreciative enquires and sense checking has been carried out. The scheme is working well and for 18/19 we looked at how we could roll it out into 4 new areas. There has been a lot of work around integrated neighbourhood working and looking at how we can support asset based community development. There are 4 new members of staff being brought in to the project as there is a need for designated people in the communities.</p> <p>By 2021, the hope is that our partners will recognise that this is a population health management approach to reducing community health inequalities and that it will be an embedded part of the way we work within communities. We need to start to identify when we can get external funding from to strengthen the programme.</p> <p><u>Questions/ Comments</u><br/> AF asked whether this work is intrinsically linked with the Doncaster Innovates work. VPH confirmed that it is, and it is also fundamental to the frailty work. VPH added that she is a member of the Doncaster Innovates Engine Room.<br/> FT shared that Well North has been a big topic recently, especially in terms of how we can roll it out and use that learning in the future. JF added that the work that everyone is working on all has the same vision.</p> <p>VPH assured the group that there is a list of particular measures which data is collected against. Additionally, the service commits a small pot of money to the 'Aspiring To' project. There are now 140 people who were unemployed now into employment over the last two years. This information is also captured.</p> <ul style="list-style-type: none"> <li>• <b>Affordable Warmth</b></li> </ul> <p>KH started by informing the group that there is a full evaluation report pending, but the results have been summarised in the meantime.</p> <p>This is preventative work designed to improve health through the home and using the house as a tool to improve health. This includes community roadshows targeted at people most at risk of deaths and training for professionals, changing lives workers and St Leger homes. Targets have been met in relation to training, community events and drop-ins. The service targets people who have a condition made worse by cold weather and we will do interventions. If people do not meet the criteria then they are given other help and support around it.</p> <p>24 people were approved for the 'Born on Prescription' scheme. Most of them had no heating whatsoever and tended to be older people. Some had heating that needed to be</p> |  |

replaced.

We evaluated the people on the scheme who were meeting the 3 month point. Most of them had COPD or CVD as well as being a falls risk. Evaluation has shown that there are improvements in self-reported health and wellbeing and improved energy running costs. Issues have been positively affected in relation to damp and humidity and all reporting improvements in condition to the home.

RS added that though there are grants available from energy companies, their qualifying criteria has been benefit focused which presented an opportunity for us to make our own local criteria for this scheme. This opens up the grant eligibility to many more households in Doncaster. The way we approach grants to people is that they would always be given the grant from the energy company before they go onto 'Born on Prescription'.

KH shared that referrals usually come from wellbeing officers, social prescribing, stronger community officers and some NHS staff (e.g. discharge team). The service is really targeting those professionals who can refer people who most need help. We will make an effort to think about other referrers too e.g. respiratory nurses.

Next steps for this year:

- Targeting key health and social care teams
- Being part of the healthier homes work
- Workforce development so interventions can take place through the workforce
- 'Born on Prescription' target- looking at the quality so that we can get the most value for money
- Not missing out on families with children under 5 years

VJ added that the work is a very strong, evidence based piece of work. It is a good example of how prevention is important.

KH commented that she thought it would be useful to start earlier in relation to winter this year and think about how the CCG and DMBC (and providers/organisations) can work together to open the scheme out to a wider audience.

**ACTION: AL to link this work into the SRG group.**

JF agreed with KH and added that from a health perspective, the issues in winter are around pneumonia. It would be useful to link together to see if there is a joint approach to planning for winter.

AF stated that there needs to be more work done on the financing of this scheme. If it is going to continue then it needs to be part of the key commissioned services.

FT agreed and added that the project leads need to think about how they can work with partners and make the scheme more sustainable.

KH assured the group that she is exploring other opportunities for funding. RS added that the alternative is the energy company funding, but from a heating point of view it is focused on insulation which is not the local focus. Further to this, KH commented that they have been looking at a wider health homes approach but will need to think how this will be reconfigured to focus on health in the home.

AF stated that there needs to be something to ensure that this is a service which can be consistently refunded.

**ACTION: VJ to look at the commitment to this service.**

- **Move More Doncaster**

\*Move More Doncaster (MMD) promotes the benefits of an active lifestyle and provides opportunities for people 50+yrs in Doncaster to become more active. The service provides a bespoke plan to support individuals to make changes to their physical activity behaviour. This is underpinned by an innovative programme of high quality physical activity sessions including dancing, walking, swimming and exercise classes, free of charge for up to 12 weeks. Service provision is flexible to meet the needs of service users. Sessions are delivered by MMD and through a sub-contracting arrangement with DCLT. People can self-refer via a dedicated website which also has links to MMD social media and has information on local activities which can help people to remain active.

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
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|    | <p>From the 1<sup>st</sup> April 2016-31<sup>st</sup> March 2019 there has been a total of 922 referrals with 857 people accessing the service. Over the three years there has been 383 class based sessions delivered with 6505 attendances.</p> <p>The contract continues to meet the KPI's and has been able to engage with more people than the contract target.</p> <p>A challenge for the service is to implement demand management which will ensure that demand on the service is even throughout the year. One strategy to effect this is to have smaller targeted campaigns throughout the year rather than one large campaign per year. The service has evidence that 1/3 of those who access the service live alone, and people report to be less social isolated, after engaging with the service. The service encourages participants to be socially active and incorporate activity into their lifestyle beyond the 12 weeks with the service.</p> <p>An initial exit strategy has been submitted by SWYPFT; this will require further development to ensure successful and smooth support for the current participants.</p> <p><b>* This information has been taken from the paper Item 7.2 to give context to the comments and questions that were raised during discussion.</b></p> <p><u>Questions/ Comments</u></p> <p>JF commented that this project links to some of the work to empower individuals to take on self-care and self-management; it is focused on breaking down the barriers. It is also the same approach as the project previously presented (Well Doncaster). JF suggested that some of these projects should not be seen as individual as they all take on the same approach and therefore they should be collective when we take them forward to neighbourhoods. We can then start to talk about them in the concept of a bigger offer rather than an individual scheme. It is about how we capture the evidence of how we make a positive impact and tie into the neighbourhood approach to deliver the same outcome.</p> <p><b>ACTION: Escalate <u>all</u> projects to JCMB. Inform JCMB of the conversations all leading to the same conversations and ask for guidance on what JCOG can do to help tackle this/ go forward with the suggested idea.</b></p> |  |
| 8. | <p><b>Primary Care Network Update</b></p> <p>CO explained that the PCN consists of groups of practices in a local area working collaboratively across practices and community providers. The NHS Long Term Plan mandated every practice to be in a group by June 2020. The groups are small enough to continue personalised care but large enough to be resilient.</p> <p>All practices had to sign up to be part of a group by 15<sup>th</sup> May 2019. All practices are signed up and there is the end of the month to have approved the networks.</p> <p>There have been two meetings: one to receive submissions and one around conflicts of interest. The conflicts of interest are currently being worked through.</p> <p>All 5 PCNs were approved.</p> <p>CO assured the group that this work has not detracted from the integrated neighbourhood work, as the PCN's are part of these neighbourhoods. All networks have been able to appoint a clinical director whose role is to link with the wider care system.</p> <p>What next?</p> <ul style="list-style-type: none"> <li>• Network agreement has to be completed by end of June. Including activities they are going to provide- have to provide extended hours.</li> <li>• Data sharing arrangement need to be in place also</li> <li>• GO live date is 1<sup>st</sup> July. Funding will be released when this is all done.</li> </ul> <p>CO commented that she thinks that the Joint Commissioning approach is an opportunity to get the work mainstream. If we have neighbourhood inequalities we can say we are doing it already and look at how we get it aligned nationally.</p> <p>JF agreed with this and added that it is important that the clinical directors' link in with what</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

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|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|     | work we are already doing so they do not 'reinvent the wheel'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 9.  | <b>Membership Events</b> <ul style="list-style-type: none"> <li>• Joint Finance Workshop- 25h June</li> <li>• JCMB &amp; JCOG Joint Session- 1<sup>st</sup> August</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 10. | <b>Planning</b> <ul style="list-style-type: none"> <li>• <b>Joint finance workshop- 25<sup>th</sup> June</b></li> </ul> <p>AF stated that this workshop is an opportunity to share, map and assess joint savings plans. It is expected that an element of risk management will come out of this workshop. We have done work to align our procurement plans/policies and contract lists. We feel there is a piece of work to look at the contract plan. This would be for all contracts for the CCG up in the next 12-24 months and having a cross read across to the council ones.</p> <p>FT agreed with this idea. She added that the workshop would be the start of an assessment of delivery plans and would look at:</p> <ul style="list-style-type: none"> <li>• What savings are we making jointly?</li> <li>• What are our joint savings plans?</li> <li>• Are payments mechanisms correct?</li> <li>• Joint commissioning agreement</li> <li>• Deciding on a focus for what we are trying to deliver and then the finance aspect of it</li> </ul> <p>FT asked the group how they would like to prepare for the workshop and how people can get the most out of it.</p> <p>AL suggested including work streams outside of the delivery plans as well.</p> <p><b>ACTION: Agenda to be created and a template of the workshop schedule to be distributed.</b></p> <p><b>ACTION: CK to extend the workshop by an extra hour.</b></p> <ul style="list-style-type: none"> <li>• <b>Joint JCMB/JCOG Session- August</b></li> </ul> <p>JCMB want to know what the life stage teams are looking like from a joint commissioning perspective- who is reporting where etc. It was agreed that this will be discussed at the joint SMT meeting.</p> |  |
| 11. | <b>Standing Agenda Items:</b> <p><b>11.1 Any further items for escalation to JCMB</b></p> <ul style="list-style-type: none"> <li>• Reporting mechanism is almost finished.</li> <li>• AF and DB will meet with the VCF team to ensure their work is in line with the initial specification.</li> <li>• VJ is going to be looking at Public Health on the whole, taking on a broader perspective</li> </ul> <p><b>11.2 Key Messages</b></p> <p>No comments were made.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |



## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 5 Sept 2019

**Subject:** Tobacco Control Update

**Presented by:** Anna Brook, Public Health Registrar

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

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

| How will this contribute to improving health and wellbeing in Doncaster?                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reviewing our approach to tobacco control, re-balancing towards prevention and increasing quit attempts and taking up some big opportunities so that we can improve our performance and reduce the ill-health, death and inequalities from smoking. |

| Recommendations                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Board is asked to:-</p> <ul style="list-style-type: none"> <li>• <b>Note the report</b> including its appendices: <ul style="list-style-type: none"> <li>○ The CLear Peer Assessment</li> <li>○ The proposed response to this</li> <li>○ The Smoke-free Doncaster consultation</li> </ul> </li> </ul> |

- The Smoke-free Doncaster proposal
- The latest dashboard
- The revised strategic approach and plan-on-a-page
  
- **Discuss and agree any amendments to the strategic approach**
  
- **DECISION: Endorse the recommendations** in the report (subject to amendments discussed during the meeting), including sign-off by all organisations. These are summarised below:
  - CLeaR:
    - Publish the report on the council website
    - prioritise some of the recommendations for immediate action
    - agree all the responses to the recommendations and work through them over time
    - repeat our self-assessment in 12 months' time to track how our score changes
    - consider commissioning a CLeaR peer re-assessment in 2022
  
  - Revised strategic approach and plan-on-a-page
    - Agree the revised strategic approach (subject to amendments discussed and agreed in the meeting)
  
- **RECOMMENDATION TO CABINET / FULL COUNCIL**
  - Smoke-free
    - Agree for the Smoke-free Doncaster proposal to go to Cabinet / Full Council



# Doncaster Council

## Report

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**Agenda Item No. 8**  
**Date: 5 September 2019**

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

### **TOBACCO CONTROL UPDATE**

#### **EXECUTIVE SUMMARY**

1. This report summarises:
  - Our current position with regard to Tobacco Control
    - Performance
    - Strategy & Action Plan
  - Tobacco Control Review:
    - The reasons for reviewing our Tobacco Control Activity
    - The review process we have undertaken so far
    - The proposed next steps
  - Smoke-free Doncaster
    - The consultation work undertaken
    - The draft proposal for discussion
  - The priorities recommended

#### **RECOMMENDATIONS**

2. That the Health & Wellbeing Board:
  - **Note the report** including its appendices:
    - The CLear Peer Assessment
    - The proposed response to this
    - The Smoke-free Doncaster consultation
    - The Smoke-free Doncaster proposal
    - The latest dashboard
    - The revised strategic approach and plan-on-a-page
  - **Discuss and agree any amendments to the priorities**
  - **DECISION: Endorse the recommendations** in the report (subject to amendments discussed during the meeting), including sign-off by all organisations. These are summarised below:
    - CLear:

- Publish the report on the council website
  - prioritise some of the recommendations for immediate action
  - agree all the responses to the recommendations and work through them over time
  - repeat our self-assessment in 12 months' time to track how our score changes
  - consider commissioning a CLeaR peer re-assessment in 2022
- Revised strategic approach and plan-on-a-page
    - Agree the revised strategic approach (subject to amendments discussed and agreed in the meeting)
- **RECOMMENDATION TO CABINET / FULL COUNCIL**
    - Smoke-free
      - Agree for the Smoke-free Doncaster proposal to go to Cabinet / Full Council

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

3. Reviewing our approach to tobacco control, re-balancing towards prevention and increasing quit attempts and taking up some big opportunities so that we can improve our performance and reduce the ill-health, death and inequalities from smoking.

## BACKGROUND

### 4.1 Our current position

#### 4.1.1 Performance

Performance is currently monitored through the Tobacco Control dashboard. This is attached as a separate document. The latest performance against our headline goals is shown below. As outlined in this report, we plan to change these targets, which are no longer realistic, so that we can still achieve them but over a longer timeframe.

| Goal                                                                                                                       | Current performance towards goal                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Reduce the prevalence of 15 year olds who regularly smoke to 3.0% <b>by 2022</b>                                           | We don't have trend data for this measure. Latest data is 8.9% in 2014/15                                                                      |
| Reduce smoking prevalence amongst adults in Doncaster to 10% or less <b>by 2022</b>                                        | 19.7% of the Doncaster population smoke (CI: 17.1-22.4) <sup>1</sup> , this is the fourth highest within Yorks & Humber                        |
| Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population | 31.6% prevalence in routine & manual workers in 2017 It had been improving, but in the last monitoring periods the gap appears to have widened |

#### 4.1.2 Strategy & Action Plan

Our Strategy & Action Plans are monitored through the Tobacco Control Alliance, which meets quarterly. At present, the majority (c.80-90%) of our resources are

<sup>1</sup> PHE Fingertips, 2017 data, accessed October 2018

spent on supporting people to quit smoking, with significantly less spent on prevention activities such as communications and social norms campaigns.

## **4.2 Reviewing our Tobacco Control Activity**

### **4.2.1 Reasons for review**

We decided to review our overall approach because:

- Smoking is still the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week<sup>2</sup>.
- Smoking prevalence in Doncaster is flat-lining: after dropping steadily until 2015, for the last three years, smoking prevalence has stayed around 19.5% - in other places smoking has continued to fall<sup>3</sup>.
- Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016<sup>4</sup>.
- Our performance is not on-track to hit our goals – and these goals have now become unrealistic.
- Our strategy does not have interim targets.
- Our action plan does not clearly link to our performance monitoring.
- We wanted to take advantage of some opportunities:
  - To improve accountable leadership: this would include consideration of how to ensure the strategy is owned by the partnership as a whole
  - Prevention: Breathe2025 and how we can stop people from starting smoking, especially children and young people, this would incorporate social norms and communication work and smoke-free agenda
  - QUIT programme and nicotine dependency treatment in secondary care.

### **4.2.2 The review process so far: CLeaR assessment**

We undertook a CLeaR assessment as a Tobacco Control Alliance. CLeaR is an improvement tool which enables a comprehensive review of local tobacco control efforts against the latest evidence-based practice. It has been designed for local authorities, tobacco alliances, health and wellbeing boards and NHS partner organisations. It includes various self-assessment tools as well as peer assessment.

We undertook a self-assessment followed by a peer assessment.

The Peer Assessment included:

- a facilitated day enabling partners to consider specific aspects of the CLeaR assessment
- an independent report to ratify our self-assessed scores and identify local strengths and areas that will benefit from further development
- the opportunity to learn from practice elsewhere
- a list of resources and further information relevant to the assessment
- the right to use the CLeaR logo, a recognized quality standard, on local promotional material.

The CLeaR peer-assessment report is attached. It identifies local strengths and areas for development. This will help identify further opportunities to follow the best

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<sup>2</sup> CLeaR Peer Assessment report for Doncaster 2019

<sup>3</sup> PHE Fingertips, 2017 data, accessed October 2018

<sup>4</sup> PHE Fingertips, 2017 data, accessed October 2018

available practice, deliver value for money and provide practical suggestions to move local action on tobacco control forward.

#### **4.2.3 Proposed next steps**

Responses to the recommendations from the CLear assessment have been considered by the Tobacco Control Alliance. These are attached.

It is proposed that we:

- prioritise some of the recommendations for immediate action
- agree all the responses to the recommendations and work through them over time
- repeat our self-assessment in 12 months' time to track how your score changes
- consider commissioning a CLear peer re-assessment in 2022

### **4.3 Smoke-free Doncaster**

#### **4.3.1 Consultation**

Doncaster's Smoke-free task group ran a consultation around people's attitudes towards smoking and smoking in public places. The consultation was launched on the 17th November 2018 at the "Count Down to Christmas" event, continuing into the remainder of November and closing in late December 2018.

Methods of consultation included:

- Inviting attendees at "Countdown to Christmas" to fill out the questionnaire (either on-line or a paper copy).
- Face to face consultations in eight different locations, supported by the Public Health Team.
- Questionnaires were also handed out to members of the community throughout Doncaster by the Stronger Community Officers.
- The online questionnaire was developed using Survey Monkey and was available to complete from week commencing 19 November 2018 for 4 weeks.

The full findings are available if requested. In summary:

- The majority of participants agreed with the proposal for designated voluntary smoke-free spaces especially areas where there are children present.
- People who smoke and vape were generally positive about the proposal. Nevertheless both smokers and non-smokers believe that there should be an alternative location for people who smoke or vape to go to either in the town centre/public places or at events.
- Regardless of this there were people - both smokers and non-smokers - who thought that a ban in certain places would stop people from attending events and going into Doncaster so therefore effecting businesses in the town.

#### **4.3.2 Proposal**

The proposal is attached. It is based on experience from other local authorities as well as academic evidence. It is proposed that we:

- identify a co-ordinating resource for this work
- develop the communications approach
- launch and roll-out as outlined in the plan.

#### **4.4 Revised strategy and recommended priorities**

Following initial discussion at the Health & Wellbeing Board, further work has been done with members of the Tobacco Control Alliance and Health & Wellbeing Board and advice sought from Public Health England and others to develop a revised strategy, responding to the review work undertaken.

The revised strategic approach is attached. In summary, we need to:

- Increase prevention (for example via smoke-free social norms and targeted enforcement activity) to reduce the numbers of children and young people who become addicted
- Increase quit attempts:
  - via universal approaches such as mass media and Making Every Contact Count
  - via targeted approaches such as increased consistency of the offer in primary care and implementation of the QUIT programme in secondary care and mental health services
- Improve the success of quit attempts (via universal and targeted approaches)
- Maintain excellent results from our specialist service to reduce inequalities and support those people who are most addicted

These elements need to be underpinned by:

- Higher profile communications and campaigning
- Leadership & partnership – focused on strategy and performance
- Coordination

The approach is based on evidence about effective approaches to Tobacco Control, namely MPOWER and reflects the Tobacco Control Plan for England (2017), which is a whole-systems approach developed by the World Health Organisation to recognise the importance of taking action on a number of fronts. Countries and states that have implemented comprehensive tobacco control programmes i.e. the MPOWER model, have the lowest smoking prevalence in the world e.g. USA, specifically New York 13.9% (2014) and California 11.6% (2014) and Australia 14% in 2016.

The strands of MPOWER are:

- Monitor tobacco use and prevention policies
- Protect people from exposure to second-hand tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco products

#### **OPTIONS CONSIDERED**

5. Other options were:

- To continue as we were without review. This would go against our priorities to improve the health and wellbeing of Doncaster because we can see that our current approach is no longer achieving the reductions in smoking prevalence that we should be seeing.
- To take a different set of priorities or focus. Specific options for each subset

of activity are outlined in each of the appendices and priorities will be discussed by the Health & Wellbeing board before decisions are made.

## REASONS FOR RECOMMENDED OPTION

6. Based on current research evidence, experience and consultation with stakeholders, this gives us the best opportunity to reduce smoking prevalence. We will continue to review and make improvements as we go.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

7.

| Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Implications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Doncaster Working:</b> 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"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>                                                                                                                                                                                                       | <p>If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster £50.7m in lost productivity.</p> <p>In addition, the local population in Doncaster spend £99.5m on tobacco related products. (Approximately £2,050 per smoker) As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Doncaster's poorest citizens and communities. If this money was spent on other things instead of smoking the effect would be to create jobs in the local economy.</p> <p>Reducing smoking prevalence will support Doncaster Working ambitions through reducing this lost productivity.</p> |
| <p><b>Doncaster Living:</b> 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"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul> | <p>It is estimated that South Yorkshire Fire and Rescue Service will attend 11 smoking related house fires with a cost to the Borough of around £2m</p> <p>Smokers in Doncaster consume around 533,490m cigarettes each day resulting in approximately 79kg of waste daily.</p> <p>Reducing smoking will contribute to a clean vibrant Doncaster.</p>                                                                                                                                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Doncaster Learning:</b> 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"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>                                                                                                                                                                                                 | <p>Smoking is still the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week.</p> <p>Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016.</p> <p>If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster £78m of which costs to the NHS contribute approximately £14.7m and Social Care £10.5m (of which £5.7m is attributable to the local authority social care budget).</p> <p>Reducing smoking prevalence will contribute to improved healthy life expectancy, giving children a great start in life and reducing health inequalities.</p> |
| <p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## **RISKS AND ASSUMPTIONS**

8. Doing nothing will see the smoking prevalence in Doncaster continuing to plateau, and possibly even increase. Smoking is one of the major public health challenges, including locally in Doncaster. A risk management log will be developed for this project. All risks are considered low, especially when compared with the risk of not taking action.

## **LEGAL IMPLICATIONS**

9. Not sought for this report.

## **FINANCIAL IMPLICATIONS**

10. Not sought for this report.

## **HUMAN RESOURCES IMPLICATIONS**

11. Not sought for this report.

## **TECHNOLOGY IMPLICATIONS**

12. Not sought for this report.

## **HEALTH IMPLICATIONS [Officer Initials: VJ Date: 28<sup>th</sup> May 2019]**

13. Smoking is the single largest cause of preventable deaths. The proposal outlined in this report is aimed at addressing smoking prevalence in Doncaster, drawing on lessons from peer assessment carried out in March 2019; and a wide range of initiatives from public consultation on smoke-free environments. If implemented, the actions are likely to reduce smoking prevalence, thus improving the health of the people of Doncaster.

## **EQUALITY IMPLICATIONS [Officer Initials: VJ Date: 28<sup>th</sup> May 2019]**

14. Evidence shows that the impact of smoking is disproportionately high among people from low socio-economic backgrounds. The challenge of smoking can be found across age groups, sexes, race and disability although rates tend to vary from one group to the other. For example, adults with mental health illnesses have three times the smoking prevalence of adults in the general population.

## **CONSULTATION**

15. The Tobacco Control Alliance has been consulted and contributed to the proposals. Consultation with the public has been undertaken for the SmokeFree Doncaster proposal and the findings are summarised in the background section above.

## **BACKGROUND PAPERS**

16.

Appendix 1 Tobacco Control Dashboard January 2019

Appendix 2 Doncaster Tobacco CLear Final

Appendix 3 Responding to the opportunities for development identified through CLear

Appendix 4 Draft plan and proposal Smokefree Doncaster

Appendix 5: Revised strategic approach to Tobacco Control in Doncaster

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Victoria Shackleton, Public Health Project Officer (Children, Young People and Families)

**Name & Title of Lead Officer:** Rupert Suckling, Director of Public Health

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# Doncaster Tobacco Control Alliance Dashboard

|                                                                                                                                                                                                                                                  |                                                                                                                                                                                           |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Prevalence                                                                                                                                                                                                                                       | <b>Mothers smoking status at delivery</b>                                                                                                                                                 | <b>Smoking prevalence 18+ yrs</b>                                                                                                                   |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                           |                                                                                                                                                     |
|                                                                                                                                                                                                                                                  | <p><b>Mothers smoking status at delivery</b> - Women know to be smokers at the time of delivery as a % of all maternities. Latest data available March 2018.</p>                          | <p><b>Smoking prevalence 18+ yrs</b> - % of current smokers in the Household Survey for England. Latest data available June 2017.</p>               |
|                                                                                                                                                                                                                                                  | <b>Smoking prevalence R&amp;M 18+ yrs</b>                                                                                                                                                 |                                                                                                                                                     |
| Stop Smoking Service                                                                                                                                                                                                                             | <b>All smokers</b>                                                                                                                                                                        | <b>Number of smokers successful quit</b>                                                                                                            |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                           |                                                                                                                                                     |
|                                                                                                                                                                                                                                                  | <p><b>All clients</b> - Total number of clients setting a quit date<br/>Source: date - Doncaster Stop Smoking Service, Quarterly Monitoring Form. Latest data available October 2018.</p> | <p><b>All clients</b> - Total number of clients quitting1 (self-reported) and % validated by CO monitoring. Latest data available October 2018.</p> |
|                                                                                                                                                                                                                                                  | <b>Pregnant smokers</b>                                                                                                                                                                   |                                                                                                                                                     |
| <p><b>Pregnancy only</b> - Total number of pregnant clients setting a quit date in the quarter and the % validated by CO monitoring. Source - Doncaster Stop Smoking Service, Quarterly Monitoring Form. Latest data available October 2018.</p> |                                                                                                                                                                                           |                                                                                                                                                     |

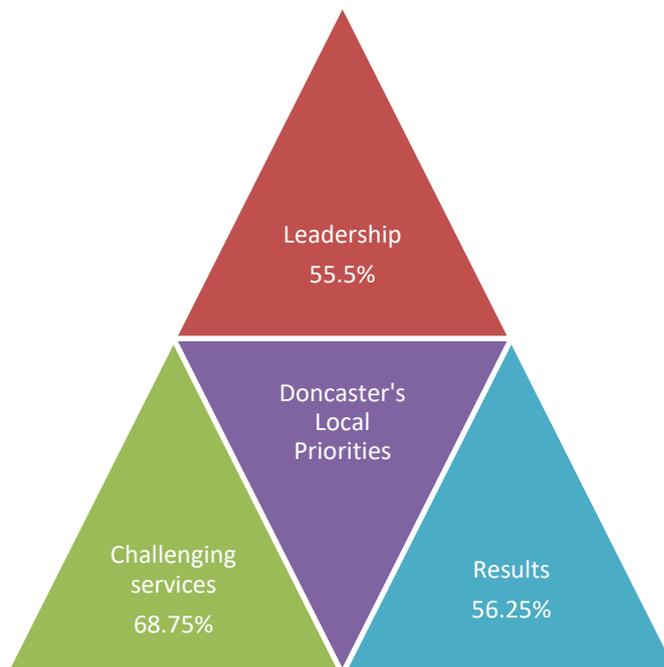
| Smoke-free homes | <h3>Domestic fires caused by smoking</h3> <h4>Doncaster rolling 12 months</h4> <p><b>Domestic fires caused by smoking</b> - Rolling 12 months number of accidental dwelling fires caused by materials relating to the smoking of tobacco, including injuries or deaths arising from these incidents. Source - South Yorkshire Fire &amp; Rescue. Jan 2018 incomplete data</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <h3>Smoke-free homes at new birth visit</h3> <h4>% smoke free homes at new birth visit</h4> <p><b>Smoke free homes</b> - % of homes recorded as smoke-free at the new birth visit by Health Visitors. Source - RDaSH, Doncaster Community Integrated Services Performance Quarterly Report. Updated April 2018</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                |             |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
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|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                |             |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
| Enforcement      | <h3>Underage tobacco test purchase</h3> <p><b>Underage tobacco test purchase</b> - Test purchase operations carried out at licensed tobacco retailers, including those failing. Source - Doncaster Council Trading Standards Team. Latest data available January 2019.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <h3>Illicit tobacco seizures</h3> <p>Seizures since the last Tobacco Control Alliance</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Illicit Whites</th> <th>Counterfeit</th> <th>EU</th> <th>Total</th> <th>HRT Counterfeit</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>14480</td> <td>15760</td> <td>54840</td> <td>85080</td> <td>16.4kg</td> </tr> <tr> <td>2016/17</td> <td>30080</td> <td>29380</td> <td>109680</td> <td>169140</td> <td>34.0kg</td> </tr> <tr> <td>2017/18</td> <td>5599</td> <td>11876</td> <td>96656</td> <td>114131</td> <td>12.7kg</td> </tr> <tr> <td>2018/19</td> <td>3500</td> <td>8520</td> <td>47000</td> <td>59020</td> <td>19.0kg</td> </tr> </tbody> </table> <p><b>Illicit tobacco seizures</b> - Illicit tobacco seizures carried out by enforcement officers within Doncaster Council. Source - Doncaster Trading Standards Team. HRT= Hand Rolling Tobacco. Latest data available January 2019.</p> | Year        | Illicit Whites | Counterfeit | EU              | Total | HRT Counterfeit | 2015/16 | 14480   | 15760   | 54840   | 85080   | 16.4kg  | 2016/17 | 30080 | 29380 | 109680 | 169140 | 34.0kg | 2017/18 | 5599 | 11876 | 96656 | 114131 | 12.7kg | 2018/19 | 3500 | 8520  | 47000 | 59020 | 19.0kg |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
|                  | Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Illicit Whites                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Counterfeit | EU             | Total       | HRT Counterfeit |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
| 2015/16          | 14480                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 54840       | 85080          | 16.4kg      |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
| 2016/17          | 30080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 109680      | 169140         | 34.0kg      |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
| 2017/18          | 5599                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11876                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 96656       | 114131         | 12.7kg      |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
| 2018/19          | 3500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 47000       | 59020          | 19.0kg      |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                |             |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
| Partnership      | <h3>Smokefree policies</h3> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Employees</th> <th colspan="3">Premises</th> </tr> <tr> <th>Level 0</th> <th>Level 1</th> <th>Level 2</th> <th>Level 0</th> <th>Level 1</th> <th>Level 2</th> </tr> </thead> <tbody> <tr> <td>DMBC</td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>DCCG</td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>RDaSH</td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>DBHFT</td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SLHD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>SWYFT</td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>SY Fire Service</td> <td></td> <td>✓</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>SY Police</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Smokefree policies</b> - Policies held by members of the TCA. 'Employees' relates smoking in uniform or on duty. Premises relates to smoking on organisation grounds. Level 0 = no policy. Level 1 = policy in place but not actively enforced. Level 2 = policy in place and actively enforced.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employees   |                |             | Premises        |       |                 | Level 0 | Level 1 | Level 2 | Level 0 | Level 1 | Level 2 | DMBC    |       | ✓     |        |        |        | ✓       | DCCG |       |       | ✓      |        |         | ✓    | RDaSH |       |       | ✓      |  |  | ✓ | DBHFT |  | ✓ |  |  |  |  | SLHD |  |  |  |  |  | ✓ | SWYFT |  |  | ✓ |  |  | ✓ | SY Fire Service |  | ✓ |  | ✓ |  |  | SY Police |  |  |  |  |  |  |  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employees   |                |             | Premises        |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
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| Health outcomes  | <h3>Low birth weight babies</h3> <p><b>Low birth weight babies</b> - Live and stillborn infants with birth weight &lt;2,500g as a % of a all live and still born infants with recorded weight. Source - PHE, Public Health Outcomes Framework web tool. Latest data available December 2016.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <h3>Emerg adms for resp infections &lt;16yrs</h3> <p><b>Emergency admissions for lower respiratory tract infections &lt;16yrs</b> - Indirectly Standardised Rate per 100,000. Primary diagnosis of ICD10 codes J10.0, J11.0, J11.1, J12.-, J13, J14, J15.-, J16.-, J18.0, J18.1, J18.9, J21.-. Source - HSCIC Indicator Portal.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                |             |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
|                  | <h3>Smoking attributable hospital admissions</h3> <p><b>Directly standardised rate of Smoking Attributable Admissions in people aged 35 and over.</b> Source Public Health Outcome Framework, Local Tobacco Control Profiles. Latest data at June 2017.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <h3>Smoking attributable mortality</h3> <p><b>Directly Standardised Rate of smoking attributable mortality.</b> Source Public Health Outcome Framework, Local Tobacco Control Profile. Latest data at June 2017.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                 |       |                 |         |         |         |         |         |         |         |       |       |        |        |        |         |      |       |       |        |        |         |      |       |       |       |        |  |  |   |       |  |   |  |  |  |  |      |  |  |  |  |  |   |       |  |  |   |  |  |   |                 |  |   |  |   |  |  |           |  |  |  |  |  |  |  |
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CLeaR thinking

# CLeaR model assessment for excellence in local tobacco control

Doncaster Borough Council 19<sup>th</sup> March 2019



Doncaster's CLeaR scores as a percentage of the total available in each domain



# About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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# Contents

|                                          |    |
|------------------------------------------|----|
| <i>About Public Health England</i>       | 2  |
| <i>Contents</i>                          | 3  |
| <i>Foreword</i>                          | 4  |
| 1. <i>CLeaR Context</i>                  | 5  |
| 1.1 <i>CLeaR in Doncaster</i>            | 5  |
| 2. <i>CLeaR messages</i>                 | 7  |
| 2.1 <i>Your insights</i>                 | 7  |
| 2.2 <i>Your strengths</i>                | 9  |
| 2.3 <i>Opportunities for development</i> | 10 |
| 3. <i>CLeaR results</i>                  | 14 |
| 4. <i>CLeaR opportunities</i>            | 25 |
| 5. <i>CLeaR resources</i>                | 30 |
| 6. <i>CLeaR next steps</i>               | 32 |

## Foreword

CLear has been developed by Action on Smoking and Health (ASH) with assistance from partners in Cancer Research UK, the Chartered Institute for Environmental Health, FRESH, the National Centre for Smoking Cessation and Training, Smoke Free South West, the Trading Standards Institute, Tobacco Free Futures and colleagues from the NHS and local authority.

Through their hard work and diligence, they have provided the platform by which every council, upper tier local authority or tobacco control alliance can assess their delivery plans and take assurance from review by their peers, that they are investing their resources wisely and in full knowledge of the evidence which supports this.

Public Health England thanks ASH and their partner organisations for developing such a simple, yet challenging assessment and for their continued dedication to securing a tobacco free future through evidence-based tobacco control.



A handwritten signature in black ink that reads "Duncan Selbie". The signature is written in a cursive, flowing style.

Duncan Selbie  
*PHE chief executive*

## 1. CLear context

CLear is an improvement model which provides local government and partners with a structured, evidence-based approach to achieving excellence in local tobacco control.

The model comprises a self-assessment questionnaire, backed by an optional external challenge process from a team of expert and peer assessors. The purpose of the peer-assessment is to review the scoring and evidence selected by organisations when completing the self-assessment questionnaire and to provide objective feedback on performance against the model.

The report also provides a number of recommendations (CLear messages) and the assessment team's revised scores, accompanied by detailed feedback on specific areas of the model (CLear results). In addition, we suggest some resources you may find useful in further developing your work on tobacco control (CLear resources).

### 1.1 CLear in Doncaster

Dr Victor Joseph, Consultant in Public Health and Tobacco Control Alliance Chair invited the CLear team to validate the CLear self-assessment process in Doncaster.

It is intended that this report be used to inform members and officers of various organisations in the Borough of the wider impacts of tobacco consumption; on the health and wellbeing of Doncaster and to generate support at an operational level to develop the alliance leading to more collaborative working and a better understanding of partners' roles and responsibilities.

This report summarises the conclusions of the CLear peer-assessment team following their appraisal of the self-assessment; accompanying evidence and discussions during the visit on 19<sup>th</sup> March 2019. It sets Doncaster's challenge in context, providing information on the economic and other impacts of smoking in the authority.

In carrying out the CLear peer assessment we built on the insights into areas that needed improvement, as recognised through your self-assessment questionnaire.

Special thanks go to Victor, Anna Brook and Claire Hewitt for their assistance in organising the assessment visit.

Thanks also go to all those who gave their time as part of the peer-assessment visit for their enthusiasm and willingness to engage with the process. This was greatly appreciated. Some potential interviewees were unable to attend so their views may not be represented here.

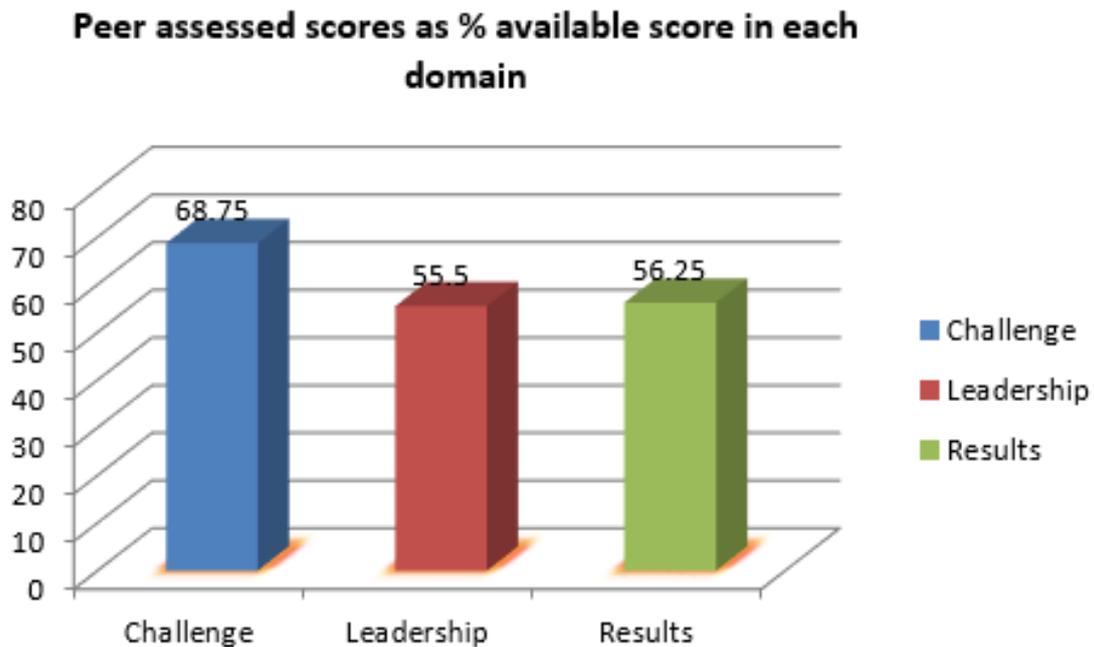
The CLear Peer Assessment Team consisted of Paul Hooper, iPiP (Core Assessor); Sarah Hepworth, Health Improvement Principal Place – Culture, Environment & Leisure – Public Health, Sheffield City Council and Sue Smith, Public Health Specialist (Lead for Tobacco Control, Oral Health Improvement and Dementia)

Interviewees from Doncaster (various sessions)

- Robert Suckling, Director of Public Health
- Victor Joseph, Consultant in Public Health and Chair of Tobacco Control Alliance
- Anna Brook, Public Health Registrar
- Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture
- Councillor Rachael Blake, Chair of the Health and Wellbeing Board and Cabinet Member for Social Care
- Dave McMurdo, Trading Standards Manager, Trading Standards
- Peter Jones, Partnership Officer, Fire Service
- Steve Betts, Communications Officer with focus on public health.
- Carrie Wardle, Public Health Theme Lead on Children and Young People
- Victoria Shackleton, Public Health Officer
- Carys Williams, Public Health Improvement Officer, Wider Determinants Team
- Simon Lister, Service Manager Yorkshire Smokefree Service, South West Yorkshire Partnership NHS Foundation Trust
- Zahra Velji, Specialist Yorkshire Smokefree Service, South West Yorkshire Partnership NHS Foundation Trust
- Debby McKnight, Nursing and Midwifery, Hospital QUIT Lead, Doncaster and Bassetlaw Teaching Hospital
- Emma Brown, Public Health Officer, Vulnerable Lives
- Helen Conroy, Public Health Theme Lead Vulnerable Lives
- Caroline Burrows, QUIT lead, ICS

NOTE: The term ‘Doncaster’ refers to the areas covered by Doncaster Borough Council throughout.

## 2. CLear messages



| CLear domain       | Max score | Self-assessment score | Peer-assessment score |
|--------------------|-----------|-----------------------|-----------------------|
| Leadership         | 36        | 23                    | 20                    |
| Challenge services | 48        | 36                    | 33                    |
| Results            | 32        | 18                    | 18                    |

### 2.1 Your insights

The following section includes key information provided in the self-assessment and associated evidence and what the peer-assessment team heard on the visit:

- Adult smoking prevalence in Doncaster is higher than the regional and national averages. There is also higher than average prevalence in certain groups including pregnant women; routine and manual workers and young people. There are also certain geographic communities where smoking prevalence is particularly high.
- In a challenging environment there are ambitious targets for reducing smoking prevalence in Doncaster, but most partners seemed to be unaware of them. The current tobacco control strategy and plan do

not match the ambitions and therefore the targets are unrealistic, based on current/planned activity.

- Evident from the useful tobacco control dashboard, Doncaster's steady decline in adult smoking, smoking among routine and manual worker groups and rates of smoking at the time of delivery (SATOD) have flatlined or even started to increase.
- Tobacco control does not feature specifically in the Council's Corporate Plan (which is light on health issues generally).
- Although Doncaster has a lead in public health and a supporting team, tobacco control and smoking cessation commissioning are only part of their roles and this work has diminished as work in other areas has expanded.
- There are various funding streams for both cessation and tobacco control work. Some are secure and others may be affected by general reductions.
- Tobacco Control may be seen by some organisations as a public health responsibility only. The Tobacco Control Alliance in Doncaster is well established but attendance at meetings and commitment to targets by some partners could be improved.
- There is a tobacco control action plan but it does not seem to be fit for purpose (i.e. to achieve targets).
- Tobacco control's contribution to the overall health and financial wellbeing of Doncaster District is not as well understood as would be desired.
- Although the stop smoking services are only one part of the broader tobacco control delivery, and evidence would suggest that wider tobacco control has the biggest impact on reducing prevalence, there seemed to be an expectation that the services would play a major part in delivering the prevalence targets.
- You recognise that opportunities exist to build a broader consensus for tobacco control across a wide range of council functions and partnership agendas. For instance, highlighting the contribution tobacco control makes to priorities such as community safety, children and young people, debt management, and economic prosperity.

- Boundaries of organisations (such as health trusts and the local authority) are not always co-terminus, but they are not overly complicated.

## 2.2 Your strengths:

The following two sections include key highlights from the peer assessment and the reflections and observations of the peer assessment team.

- Active support for the tobacco control agenda in Doncaster is reflected in practice through senior leadership and your committed team from whom we saw enthusiasm and passion for delivering quality innovative work.
- Key elected members are supportive of actions that will lead to a reduction in the impact of tobacco on the overall health and prosperity of the borough.
- Doncaster Council signed the Local Authority Declaration on Tobacco Control in April 2015 and is therefore a member of the Smoke Free Action Coalition. It was suggested that the CLearR process could be a catalyst for refreshing commitments.
- Your public health supported regulatory services have made progress on illicit and underaged sales.
- There is some level of sub-regional joint working especially with regard to regulatory services (e.g. illicit tobacco, 'fakes cause fires', home safety fire checks)
- The Doncaster stop smoking service, a separately commissioned part of a larger group of services for South Yorkshire, is well-established achieving good 4-week quit outcomes with a focus on high prevalence groups.
- Yorkshire Smokefree service has been performing well to a revised specification that prioritises high prevalence groups.
- Electronic cigarettes are incorporated into the cessation offer.
- Public health expressed commitment to raise the profile of tobacco control and to provide support and leadership of the alliance.

- You are keen to review progress and develop your plans further and interviewees were clearly committed to improving Doncaster and spoke with genuine enthusiasm around their areas of responsibility.
- Some clinical champions have been identified particularly in secondary care.
- Investment has been made in maternity services to improve referrals and communication. Combined with a stop smoking service that works closely with maternity, this should contribute to a reduction in rates of smoking at the time of delivery. A health visitor led service enables follow up into 0-5 year olds' environments, extending the relapse prevention period and enhancing your smoke free homes work.
- There is some understanding of how tobacco control can address local health inequality issues.
- Smokefree homes work is being based on a pragmatic approach through the housing provider.

## 2.3 Opportunities for development

- You have an opportunity, through the Health and Wellbeing Board and other groups, to influence understanding of the way tackling tobacco can impact on other priorities (e.g. inequalities, economic growth). However, key strategic documents are disconnected. You may consider tobacco-specific reports in order to ensure the importance of the topic is not lost.
- There are opportunities to ensure a wider ownership of the strategic goals (both by individuals and organisations) and to strengthen the governance arrangements for monitoring progress. A starting point may be to review the strategy itself.
- In particular you should revise the vision of 'reducing nicotine dependence' which contradicts your open view of electronic cigarettes.
- You appear to concentrate on secondary prevention. Consideration should be given to broadening the scope of tobacco control activities to incorporate local elements of the MPOWER six-strands of comprehensive tobacco control. <https://www.who.int/tobacco/mpower/en/>

- There is an opportunity to further encourage the development of tobacco control champions from partner organisations and opportunities to increase understanding in partner organisations on which policy levers and interventions will be most impactful on their priorities (e.g. CCG)
- The current targets within the tobacco control strategy are unrealistic and as we get nearer to the critical dates consideration should be given to how expectations of elected members and partners can be managed to avoid the positive progress made being discredited. Your intention to schedule discussions with partners to identify gaps and how to narrow them will help to make your tobacco control plan more realistic and achievable.
- In order to aid monitoring of progress you may wish to develop interim actions and ensure outputs from the alliance are measurable.
- You may consider modelling potential outcomes as part of the process of setting new interim targets.
- The alliance needs to be clearer about its purpose and perhaps give more direction as opposed to passive receipt of progress updates. Consideration should also be given to whether a change in chair, perhaps an elected member, might provide a degree of independence and scrutiny to the Alliance. The selection of the chair of a reinvigorated alliance may determine how others perceive the group.
- The corporate plan and other high-level documents have little or no mention of tobacco control ambitions but there are various elements to which tobacco control might play a positive role. Consideration should be given to re-making the case for tobacco control to internal and external partners. These can be framed as 'business' decisions for increased productivity and/or reduced costs as opposed to purely health improvement.
- The Director of Public Health and relevant elected members could be key influencers to revitalise partnership working on tobacco control, but they may have limitations on their time. A revised comprehensive tobacco control plan linked to corporate objectives may help keep tobacco on relevant agendas.
- Elected members may wish to make use of the new Councillors' network as part of the LGA Declaration on tobacco control resources.
- Understanding of the potential issue of tobacco industry interference was strong. It may be helpful to develop a deeper understanding and awareness

of the tobacco industry amongst a broader group of elected members and wider stakeholders. This would support framing tobacco control activities around a childhood protection and prevention focus and help increase support for future actions.

- You have a strong public health team supported by a number of other partners who, if the available time devoted to tobacco control is not reduced, could make considerable progress on a revised plan. At this critical point in time you may wish to designate responsibility for revising the plan and working more widely on smokefree Doncaster to a full-time post.
- You may wish to consider commissioning a new tobacco control JSNA and linking it to the Health and Wellbeing Board and other key groups.
- Careful consideration should be given to which other organisations and individuals would be essential for a viable alliance and to actively seek their support and attendance.
- There is an opportunity to capitalise on and develop tobacco control champions from partner organisations to increase understanding in partner organisations on which policy levers and interventions will be most impactful for themselves and the tobacco control agenda in general.
- The impact of a 'holistic' public health approach to communications is difficult to measure. In addition, there is currently no partnership communications plan for tobacco control. Consideration should be given to the development of a comprehensive communications plan for the alliance which would allow for greater notice of events and campaigns and enable partners to use their respective resources to support each other.
- All partners could review their online communications around tobacco control to ensure quick and easy wins were being realised.
- You may wish to consider introducing a local campaign to target specific groups or areas.
- There is an opportunity to further use insights to determine prevailing attitudes and knowledge of smokers and other audiences. This may help guide activity.
- The QUIT and other programmes show promise and there is a real opportunity to support a concerted effort to embed a smokefree NHS regime

that supports in patients to abstain and quit. This could be extended to primary care settings.

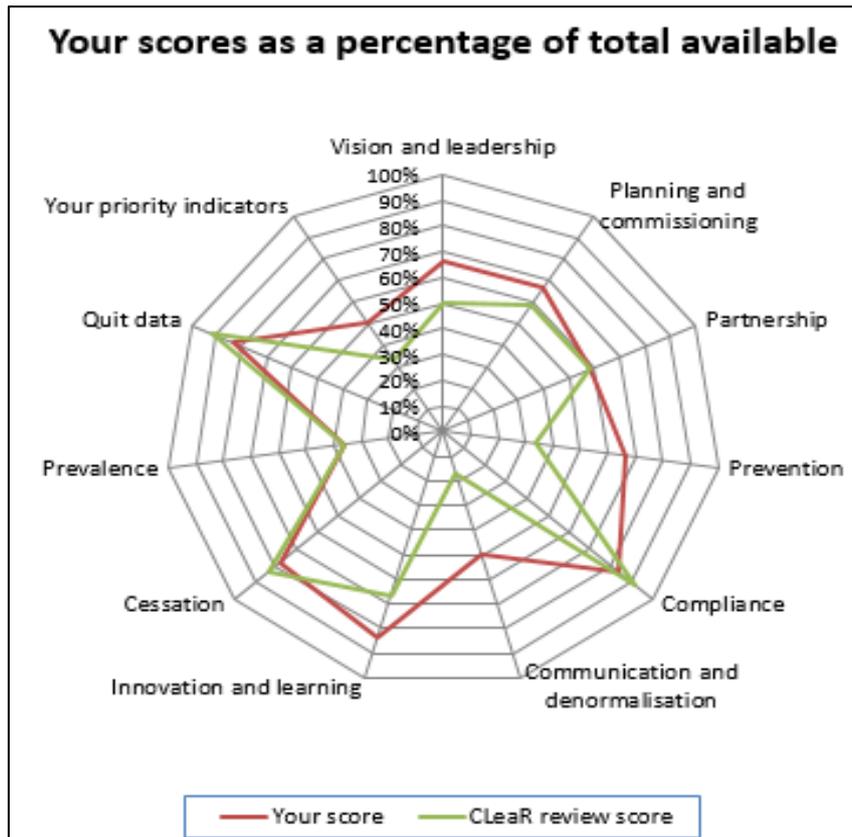
- Training on VBA has been undertaken in many settings, but it was not clear what the outcomes are. You may wish to evaluate these programmes to ensure that you are receiving a reasonable return on your investment.
- As part of a smokefree Doncaster vision there may be opportunities to work more closely with businesses, especially those with routine and manual workers to promote smokefree businesses and the benefits of a reduced prevalence workforce and tackle inequalities.
- The CLear process provides an opportunity to review all public sector smoking policies to ensure they are consistent with the latest evidence regarding electronic cigarettes and include more active support for those wishing to quit.
- Consideration should be given to removing any barriers to receiving stop smoking medication for those making a quit attempt (e.g. people who do not qualify for free prescriptions).
- Consideration could be given to a limited application of incentive schemes where this would have an impact on inequalities (e.g. smoking in pregnancy).
- The stop smoking service is largely following best practice guidance and is responsive to the need to adapt and change practice. There are opportunities for partner organisations to support the service in increasing referrals specifically primary care.
- There are specific opportunities for more systematic and robust referral pathways from acute health trusts into the local support to quit service as part of the drive towards a smokefree NHS.
- Action could be taken that would engage more with local communities, perhaps through the voluntary sector, regarding the ambition to create more smokefree outdoor areas. You may wish to prioritise tackling the high levels of smoking outside the local college.
- The use of the CLear peer assessment in a local networking event may help to maintain focus and provide opportunities to explore joint working and

the formation of a new tobacco control alliance. This may lead to the use of other CLeaR tools.

- The accredited 'positive approaches' course could be useful for a number of professions who are working with the public.
- Consideration should be given to the recommendations of the RCP report 'Hiding in Plain Sight' (June 2018).
- There are examples of working across boundaries. Doncaster could take a more active role in regional and sub-regional groups and by doing so share good practice.
- Investigation into how young smokers are identified and worked with by youth services could result in greater opportunities for them to quit.
- Consideration should be given to how, in the light of tight budgets, to fund the changes needed to achieve your ambitions.

### 3. CLeaR results

The chart below shows (in red) Doncaster's original self-assessment scoring, as a % of available marks in each section and (in green) the CLeaR team's peer-assessment results. The scores of the peer assessment were frequently similar but lower and higher in some areas to those of the self-assessment. Detailed comments below show where the assessments differ. Both assessment scores highlight areas where improvements can be made.



### 3.1 Detailed comments on your peer-assessment

Note: Scoring by the peer assessment team was based on the current position rather than any potential or planned activities (e.g. proposed new Tobacco Control Plan) that were described. If implemented successfully your plans will have a positive effect on future scores.

| Clear Theme                                | Your score | Our score | Max | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------|------------|-----------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Leadership</b>                          |            |           |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Vision and leadership (including WHO FCTC) | 8          | 6         | 12  | <p>The Health and Wellbeing Board receives information on tobacco, but it is only as a part of an annual Health Protection Assurance report. Whilst it is important to show the connectivity and interdependence of topics there may be a value in tobacco-specific reporting.</p> <p>Although we did not see all of the clinical champions identified in the self-assessment, there was some evidence of clinical champions being established but it was acknowledged that more work was needed to develop champions in all areas.</p> <p>There was a lack of clinical champions in primary care; this may improve with the</p> |

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|  |  |  | <p>introduction of tobacco control indicators in the Primary Care Evaluation Matrix. The QUIT programme has advanced the agenda in secondary care where there has also been high level supported demonstrated.</p> <p>The LGA declaration on tobacco control has been signed by both the local authority and the CCG.</p> <p>The elected members interviewed showed a commitment to local community involvement and a desire to achieve improvements in health.</p> <p>There appeared to be a desire to help Doncaster become truly smokefree and work towards a smokefree generation but the concept of what this might look like in reality and the steps needed to achieve it were not well defined.</p> <p>It was acknowledged that the adopted targets are unrealistic. Discussions were held on how this should be managed.</p> <p>Your aim to reduce nicotine dependence is at odds with your 'ditch or switch' message, and with NICE guidance on tobacco harm reduction.</p> <p>It was not clear that the wider impact of tobacco would be known by elected members in general.</p> <p>It was recognised by some that tobacco control could contribute to wider determinates such as the economy, poverty etc, but It was difficult to identify how the tobacco control agenda was being systematically included in other work streams. To this end, tobacco control could be promoted wider within the Borough Council e.g. economic development.</p> <p>You recognise that your current tobacco control plan is out of date. It also does not capture your work to promote a smokefree Doncaster. It is acknowledged that a more comprehensive review will take place including action following the CLearR peer assessment.</p> <p>The tobacco control strategy appears to be essentially an introduction to the action plan.</p> <p>Public Health are seen as leaders of the topic but the need to ensure other</p> |
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|                            |   |   |    | <p>organisations play their appropriate part was recognised.</p> <p>The Director of Public Health has shown strong leadership around this topic and a willingness to raise the issue specifically (as opposed to part of broader reports) as a way of gaining support for the ambitious targets.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Planning and commissioning | 8 | 7 | 12 | <p>Whilst your service specifications generally reflect NICE guidance there are some gaps in implementation.</p> <p>It is acknowledged that in-patients are specifically excluded from the adult stop smoking service.</p> <p>The commissioning of stop smoking services has been consistent and led to a relatively stable market. (see later comments)</p> <p>Work has been undertaken in maternity services to embed smoking cessation. The provision of smoking cessation via the Health Visiting Service has both advantages (ability for long term follow up and family involvement) and disadvantages (not the responsibility of maternity services). Until recently there have been improvements in SATOD data.</p> <p>There is a stated desire to work towards a smokefree NHS in part through the use of QUIT and CQUIN programmes. Some of this work has been undertaken on a sub-regional basis and by sticking to the model Doncaster may be ahead of others.</p> <p>It is important to embed what 'Smokefree NHS' means (i.e. not simply environmental) in the acute sector. Progress to help staff quit; train security staff and others and have a flexible approach to the use of electronic cigarettes are all helpful.</p> <p>There appears to be a reluctance to engage in harm reduction (i.e. temporary abstinence). This may have an impact on the effectiveness of smokefree NHS policies and reduce the opportunities for some smokers to experience abstinence.</p> <p>The Health and Well Being Board, by not receiving reports on tobacco control as a single issue, may not be as well sighted on this topic as others.</p> |

|                                                    |   |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|---|---|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    |   |   |    | <p>The connections between key documents could be better. We heard the corporate plan does not lend itself to topic specific issues, but tobacco control is currently being lost in the whole system approach. There is a tension between having specific targets and actions for tobacco and showing how tobacco contributes to many other issues e.g. tackling inequalities.</p> <p>Although there are some SMART targets in the tobacco control plan it was acknowledged that interim targets were needed that could be made more specific regarding timescales and/or quantifiable outcomes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Partnership, cross-agency and supra-local working. | 7 | 7 | 12 | <p>You have a tobacco control alliance with regular meetings and reporting. Although membership is quite extensive attendance is limited. You acknowledge that the Alliance could be more active. You have stated your future aims such as embedding smokefree NHS and moving onto social norms work.</p> <p>The peer assessment team acknowledged the intention of revitalising the alliance and that the CLear process was one way of generating interest and commitment in new partners.</p> <p>There are other groups that could act as a proxy for the alliance for some topics (e.g. the ICS group)</p> <p>We were able to have discussions with a wide range of people from several different agencies many of whom recognised their role in the wider partnership, but many did not seem to be aware of the ambitious local targets.</p> <p>The work of the public health team in the organising of the alliance and developing plans was recognised but there is a risk that others, in the light of reduced resources, will use this as a reason to be less involved.</p> <p>You are considering the involvement of elected members in the alliance, which the assessment team recognise could be a positive step in engaging partners from outside of public health organisations.</p> <p>There are conflicting views on whether there is an identified lead for tobacco control and the alliance.</p> |

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|  |  |  |  | <p>The overall time devoted to tobacco control has reduced in recent years due to competing priorities and additional duties.</p> <p>We acknowledge that a new action plan is to be developed. The new plan should identify the actions that each partner organisation will be accountable for, the role of the partnership and mechanisms for monitoring progress along with the scrutiny and escalation processes if not delivered.</p> <p>Interviewees demonstrated a good understanding of the need to protect local plans from the vested interests of the tobacco industry and this is embedded in some contracts. We heard strong statements on pensions and the desire to disinvest from tobacco in the medium to long term.</p> <p>Consideration was given to further action to inform all elected members and guard against tobacco industry influence.</p> <p>Sub-regional networking arrangements are strong and Doncaster benefits from working in partnership with others although this arrangement seemed passive rather than active and it was not clear how this might progress going forward.</p> <p>Doncaster is the host for the 'fakes cause fires' website.</p> <p>It was difficult to quantify the level of understanding of the importance of tobacco control (as opposed to smoking cessation) by frontline workers.</p> <p>There has been some good partnership working and joint commissioning with respect to the secondary care sector.</p> |
|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Challenging Your Services**

|            |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------|---|---|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prevention | 4 | 2 | 6 | <p>Evidence of training about secondhand smoke and associated brief interventions by the stop smoking service was offered but as this has not been in operation long the results are not yet available.</p> <p>Limited evidence of a smokefree homes scheme was offered.</p> <p>We heard that there is an ambition to designate some town centre areas as smokefree, but this has yet not been developed or expressed as a coherent plan.</p> |
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|            |    |    |    | <p>We heard that you have emerging plans to address the issue of smoking in young people. Serious concern was expressed over the apparent misconceptions among young people of the prevalence of smoking and the numbers of young people smoking outside a local college.</p> <p>The healthy schools re-launch does not have smoking as one of its priorities.</p> <p>There has been some work around smokefree playgrounds and local authority-controlled schools.</p> <p>You have an ambition to follow up with smokefree events, but plans are under developed.</p> <p>We heard about how Project 3 receives referrals from the school nursing service, but in low numbers.</p> <p>We also heard that smokers were identified by RDASH working with under 19s, but few interventions followed.</p>                                                                                                                                                                                                                  |
| Compliance | 10 | 11 | 12 | <p>Trading Standards work on tobacco has been substantially funded by public health for around four years during which significant progress has been made. This is demonstrated by level of seizures and action on specific premises.</p> <p>Breaches of tobacco laws have been linked to the alcohol licensing process.</p> <p>There is involvement in the Trading Standards Regional Network including the tobacco and alcohol group.</p> <p>Intelligence on illicit tobacco is dealt with well through the use of the Consumer Advice Hotline and national intelligence systems.</p> <p>There has been some coordinated (and funded) work on test purchasing, nicotine inhaling products and surveillance.</p> <p>Across South Yorkshire the 'fakes cause fires' joint campaign with the fire service has been jointly funded and in part administered by Doncaster.</p> <p>There are few shisha premises in Doncaster and little evidence of the use of other niche products. However, regulatory officers are</p> |

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|                                    |   |   |   | <p>maintaining vigilance and working collaboratively.</p> <p>Enforcement by both environmental health and trading standards was intelligence led and described as balanced between proactive and reactive.</p> <p>There were few reported complaints regarding smokefree places and compliance is thought to be high.</p> <p>Cooperation from HMRC was cited as poor in spite of continued attempts to engage.</p> <p>There has been some activity regarding compliance with product legislation. This has been combined with work on fake chargers for electronic cigarettes.</p> <p>There were strong policies and procedures described about protecting work from the influence of the tobacco industry. Robust procedures were in place regarding any necessary contacts needed for enforcement purposes. However, this could be promoted wider than regulatory officers.</p> |
| Communications and denormalisation | 3 | 1 | 6 | <p>Whilst Yorkshire Smoke Free has a comprehensive communications plan there is no Alliance Plan and an acknowledged lack of coordination between local partners.</p> <p>Although the self-assessment suggested a number of national campaigns had been supported and amplified the communications team could only demonstrate ad hoc superficial press release and social media activity.</p> <p>Local media coverage was described as 'limited'.</p> <p>It was difficult to attribute local activity as the reason for any significant uplift in referrals to the stop smoking service during campaign periods such as Stoptober.</p> <p>We did not hear of any plans for new locally driven campaigns to support the vision of a smokefree Doncaster.</p>                                                                                                                      |
| Innovation and learning            | 5 | 4 | 6 | <p>The Tobacco Control Alliance has a regular reporting mechanism for monitoring data and it is a standing item on the alliance agenda.</p> <p>This data is not shared as widely as it could be and could form part of a broader</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|           |    |    |    | <p>information sharing process of reports and updates.</p> <p>The current level of challenge has been around the self-assessment. This may form the basis of challenge going forward and there appears to be a desire to achieve this through constructive comment.</p> <p>We heard that a 'positive approaches' course had been accredited as part of the safe and well referral partnerships initiative.</p> <p>Innovative campaigns have been developed around misuse of electronic cigarettes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cessation | 14 | 15 | 18 | <p>The adult cessation service is well established with a relatively stable workforce. It has been maintained as a discrete service but within the broader MECC agenda.</p> <p>The service specifications are linked to the priority populations. Although gaps were identified in acute in-house provision an overall level of service would need to be increased if Doncaster's ambitions were to be realised.</p> <p>The service website is comprehensive and tailored to local users. Although because it is part of a wider network of services the local data is limited and, at the time of accessing, out of date.</p> <p>Along with other promotions and the development of pathways with various stakeholders the service would appear to be generating sufficient referrals from target audiences.</p> <p>The peer assessment team heard a lot about training of staff through various schemes (MECC, VBA, QUIT and SCIP) in some areas this had resulted in increased referrals in others this was yet to develop.</p> <p>The CQUIN is in place but there is more to do to realise its full potential including the establishment of an efficient electronic referral.</p> <p>The peer assessment team heard that electronic cigarettes had been adopted in some premises for in patient use.</p> <p>In addition, the use of e-cigs as a way of quitting is encouraged with the 'Ditch or Switch' message well known</p> |

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|                |   |   |    | <p>The issuing of medication through different means is a little complicated and you are considering changes. There are some limitations imposed on the supply of nicotine replacement products through the triage process.</p> <p>We heard that budget shortfalls were being mitigated by underspends in some areas.</p> <p>The adult service exceeds the minimum standard for CO validation of quits. However, concern was expressed over the difficulty of getting good data for smoking at the time of delivery.</p> <p>The general stop smoking service has a robust system for engaging with lapsed quitters.</p> <p>Activity to reduce smoking in pregnancy is included in a larger contract and may be subject to proportional reductions in budget of 2.5% pa for three years. This may seriously impact on the ability to deliver on the ambitious targets.</p> <p>Work with offenders has shifted from in prison to working with those leaving detention.</p> |
| <b>Results</b> |   |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Prevalence     | 5 | 5 | 14 | <p>Smoking prevalence of adults in general and routine and manual workers in Doncaster, although still relatively high, has been reducing but the last monitoring period showed a possible flattening in the trendline. This has prompted a review of the approach and a determination to ensure progress continues.</p> <p>Smoking at the time of delivery had been improving with the gap between local and national levels narrowing but latest data shows a slight increase.</p> <p>A task and finish group is implementing the results of a recent 'deep dive' into secondary care at Doncaster and Bassetlaw Hospital.</p> <p>Other CLear 'deep dive' tools have not yet been used.</p>                                                                                                                                                                                                                                                                            |

|                  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Quit data        | 10 | 11 | 12 | <p>YSF perform well with higher than average quits per 100,000 population with an improving trend.</p> <p>Service also has impressively low levels of lost to follow up rates (10%).</p> <p>Data is submitted to NHS Digital.</p> <p>Referrals from the CQUIN route have been slow to develop in the general acute sector (mental health have been referring more consistently over time) The deep dive action plan will help to address this.</p> <p>The service has contributed to reductions in health inequalities in general and reducing smoking in routine and manual groups has been enhanced by including a quality premium in the specification.</p> <p>Locations for service delivery are now in areas of greatest need and have included community fire stations</p> |
| Local Priorities | 3  | 2  | 6  | <p>It is acknowledged that progress on reducing prevalence has recently stalled.</p> <p>Priority 1 – Young People. No trend information is available</p> <p>Priority 2 – Adult Prevalence. Acknowledged not reducing quickly enough to meet targets.</p> <p>Priority 3 – Reducing Inequalities – new service provision in place since data collected so may show improvement.</p> <p>All of the above priorities should be articulated as part of the new tobacco control plan for Doncaster.</p> <p>It would be helpful to have appropriate metrics to measure progress for each of these priorities.</p>                                                                                                                                                                       |

**The key challenges the peer assessment team identified for Doncaster are:**

1. Making the new tobacco control ambitions for Doncaster explicit ensuring all organisations are aware of how they can contribute to the wider agenda and local priorities.
2. Ensuring that the flattening of the trends to reduce smoking prevalence does not continue or worsen with consequent significant

effects on health and wellbeing tobacco among certain populations in the Borough.

3. Broadening the involvement of partners in developing and monitoring of progress in implementing a new tobacco control action plan as part of a revitalised alliance.
4. Delivering a fully implemented Smokefree NHS including both a positive environment and integrated support for people to quit.
5. Ensuring stop smoking services can fully engage with vulnerable groups and have a positive impact on health inequalities.
6. Developing a partnership tobacco control communications plan.
7. Ensure compliance work continues to be supported to a level that enables both reactive and proactive work to be undertaken.

## 4. CLear opportunities

This section highlights the effects of tobacco consumption in Doncaster

With an estimated 18+ population of **239,030** and a median salary of **£19,940** Doncaster falls within the middle deprivation quintile among boroughs in South Yorkshire (Met County)

Doncaster's over 18s smoking prevalence is estimated as **19.8% (2016)**. This equates to **47,705 adult smokers**.

If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster **£78m** of which costs to the NHS contribute approximately **£14.7m**; lost productivity **£50.7m** and Social Care **£10.5m** (of which **£5.7m** is attributable to the local authority social care budget).

It is estimated that South Yorkshire Fire and Rescue Service will attend **11** smoking related house fires with a cost to the Borough of around **£2m**

Smokers in Doncaster consume around **533,490m** cigarettes each day resulting in approximately **79kg** of waste daily.

In addition, the local population in Doncaster spend **£99.5m** on tobacco related products. (Approximately £2,050 per smoker) As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Doncaster's poorest citizens and communities. If this money was spent on other things instead of smoking the effect would be to create jobs in the local economy.

With an estimated 18+ smoking prevalence of 19.8% (2016), Doncaster has a population of about



47,705 adult smokers



Each year we estimate that smoking in Doncaster costs society a total of approx **£78m**

This cost is accrued across a range of social domains:



### Healthcare

Smoking both causes and exacerbates long term health conditions and is the leading cause of preventable death and disease in England



The total annual cost of smoking to the NHS across Doncaster is about **£14.7m**

**£4.3m** is due to approx 3,462 hospital admissions for smoking-related conditions

**£10.4m** is due to treating smoking-related illness via primary and ambulatory care services  
(that's as a result of around 145,348 GP consultations, 42,751 practice nurse consultations, 80,690 GP prescriptions, and 25,985 outpatient visits)



### Productivity

Smokers take more sick-leave from work than non-smokers and smoking increases the risk of disability and premature death



**£50.7m** of potential wealth is lost from the local economy in Doncaster each year as a result of lost productivity due to smoking

675 early deaths due to smoking result in 821 years of lost economic activity, costing businesses about **£18.9m**  
Each year absenteeism due to smoking-related illness results in about 113,998 days of lost productivity, costing a further **£10.1m**  
Additionally, it is estimated that smoking breaks cost businesses in Doncaster **£21.8m**



## Social Care

Many current / former smokers require care in later life as a result of smoking-related illnesses.



Each year this costs society in  
Doncaster an additional **£10.5m**

**£5.7m** is funded from the local authority  
social care budget

**£4.8m** is paid by individuals or families  
who self-fund private care



## House Fires

Smoking materials are a major contributor to accidental fires in England, with around 7% being smoking-related. Fatalities are disproportionately high in smoking-related fires, representing 49% of all house fire deaths



It is estimated that South Yorkshire Fire and Rescue Service will attend about 11 smoking-related house fires each year in Doncaster

**£2m** is lost annually in the Borough as a result

Smoking-related fires are expected to be responsible for approx 1 fatality every 2 years, resulting in average annual societal losses of **£1.1m**

In addition to deaths, smoking-related fires are expected to result in 3 non-fatal injuries each year, further increasing the societal cost by **£374,930**

Smoking-attributable fires will also result in property damage at an average annual cost of **£531,820**

and the annual cost to South Yorkshire Fire and Rescue Service for responding to these fires is **£36,210**



## Littering

62% of people drop litter and smoking materials constitute 35% of all street litter.

The majority of cigarette filters are non-biodegradable and must be collected and disposed of in landfill sites.



Smokers in Doncaster consume about 533,490 cigarettes every day. Of these, roughly 466,860 are filtered, resulting in around

**79kg**  
of waste daily

This represents 29 tonnes of waste annually, of which 12 tonnes is discarded as street litter that must be collected by the Local Government  
 That's enough cigarette butts being discarded on the street to fill 525 standard wheelie bins every year (and that's not counting cigarette packaging and other smoking-related litter!)



## Tobacco Expenditure

Smokers in Doncaster spend roughly £99.5m on tobacco products each year

**That's about £2,050 per smoker**



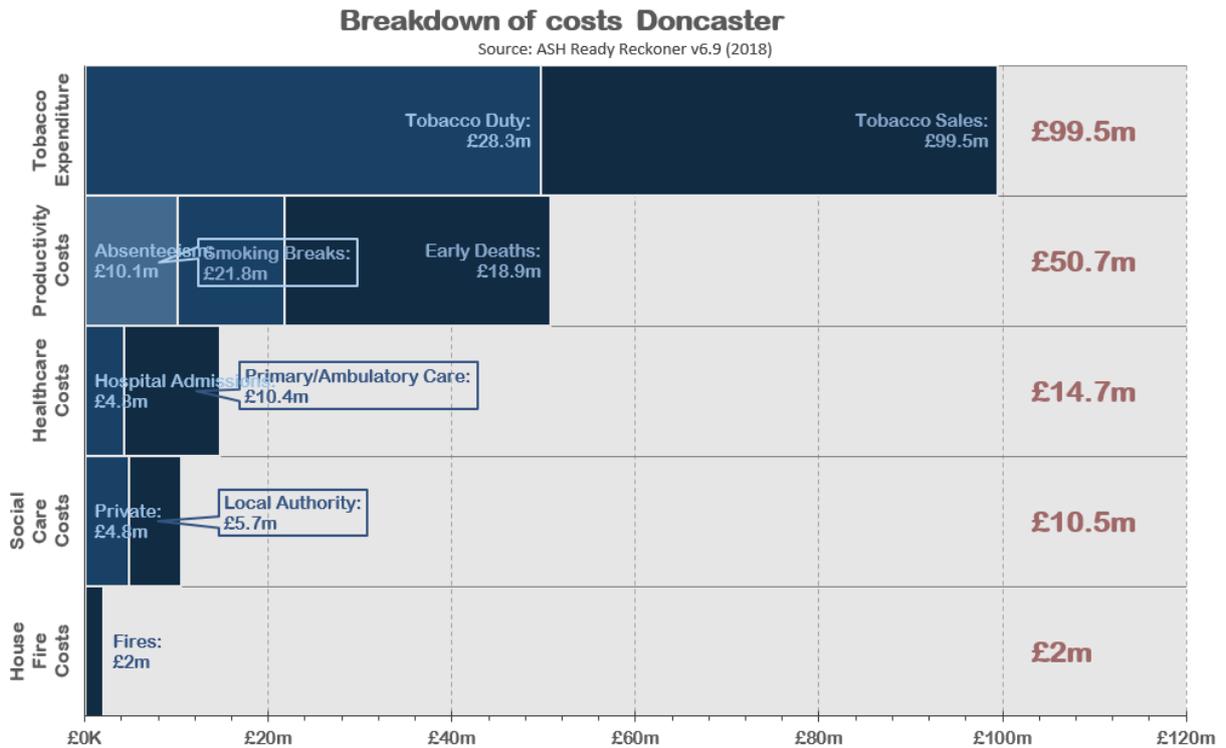
**Of the total expenditure on smoking products, £49.6m is collected by the Exchequer as tobacco duty. Despite this extra revenue, tobacco still costs the community in Doncaster one and a half as much as the duty raised**

This represents a net annual cost to society of

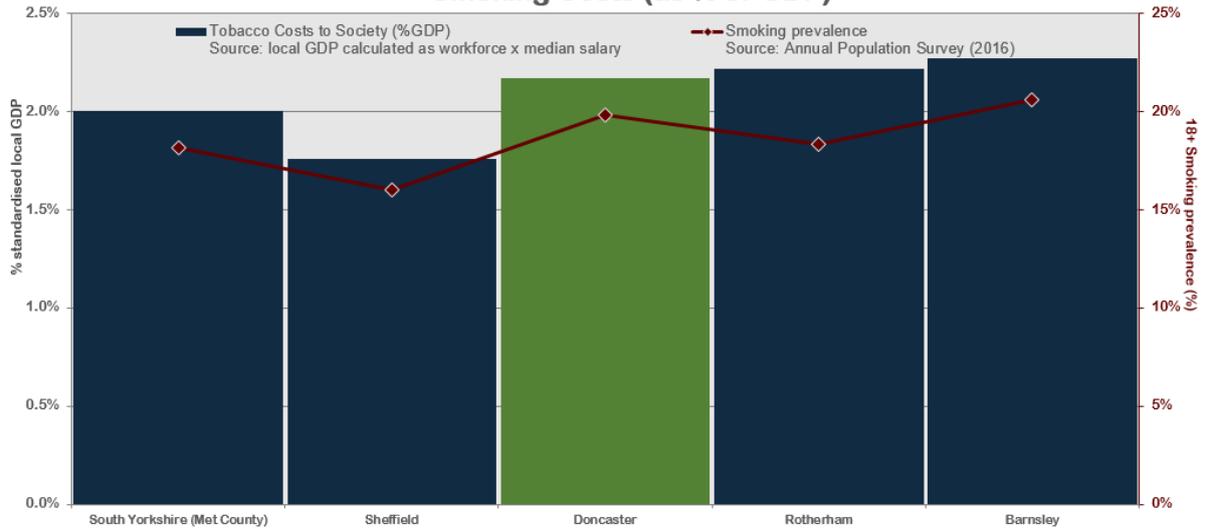
# £28.3m

### Breakdown of costs and expenditure in Doncaster

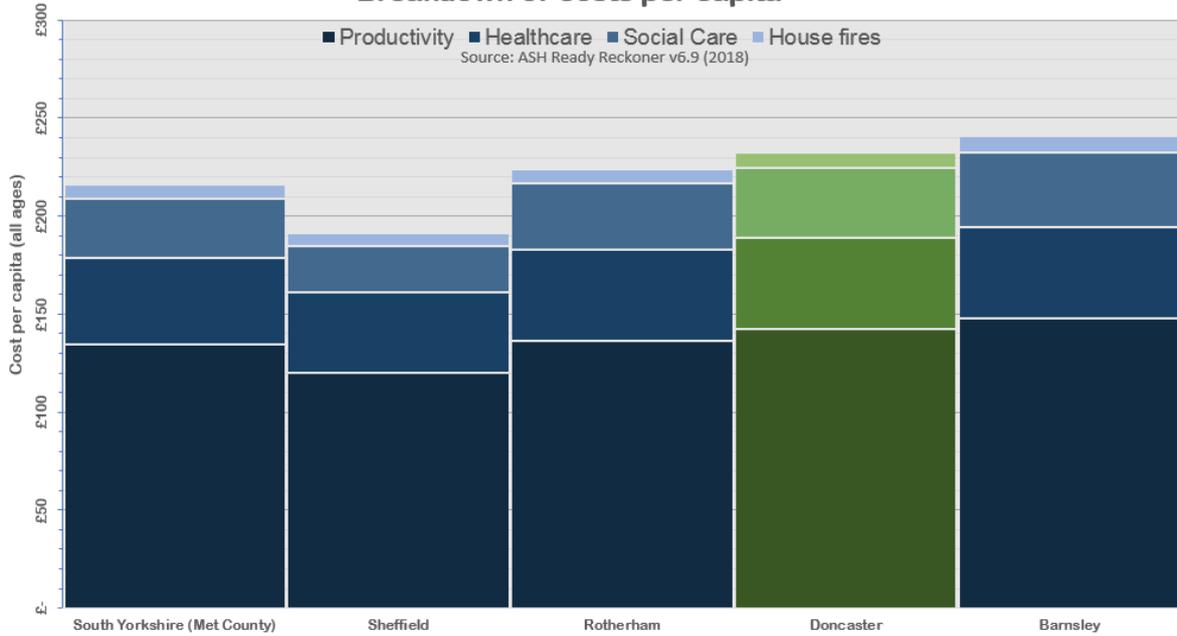
Source: ASH Ready Reckoner v6.9 (2018) Accessed 30/03/19



### Smoking Costs (as % of GDP)



### Breakdown of costs per capita



See <http://ash.lelan.co.uk/> for more details

## 5. CLear Resources

### **Tobacco Control Plan Delivery Plan 2018**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf)

### **PHE guidance for a Smokefree NHS**

<https://campaignresources.phe.gov.uk/resources/campaigns/61-smokefree-nhs/resources>

### **Royal College of Physicians report on the role of the NHS in treating tobacco dependency**

<https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

### **Smoking in Pregnancy Challenge Group reports and resources**

<http://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challenge-group/>

### **Information for Directors of Public Health, local authority officers and members can be found at**

<http://ash.org.uk/category/information-and-resources/local-resources>

### **Local information on the business case for tobacco can be found at**

<http://www.nice.org.uk/About/What-we-do/Into-practice/Return-on-investment-tools/Tobacco-return-on-investment-tool>

### **Information on effectively engaging with priority smoking populations can be found in the Tobacco Control – commissioning support pack 2018/19**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/647221/Tobacco\\_commissioning\\_2018-19\\_principles\\_and\\_indicators.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647221/Tobacco_commissioning_2018-19_principles_and_indicators.pdf)

### **A briefing on investment and local authority pension funds (March 2018) is here**

[http://ash.org.uk/files/documents/ASH\\_831.pdf](http://ash.org.uk/files/documents/ASH_831.pdf)

### **ASH and iPiP have created a toolkit for all those interested in protecting public policy from the influence of the tobacco industry. (FCTC Article 5.3) More information can be found and downloaded here**

<http://ash.org.uk/localtoolkit/toolkit-article-5-3-framework-convention-tobacco-control/>

### **Information on the Local Government Tobacco Control Declaration can be found here**

<http://smokefreeaction.org.uk/declarationsindex-html/>

### **with additional councillor resources here**

<http://smokefreeaction.org.uk/smokefree-local-government/smokefree-councillor-network/>

**Information on the Smokefree NHS pledge here**

<http://smokefreeaction.org.uk/smokefree-nhs/nhs-smokefree-pledge/>

**Local Tobacco Control Profiles site has a range of latest data on smoking and the impact of smoking locally**

<https://fingertips.phe.org.uk/profile/tobacco-control>

\*Note this data may vary from the broader ASH Ready Reckoner Data included above. Please use whatever is most appropriate for your audience.

The NCSCT have a range of resources which may be of use for example:

**NCSCT Training and Assessment Programme (free) - developed for experienced professionals working for NHS or NHS commissioned stop smoking services who want to update or improve their knowledge and skills - as well as newcomers to the profession, who can gain full NCSCT accreditation.** [http://www.ncsct.co.uk/pub\\_training.php](http://www.ncsct.co.uk/pub_training.php)

**Very Brief Advice on Smoking – a short training module for GPs and other healthcare professionals to help increase the quality and frequency of Very Brief Advice given to patients who smoke.**

<http://www.ncsct.co.uk/VBA>

**Very Brief Advice on Smoking for Pregnant women**

[http://www.ncsct.co.uk/publication\\_briefing\\_for\\_midwifery\\_staff.php](http://www.ncsct.co.uk/publication_briefing_for_midwifery_staff.php)

**Specialty module on mental health, aimed at anyone who works with smokers with mental health issues. An online training module and resource, it focuses on supporting clients with a diagnosed mental health condition, who may be treated in the community or a specialist setting.**

[http://www.ncsct.co.uk/publication\\_MH\\_specialty\\_module.php](http://www.ncsct.co.uk/publication_MH_specialty_module.php)

**Very Brief Advice on secondhand smoke – a short training module designed to assist anyone working with children and families to raise the issue of second-hand smoke and promote action to reduce exposure in the home and car.**

[http://www.ncsct.co.uk/publication\\_secondhand-smoke-training-module.php](http://www.ncsct.co.uk/publication_secondhand-smoke-training-module.php)

## 6. CLear next steps

Thank you for using CLear. We invite you to:

- share the report with partners and stakeholders, and develop actions based on the recommendations;
- contact PHE if you'd like to discuss commissioning further support for tobacco control;
- allow local members of staff trained as peer assessors to participate in, and learn from, other assessments by acting as peer assessors;
- repeat your self-assessment in 12 months' time to track how your score changes; and
- consider commissioning a CLear peer re-assessment in 2022.

### **Contacts**

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## All opportunities for development along with proposed approach to respond

These are taken from the CLear peer assessment report

| Theme                  | Recommendation                                                                                                                                                                                                                                                                                                                                                                    | Proposed approach to respond                                                                                                                                                                                                                                            | Comments and contributions from partners in the TCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategy & performance | 1. You have an opportunity, thorough the Health and Wellbeing Board and other groups, to influence understanding of the way tackling tobacco can impact on other priorities (e.g. inequalities, economic growth). However, key strategic documents are disconnected. You may <b>consider tobacco-specific reports</b> in order to ensure the importance of the topic is not lost. | <ul style="list-style-type: none"> <li>Annual? report on Tobacco to HWB</li> <li>Integrate TCA dashboard into the corporate reporting systems for key partner organisations</li> </ul>                                                                                  | <p><b>General Ideas</b></p> <p>Benefits map<br/>Step by Step<br/>Goals should be set collectively<br/>Trading standards and other parts of the strategy could amplify each other's work.<br/>News feeds: Promotional cases</p> <p><b>Offers</b></p> <p>Trading Standards - Case studies for Tobacco and alcohol control<br/>Public Health – can bring report<br/>SPU – Dashboard on pentana can be shared with team Doncaster partners</p> <p><b>Help Needed</b></p> <p>Case Studies and information to bring to life<br/>Test purchases with cigarettes and trading standards</p> |
| Strategy & performance | 2. There are opportunities to ensure a <b>wider ownership of the strategic goals</b> (both by individuals and organisations) and to <b>strengthen the governance arrangements for monitoring progress</b> . A starting point may be to <b>review the strategy</b> itself.                                                                                                         | <ul style="list-style-type: none"> <li>Update (rather than revise?) overall strategy including goals and interim goals</li> <li>As part of this, invite leadership from different partners for different aspects of the strategy – perhaps through champions</li> </ul> | <p><b>Ideas</b></p> <p>Programme management needs to be more robust<br/>Sponsors – specifically Director of Public Health?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Strategy & performance | 3. In particular you should revise the vision of 'reducing nicotine dependence' which                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Can be reviewed in the revised strategy</li> </ul>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| Theme                                                       | Recommendation                                                                                                                                                                                                                                                                                                                            | Proposed approach to respond                                                                                                                                                                                                             | Comments and contributions from partners in the TCA                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | contradicts your open view of electronic cigarettes.                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Strategy & performance                                      | 4. You appear to concentrate on secondary prevention. Consideration should be given to broadening the scope of tobacco control activities <b>to incorporate local elements of the MPOWER</b> six-strands of comprehensive tobacco control.<br><a href="https://www.who.int/tobacco/mpower/en/">https://www.who.int/tobacco/mpower/en/</a> | <ul style="list-style-type: none"> <li>Review the relative weight given to different aspects of MPOWER as part of strategy update</li> </ul>                                                                                             | <p><b>Ideas</b><br/>Physical activity especially race for life etc</p> <p><b>Offer</b><br/>Feedback on health promotion events evaluation (Smoking in pregnancy)</p>                                                                                                                                                                                                                                                                                                                              |
| Strategy & performance<br>AND<br>Leadership and partnership | 5. There is an opportunity to further encourage the development of <b>tobacco control champions from partner organisations</b> and opportunities to increase understanding in partner organisations on <b>which policy levers and interventions will be most impactful on their priorities</b> (e.g. CCG)                                 | <ul style="list-style-type: none"> <li>Develop champions in each organisation (not necessarily the same as the people attending TCA)</li> <li>Hold a series of discussions with each partner as part of updating the strategy</li> </ul> | <p><b>Ideas</b><br/>Targeting meetings – workshop style<br/>Leadership within different organisations.<br/>Scott Crosby attends the TCA<br/>Cllrs invited to attend TCA<br/>Directory of all TCA members or champions for all TCA to speak to each other/<br/>More clarity on what a champion’s role is.</p> <p><b>Offers</b><br/>Trading standards – post codes for mapping intel on seizures.</p> <p><b>Help</b><br/>Trading standards – need intelligence on underage sales from agencies.</p> |
| Strategy & performance                                      | 6. The current targets within the tobacco control strategy are unrealistic and as we get nearer to the critical dates consideration should be given to how expectations of elected members and                                                                                                                                            | As part of updating the strategy: <ul style="list-style-type: none"> <li>develop interim targets</li> <li>review the deadlines for the overall targets (potentially extending them)</li> </ul>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Theme                      | Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                            | Proposed approach to respond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Comments and contributions from partners in the TCA |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                            | <p>partners can be managed to avoid the positive progress made being discredited. Your intention to schedule discussions with partners to <b>identify gaps and how to narrow them</b> will help to make your tobacco control plan more realistic and achievable.</p>                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• identify what it would take to reach the targets</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |
| Strategy & performance     | <p>7. In order to aid monitoring of progress you may wish to <b>develop interim actions and ensure outputs from the alliance are measurable.</b></p>                                                                                                                                                                                                                                                                                      | See above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |
| Strategy & performance     | <p>8. You may consider <b>modelling potential outcomes</b> as part of the process of setting new interim targets.</p>                                                                                                                                                                                                                                                                                                                     | See above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |
| Leadership and partnership | <p>9. The alliance needs to be <b>clearer about its purpose</b> and perhaps <b>give more direction</b> as opposed to passive receipt of progress updates. Consideration should also be given to whether a <b>change in chair</b>, perhaps an elected member, might provide a degree of independence and scrutiny to the Alliance. The selection of the chair of a reinvigorated alliance may determine how others perceive the group.</p> | <ul style="list-style-type: none"> <li>• Review ToR for TCA including membership and chairing</li> <li>• Consider splitting the meeting in two to have: <ul style="list-style-type: none"> <li>○ a short business / general section for urgent matters arising and ongoing monitoring</li> <li>○ a longer workshop section focused on a theme from the strategy / action plan that requires more concerted partnership efforts – this could involve inviting national / regional VCF and other partners for specific elements of work</li> </ul> </li> </ul> |                                                     |
|                            | <p>10. The corporate plan and other high-level documents have little or no mention of tobacco control ambitions but there are various elements to which tobacco control might play a positive role. <b>Consideration</b></p>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |

| Theme                      | Recommendation                                                                                                                                                                                                                                                                                                                                                                                                          | Proposed approach to respond                                                                                                                                                                  | Comments and contributions from partners in the TCA |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                            | <p><b>should be given to re-making the case for tobacco control to internal and external partners.</b> These can be framed as ‘business’ decisions for increased productivity and/or reduced costs as opposed to purely health improvement.</p>                                                                                                                                                                         |                                                                                                                                                                                               |                                                     |
| Strategy & performance     | <p>11. The Director of Public Health and relevant elected members could be key influencers to revitalise partnership working on tobacco control, but they may have limitations on their time. <b>A revised comprehensive tobacco control plan linked to corporate objectives</b> may help keep tobacco on relevant agendas.</p>                                                                                         | <p>As above: updated strategy and integrate dashboard into corporate reporting systems</p>                                                                                                    |                                                     |
| Leadership and partnership | <p>12. Elected members may wish to make use of the <b>new Councillors’ network</b> as part of the LGA Declaration on tobacco control resources.</p>                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Elected members to consider joining new Cllrs network</li> </ul>                                                                                       |                                                     |
| Leadership and partnership | <p>13. Understanding of the potential issue of tobacco industry interference was strong. It may be helpful to <b>develop a deeper understanding and awareness of the tobacco industry amongst a broader group</b> of elected members and wider stakeholders. This would support framing tobacco control activities around a childhood protection and prevention focus and help increase support for future actions.</p> | <ul style="list-style-type: none"> <li>Develop and run a briefing session for elected members</li> <li>And for other key stakeholders (ask partners which stakeholders to include)</li> </ul> |                                                     |
| Leadership and partnership | <p>14. You have a strong public health team supported by a number of other partners who, if the available time devoted to tobacco control is not reduced, could make considerable progress on a revised plan. At this critical point in time you <b>may wish to designate responsibility for revising the</b></p>                                                                                                       | <ul style="list-style-type: none"> <li>Public health team to consider approaches to co-ordination</li> </ul>                                                                                  |                                                     |

| Theme                                                       | Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                     | Proposed approach to respond                                                                                                                                                                                                                                       | Comments and contributions from partners in the TCA |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                             | <b>plan and working more widely on smokefree Doncaster to a full-time post.</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                    |                                                     |
| Strategy & performance                                      | 15. You may wish to <b>consider commissioning a new tobacco control JSNA</b> and linking it to the Health and Wellbeing Board and other key groups.                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Consider when to update TC JSNA (perhaps focus on updated strategy now, then fully revised strategy following JSNA?)</li> </ul>                                                                                             |                                                     |
| Leadership and partnership                                  | 16. Careful consideration should be given to which <b>other organisations and individuals would be essential for a viable alliance and to actively seek their support and attendance.</b>                                                                                                                                                                                                                                                          | As above: review ToR for TCA                                                                                                                                                                                                                                       |                                                     |
| Strategy & performance<br>AND<br>Leadership and partnership | 17. There is an opportunity to capitalise on and develop tobacco control champions from partner organisations to increase understanding in partner organisations on which policy levers and interventions will be most impactful for themselves and the tobacco control agenda in general.                                                                                                                                                         | As above: champions and discussions with partners                                                                                                                                                                                                                  |                                                     |
| Communications                                              | 18. The impact of a 'holistic' public health approach to communications is difficult to measure. In addition, there is currently no partnership communications plan for tobacco control. <b>Consideration should be given to the development of a comprehensive communications plan for the alliance</b> which would allow for greater notice of events and campaigns and enable partners to use their respective resources to support each other. | <ul style="list-style-type: none"> <li>Development of a TCA wide communications plan – initially proactive activity to be focused on smoke-free Doncaster plan, with reactive / amplification work to be considered for national and regional campaigns</li> </ul> |                                                     |
| Communications                                              | 19. All partners could <b>review their online communications</b> around tobacco control to ensure quick and easy wins were being realised.                                                                                                                                                                                                                                                                                                         | As above: comms plan                                                                                                                                                                                                                                               |                                                     |
| Communications                                              | 20. You may wish to consider introducing a local campaign to target specific groups or areas.                                                                                                                                                                                                                                                                                                                                                      | As above: comms plan                                                                                                                                                                                                                                               |                                                     |

| Theme                                                       | Recommendation                                                                                                                                                                                                                                                                    | Proposed approach to respond                                                                                                                                                                             | Comments and contributions from partners in the TCA                                        |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Communications                                              | 21. There is an opportunity to <b>further use insights to determine prevailing attitudes and knowledge of smokers and other audiences</b> . This may help guide activity.                                                                                                         | As above: comms plan                                                                                                                                                                                     |                                                                                            |
| Strategy & performance<br>AND<br>Leadership and partnership | 22. The QUIT and other programmes show promise and there is a real opportunity to support a concerted effort to embed a smokefree NHS regime that supports in patients to abstain and quit. This <b>could be extended to primary care settings</b> .                              | <ul style="list-style-type: none"> <li>Development of smoke-free NHS approach with primary care</li> </ul>                                                                                               |                                                                                            |
| Strategy & performance                                      | 23. <b>Training on VBA</b> has been undertaken in many settings, but it was not clear what the outcomes are. You <b>may wish to evaluate</b> these programmes to ensure that you are receiving a reasonable return on your investment.                                            | We are already checking on some of this – perhaps we need to incorporate into the updated strategy?                                                                                                      |                                                                                            |
| Leadership and partnership<br>AND<br>Smoke-free             | 24. As part of a <b>smokefree Doncaster vision there may be opportunities to work more closely with businesses</b> , especially those with routine and manual workers to promote smokefree businesses and the benefits of a reduced prevalence workforce and tackle inequalities. | <ul style="list-style-type: none"> <li>Incorporate this into plans for smoke-free Doncaster</li> </ul>                                                                                                   |                                                                                            |
| Leadership and partnership                                  | 25. The CLear process provides an opportunity to <b>review all public sector smoking policies to ensure they are consistent with the latest evidence regarding electronic cigarettes</b> and include <b>more active support for those wishing to quit</b> .                       |                                                                                                                                                                                                          |                                                                                            |
| Stop smoking service                                        | 26. <b>Consideration should be given to removing any barriers to receiving stop smoking medication</b> for those making a quit attempt (e.g. people who do not qualify for free prescriptions).                                                                                   | Could be reviewed through strategy update, however, given that we are also advised to consider balance of spend – towards more preventative activity, are there ways of doing this that are no/low cost? | <b>Contribution</b><br>SWYFT has purchased medication which is available at drop off sites |

| Theme                                                       | Recommendation                                                                                                                                                                                                                                                                        | Proposed approach to respond                                                                                                                                            | Comments and contributions from partners in the TCA                                                                                                                                                                                             |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             |                                                                                                                                                                                                                                                                                       | e.g. what role could vaping play here?<br>CRUK have evaluated pilots of partnerships with vape shops (where staff have undergone training in supporting people to quit) |                                                                                                                                                                                                                                                 |
| Smoking in Pregnancy service                                | 27. Consideration could be given to a <b>limited application of incentive schemes where this would have an impact on inequalities (e.g. smoking in pregnancy).</b>                                                                                                                    |                                                                                                                                                                         |                                                                                                                                                                                                                                                 |
| Strategy & performance<br>AND<br>Leadership and partnership | 28. The stop smoking service is largely following best practice guidance and is responsive to the need to adapt and change practice. There are <b>opportunities for partner organisations to support the service in increasing referrals specifically primary care.</b>               | As above: development of smoke-free NHS approach with primary care                                                                                                      |                                                                                                                                                                                                                                                 |
| Leadership and partnership                                  | 29. There are specific opportunities for <b>more systematic and robust referral pathways from acute health trusts into the local support to quit service</b> as part of the drive towards a smokefree NHS.                                                                            | Ongoing work on QUIT                                                                                                                                                    |                                                                                                                                                                                                                                                 |
| Leadership and partnership<br>AND<br>Smoke-free             | 30. Action could be taken that would <b>engage more with local communities, perhaps through the voluntary sector,</b> regarding the ambition to create more <b>smokefree outdoor areas.</b> You may wish to prioritise tackling the high levels of smoking outside the local college. | <ul style="list-style-type: none"> <li>• Consider VCF as part of update of strategy and ToR on TCA</li> <li>• Consider as part of Smoke-free proposals</li> </ul>       | <p><b>Ideas</b><br/>Can businesses make vaping not smoking<br/>Switch messages and focus on vaping to switch<br/>Prioritise target group eg R&amp;M CYP</p> <p><b>Help</b><br/>Need help accessing big employers especially R&amp;M workers</p> |
| Leadership and partnership                                  | 31. The use of the CLear peer assessment in a <b>local networking event may help to maintain focus and provide opportunities to explore joint working and the formation</b>                                                                                                           | A workshop approach in TCA building on these recommendations is an initial response to this                                                                             |                                                                                                                                                                                                                                                 |

| Theme                                                       | Recommendation                                                                                                                                                               | Proposed approach to respond                                                        | Comments and contributions from partners in the TCA                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | <b>of a new tobacco control alliance.</b> This may lead to the <b>use of other CLear tools.</b>                                                                              | Followed by (as above) briefings and sessions with elected members and key partners |                                                                                                                                                                                                                                                                                                                                                                                                                |
| Training                                                    | 32. The <b>accredited ‘positive approaches’ course</b> could be useful for a number of professions who are working with the public.                                          | This is the work the Fire Service do – how could this be applied in other settings? | Commissioned Northern College to support staff to have positive conversations, 60 staff trained, within the Safe and Well home safety checks.                                                                                                                                                                                                                                                                  |
| Strategy & performance<br>AND<br>Leadership and partnership | 33. Consideration should be given to the <b>recommendations of the RCP report ‘Hiding in Plain Sight’</b> (June 2018).                                                       | Could hold a TCA workshop focused on this?<br>Consider as part of strategy update   |                                                                                                                                                                                                                                                                                                                                                                                                                |
| Leadership and partnership                                  | 34. There are examples of working across boundaries. <b>Doncaster could take a more active role in regional and sub-regional groups and by doing so share good practice.</b> | Consider as part of co-ordinator role                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |
| Young people’s stop smoking service                         | 35. Investigation into <b>how young smokers are identified and worked with by youth services could result in greater opportunities for them to quit.</b>                     | PH CYP theme lead is investigating this                                             | <b>Ideas</b><br>Mentor Adepis – behaviour change approach suitable evidence based. Specific and separate campaign for young people.<br>Vaping complex issue: need to be about our line and stick to it.<br>Vaping for Young People is a different issue.<br>Need some creative approaches: e.g. one area distributed sheep (with the intention of them being stolen) or traffic-cones with smoke free messages |
| Strategy & performance<br>AND<br>Leadership and partnership | <b>36. Consideration should be given to how, in the light of tight budgets, to fund the changes needed to achieve your ambitions.</b>                                        | TCA as a whole to consider this                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                |

# Inspiring a smoke-free generation in Doncaster

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*part of Breathe 2025*

## Summary of aims, recommendations and deadlines

- We have an overall aim to reduce smoking prevalence and be part of the national effort to inspire a smoke-free generation – Breathe2025.
- We want to trial some voluntary (not enforced) smoke-free spaces, which will all include information about support to quit, starting with family-friendly spaces
- We will want a steer from the Cabinet Member for Public Health, Leisure & Culture and the Director of Public Health about the overall proposal and the ordering of the staged approach
- We will need a Cabinet decision to proceed.

## Main report

### Aims

- **Reduce smoking prevalence** – in particular as part of the smoke-free generation – stopping starting
- **Decreasing the opportunity for children to see adults smoking around them** – children more likely to start smoking if they see smoking around them and tend to overestimate the proportion of people who smoke
- **Making smoke-free the social norm** - potentially reducing the likelihood for young people to start smoking and motivating smokers to cut down or to quit
- Protecting the environment and saving money by **reducing tobacco-related litter**
- Provide opportunity for **public acceptance of voluntary smoke-free locations.**

### Rationale

- 19.7% of the Doncaster population smoke (CI: 17.1-22.4)<sup>1</sup>, this is the fourth highest within Yorks & Humber
- Around half of all life-long smokers will die prematurely and on average, cigarette smokers die 10 years younger than non-smokers.<sup>2</sup>
- Smoking is a major factor in illnesses that limit daily living such as COPD, heart attacks and lung cancer<sup>3</sup>
- Smoking is the biggest driver in health inequalities in the UK.<sup>4</sup> Doncaster has the second-highest socio economic gap in adult smokers in Yorkshire & the Humber.<sup>5</sup>
- Smoking prevalence for all ages has decreased (from 25.8% in 2011) in Doncaster in line with the national average; however, for the past 3 years (since 2015) prevalence has stayed roughly the same. In contrast, the prevalence in Yorkshire & the Humber and England has continued to reduce over this time period.
- We have committed to reducing smoking prevalence to 10% by 2021. To achieve this, we need to reduce the number of people who start smoking as well as helping existing smokers to quit.
- Three-quarters of smokers aged 16-24 in 2014 said they began smoking before the age of 18. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households.<sup>6</sup>

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<sup>1</sup> PHE Fingertips, 2017 data, accessed October 2018

<sup>2</sup> Doll et al. Mortality in relation to smoking: 50 years' observations on male British doctors. *Bmj*. 2004 Jun 24;328(7455):1519.

<sup>3</sup> ASH, Facts at a Glance, 2018

<sup>4</sup> ASH, Smoking and health inequalities, accessed 2018

<sup>5</sup> PHE Fingertips data from 2017, accessed Oct 2018: defined as Smoking prevalence in adults - gap between current smokers in routine and manual occupations and other occupations (APS)

<sup>6</sup> ASH, Young People & Smoking, 2015

- In a recent trial consultation with college students in Doncaster, we found that the vast majority (49 students which was 87.5% of those who responded) over-estimated smoking prevalence – they thought it was 60% or 80% prevalence. Although this consultation only involved small numbers, it suggests people think smoking is much more common than it is. We need to do more work to understand perceptions.
- Other parts of the country (and the world) have started implementing smoke-free places, mainly on a voluntary basis, and have had good public support for this, especially in areas where children go.
- In our own recent consultation, the majority of participants agreed or strongly agreed with proposals for designated voluntary smoke-free spaces, for example 94% (320 responses) for schools, 85% (291 responses) for hospital grounds and 83% (282 responses) for council family-friendly events. The majority said they would visit spaces more frequently if they became smoke-free, for example outside seating areas where people eat and drink, entrances to shopping centres and public buildings and specific places in Doncaster town centre. Of those participants that stated they smoked tobacco (40 responses, 11.8%), 17.5% (7 responses) smoked less when children were around, 60% (24 responses) moved away from children and 15% (5 responses) never smoked around children. 55% (184 responses) would feel more comfortable to ask someone to stop smoking if signage was displayed. 66% (225 responses) agreed that e-cigarettes should be included in a ban.
- Evidence suggests a population-wide approach to encourage quit attempts is most effective with targeted media, within a comprehensive tobacco control programme, to ‘decrease tobacco use, reframe social norms and cultural acceptance, increase quit attempts and promote use of stop smoking tools and services’<sup>7</sup>
- People are four times as likely to quit if they get expert help. We have an excellent stop smoking service with a high quit rate for all smokers and targets for routine & manual workers and other high risk groups.

## Proposals

We have identified a range of ways in which we could encourage smoke-free spaces to inspire a smoke-free generation through de-normalising smoking and making it less visible, thereby reducing the number of children and young people who decide to start.

Our proposal, for discussion, is to combine a strong coordinated communications campaign with a big launch, followed by a staged approach to smoke-free spaces. We suggest that we start with trialling and developing smoke-free spaces in a staged way as follows (more details in the appendix).

- Ongoing: develop and implement communications plan
- Stage 1: play parks and park events, schools and school gates, hospital grounds and family-friendly council events
- Stage 2: Outdoor eating and drinking areas, Pedestrianised areas in town centre, Parks – not just play areas, Smoke-free sidelines
- Stage 3: Other council events
- Stage 4: Bus stops, railway station and airport (note that the railway station may need to be considered earlier due to redevelopment)
- Stage 5: Smoke-free high streets (other town centres), Smoke-free markets (including no sale of tobacco products)

This staged approach is based on experience from elsewhere and the following reasoning:

- To allow the campaign to develop over time so that we can continue to publicise the messages
- To work within the resources and capacity we have
- To learn as we go

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<sup>7</sup> Towards a Smoke-free Generation, National Tobacco Control Strategy, 2017

- To start with the elements that are most likely to be acceptable to Doncaster residents and continue to consult and engage with them as we develop the work further

Throughout all stages, the communications campaign will:

- provide additional opportunities for getting the smoke-free messages across
- support the specific stage by amplifying the messages for that space
- get the offer of support to quit out to more of the population
- change the social norms around smoking to support our aims for a smoke-free generation

## Key messages: Questions & Answers

1. **Consultation and co-production:** ensuring our approach will be supported by Doncaster residents
  - a. There is public support in England for smoking to be banned in outdoor areas not covered by the legislation<sup>8</sup>:
    - i. 82% agreed with banning smoking in outdoor children’s play areas (7% disagreed).
    - ii. 72% agreed with banning smoking in hospital grounds (15% disagreed).
    - iii. 59% agreed with banning smoking in communal spaces such as parks and beaches (23% disagreed).
  - b. We will continue to consult in Doncaster about the proposals as well as undertaking trials.
  - c. We will work with representatives of the target audience to develop materials and ideas.
2. **Clear and honest primary aim:** to reduce smoking prevalence by stopping children from starting smoking
  - a. Chapman (2009) criticises authorities for introducing smoking bans and using public health reasons when the primary reasons may often be because of litter. We are clear about our primary reasons and where the evidence supports this (changing social norms).
3. **Voluntary approach:** support not stigma or enforcement – will it work and how will it work?
  - a. ASH (2008: 4) found that the public will only support tobacco measures that restrict their individual liberty in certain instances, such as the protection of children. We are proposing a voluntary approach focused on family-friendly events and spaces.
  - b. Most people who smoke are considerate, as experience with smoke-free spaces has shown, and will smoke away from smoke-free spaces. We found this in our consultation and will continue to test through the staged approach.
  - c. We would have signage and use social media, press releases and any event materials to ask people to help us in keeping the event smoke-free for our children and young people.
  - d. We would not expect to do any enforcement – this is about voluntary social norms
  - e. Our consultation found some people felt that smoke-free spaces would deter them from visiting but the vast majority would continue to visit places or be more likely to.
  - f. We will focus on the message that smokers need support not stigma. All smoke-free publicity will include information about support to quit. We will work with SWYFT and RDASH to ensure support is available.
4. **E-cigarettes:** we propose that e-cigarettes would be included in the voluntary smoke-free spaces
  - a. E-cigarettes are too new for us to fully understand the health impacts
  - b. Although our smoking cessation service is ‘e-cigarette friendly,’ in that it will support people to quit using an e-cigarette if they choose to do so, our messaging ‘ditch or switch’ is clear that stopping smoking is the main aim with e-cigarettes supported only as a quitting aid and e-cigarettes are not allowed to be sold to children
  - c. It is potentially confusing for members of the public and children if e-cigarettes are not included
  - d. We consulted specifically on this point as part of our consultation approach and found 66% support for this position.

---

<sup>8</sup> ASH and YouGov, Smokefree Survey 2017. The survey was carried out online by YouGov for ASH; the total sample size was 10488 adults in England. Fieldwork was undertaken between 16th February 2017 and 19th March 2017. The figures have been weighted and are representative of all adults (aged 18+).

- e. As we go through the staged approach we will remain considerate of the need to ensure there are spaces within a reasonable distances of spaces and events for people who are vaping to quit.
5. **Perceived negative targeting of smokers:**
    - a. We will ensure there is a support to quit message in all media and signage
    - b. There was a perception in the consultation by small number that this was a waste compared with other ASB in the town centre. We are clear that this is not instead of other work on Complex Lives. This is a separate issue about protecting our children from becoming addicted and having poor health as adults.
  6. **Education in schools** – perception this is more important than smoke-free spaces
    - a. We are considering how to improve support and work with schools through Healthy Learning Healthy Lives
    - b. We will be working to improve young people’s understanding of the true levels of smoking in Doncaster and UK
    - c. There is good evidence that children who are not exposed or less exposed to smoking growing up are less likely to start smoking
  7. **Some questions were asked in the consultation about why the council was not leading the way** – staff smoking visibly outside the Civic building was given as an example
    - a. We propose that staff are offered time to attend counselling during work time (initial appointment is half an hour face to face followed by 15 minute appointments which can be made by telephone) instead of smoking breaks
    - b. We need an ongoing communications approach via for example the weekly blog and including some quitting incentives such as gym passes and more innovative approaches to supporting quitting

### Alternatives considered in brief

1. Do nothing different – this will not help us to narrow health inequalities or reduce smoking-related harm and death to the extent we have set out in our strategy and targets
2. Start with a different type of smoke-free space – the order has been suggested based on experience from other areas and levels of public support in Doncaster but could be altered.
3. Do the whole programme at once – we do not have the capacity to do all of this at once, we are likely not to get public support for too many changes at once. Also, by running a staged approach, the communications lasts longer and therefore has more impact.

## Consultation Results



Smokefree Spaces  
Consultation Results :

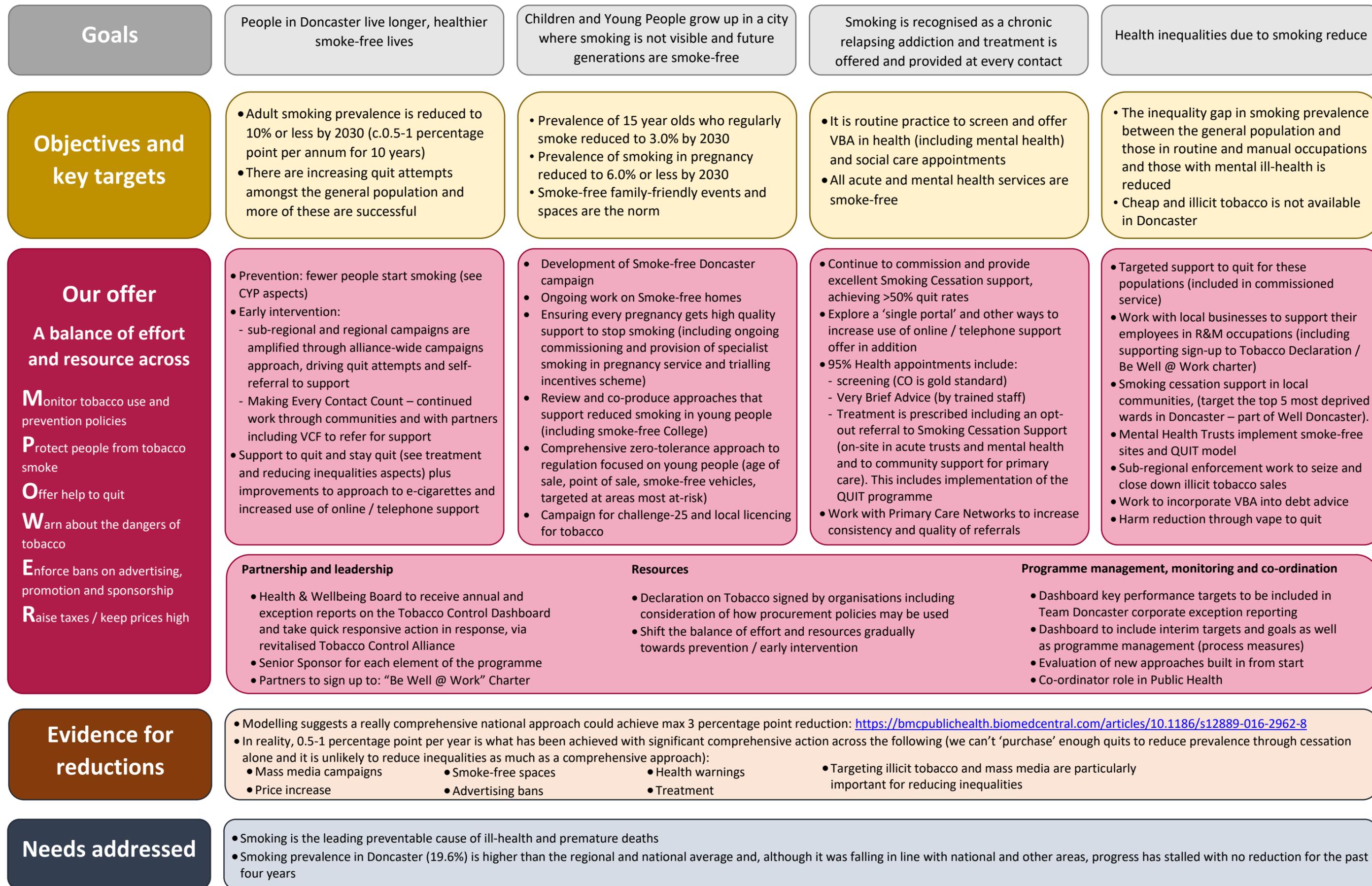
Appendix: staged plan

| Stage   | Theme          | What would this look like                                                                                                                                                                                                                                                                                                                                                                                                                                   | Communications approach                                                                                                                                                                                                                                                                                                                                                                          | Costs and resources                                                                                                                                                                                                                                                 |
|---------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ongoing | Communications | Communications plan developed and implemented<br>This needs to be a partnership approach to include TCA members, local businesses and relevant partners for each stage – we should work through Team Doncaster communications                                                                                                                                                                                                                               | Brand developed<br>Messaging developed – especially focused on social norms and targeted at key groups<br>Webpages developed (could be part of regional or local website)<br>Film clips of local services – what to expect / what we expect (e.g. smoke-free hospitals) / case studies (e.g. from events)<br>Materials<br>Channels of communication (potentially advertising, social media etc)  | Each stage will be costed<br>The overall costs are estimated minimum £10,000 – possibly less if we could get free filming (e.g. via the college), use an existing website and not spend on general materials and communications except for each stage (costs below) |
| 1       | Play parks     | In 2017/18, Public Health ran a competition with children to design signage for parks, the topics were smoking and litter including dog fouling and now all council-run play areas within parks have smoke-free signage designed by local children<br>The next phase could be to work with remaining parks in Doncaster such as ‘friends-of’ run and village parks, we could also encourage parks to have smoke-free family-friendly events such as picnics | Work with FIS to develop smoke-free directory of parks that are family-friendly<br>Link in with environment teams and communities teams<br>Also work with YourLifeDoncaster on smoke-free information<br>Connect with any social media and websites for parks to ask them to promote the smoke-free message and support for people to quit                                                       | Materials such as banners, logo and signage for remaining parks and for schools would be needed<br><br>We would want creative approaches to materials – not necessarily just banners and signs, but have some costs included for information                        |
| 1       | Schools        | Run some sort of competition within schools to engage children and young people e.g. poems and stories into a compilation to include on Healthy Learning Healthy Lives website and link in with Library Challenge in the summer<br>Providing existing toolkit adapted from Barnsley and banners for schools                                                                                                                                                 | Smoke-free school gates – look into examples from other areas:<br><a href="https://www.bbc.co.uk/newsround/44614625">https://www.bbc.co.uk/newsround/44614625</a><br><a href="https://www.bbc.co.uk/news/uk-england-south-yorkshire-45389034">https://www.bbc.co.uk/news/uk-england-south-yorkshire-45389034</a><br><br>Social Norms – e.g. comparing perceptions and reality on roving mics etc | 30 x A1 = £426.40<br>6ft x 2 ft banners (c.£25-30 per banner)                                                                                                                                                                                                       |
| 1       | Hospitals      | Doncaster & Bassetlaw Hospitals are already working on smoke-free site work including improved signage, training for staff including security guards in Very Brief Advice and a launch event on World No Tobacco Day 2019                                                                                                                                                                                                                                   | Press and social media work planned by DBH<br>Letters to patients will include this message<br>Bedside information has been updated to include smoke-free site message and offer of support                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                     |

|                                                                                                       |                                                            |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1                                                                                                     | Council events – family friendly                           | Countdown to Christmas<br>Summer events<br>Tour de Yorkshire viewing<br>Colour run | Signage<br>Social media advertising the event to include smoke-free messaging and signposting to support<br>For each event, some sort of ‘hook’ to promote interest, e.g. free ticket draw or local celebrity endorsement                                                                                                                                                                                                                                                                               |  |
| Further consultation specifically around the proposed next spaces and how they would work in practice |                                                            |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 2                                                                                                     | Outdoor eating and drinking areas                          |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 2                                                                                                     | Pedestrianised areas in town centre                        |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 2                                                                                                     | Parks – not just play areas                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 2                                                                                                     | Smoke-free sidelines                                       |                                                                                    | <a href="https://www.activehumber.co.uk/news/2018/09/smokefree-sidelines-launched-in-the-humber">https://www.activehumber.co.uk/news/2018/09/smokefree-sidelines-launched-in-the-humber</a><br><a href="https://www.itv.com/news/calendar/2018-09-17/parents-banned-from-smoking-on-the-sidelines/">https://www.itv.com/news/calendar/2018-09-17/parents-banned-from-smoking-on-the-sidelines/</a><br><a href="https://www.bbc.co.uk/programmes/p062ml2p">https://www.bbc.co.uk/programmes/p062ml2p</a> |  |
| 3                                                                                                     | Council events – other                                     |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 4                                                                                                     | Bus stops, railway station and airport                     |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 5                                                                                                     | Smoke-free high streets                                    |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 5                                                                                                     | Smoke-free markets (including no sale of tobacco products) |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

# Vision: Inspiring a Smoke-Free Generation in Doncaster

Doncaster Tobacco Control Strategy Update Draft v0.4 August 2019



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## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 5<sup>th</sup> Sept 2019

**Subject:** Arts & Health

**Presented by:** Lucy Robertshaw

| 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) | No  |
|                                  | Mental Health                        | Yes |
|                                  | Dementia                             | Yes |
|                                  | Obesity                              | Yes |
|                                  | Children and Families                | Yes |
| Joint Strategic Needs Assessment | No                                   |     |
| Finance                          | No                                   |     |
| Legal                            | No                                   |     |
| Equalities                       | No                                   |     |
| Other Implications (please list) |                                      |     |

| How will this contribute to improving health and wellbeing in Doncaster?                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doncaster residents taking part in creative activity will be healthier, happier and more resilient and the positive effects will reach into the surrounding community. |

| Recommendations                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|
| The Board is asked to:- accept the content of the presentation and support the further development of arts and health in Doncaster. |

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**Subject: Healthwatch Doncaster – Annual Report and Service Update**

**Presented by: Steve Shore**

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

| <b>Implications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Applicable Yes/No</b>             |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|--|--|---------------|--|--|----------|--|--|---------|--|--|-----------------------|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">DHWB Strategy Areas of Focus</td> <td style="padding: 5px;">Substance Misuse (Drugs and Alcohol)</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td style="padding: 5px;">Mental Health</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Dementia</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Obesity</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Children and Families</td> <td></td> </tr> </table> | DHWB Strategy Areas of Focus         | Substance Misuse (Drugs and Alcohol) |  |  | Mental Health |  |  | Dementia |  |  | Obesity |  |  | Children and Families |  |  |
| DHWB Strategy Areas of Focus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Substance Misuse (Drugs and Alcohol) |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mental Health                        |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dementia                             |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Obesity                              |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Children and Families                |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
| Joint Strategic Needs Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
| Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
| Legal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
| Equalities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |
| Other Implications (please list)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                      |  |  |               |  |  |          |  |  |         |  |  |                       |  |  |

| <b>How will this contribute to improving health and wellbeing in Doncaster?</b>                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Healthwatch Doncaster works with local people and communities and listens to their experiences of health and care services. The voices and experiences of local people are used to improve the quality of health and care in Doncaster.</p> |

| <b>Recommendations</b>                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------|
| <p>The Board is asked to receive the Healthwatch Doncaster Annual Report 2018-19 and note the contents and achievements.</p> |

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Healthwatch Doncaster

Annual Report 2018-19 and service update

September 2019

Healthwatch Doncaster are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

Healthwatch Doncaster produce an Annual Report every year that details the work of the team and the outcomes that have been achieved.

Healthwatch Doncaster delivers its core programme of work around three pillars:

**Engage** – engaging local people in conversations about health and care services in Doncaster

**Inform** – local people inform us about changes and improvements they would like to see

**Influence** – we use the stories and experiences of local people to influence changes and improvements to the quality of local services

**Healthwatch Doncaster**

- has spoken to over 4000 people about their experiences of health and care locally. We have published 23 reports on a range of topics including Care and Support at Home, our Micro-Grants programme and Enter and View reports from local care home providers.
- has worked in partnership with Doncaster Council and NHS Doncaster CCG to engage local people in conversations about the Joint Health and Care Commissioning Strategy.
- has implemented the Missed Appointments project recommendations with Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust which includes the introduction of a new text messaging system for new appointments and a patient-centred video produced by students from Doncaster College.
- was nominated and appointed as the Co-ordinating Healthwatch to lead on the NHS Long Term Plan engagement work for South Yorkshire and Bassetlaw.
- invested over £10,000 in local community groups and organisations through the Healthwatch Doncaster 2018 Micro-Grant programme and another £10,000 in the 2019 Micro-Grant scheme.

- developed a comprehensive volunteering and student placement programme and we work in partnership with Doncaster College, YMCA Training, the Ridge Employability College and Sheffield Hallam University. Over 840 hours or 120 days given in volunteer time to the projects and programmes delivered by Healthwatch Doncaster.
- championed the patient voice and patient-led improvement of Planned Care services through the 100-day Improvement Challenge for Ophthalmology, Spinal and Fibromyalgia services.
- supported the Health Ambassadors, the PPG Network, the Keeping Safe Forum and Choice for All Doncaster to get involved and have their say about local services and changes to health and care services.
- worked with young families to provide feedback and insight on the proposals for improvements to Maternity and Paediatric services made by the Hospital Services Review

### **Future plans and projects**

The Board of Healthwatch Doncaster have identified that Mental Health is a priority area and discussions are taking place with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) about closer working on some projects linked to experience and improvement.

Healthwatch Doncaster have just finished a large engagement project on the reality of accessing GP services – over 1600 people got involved and have had their say. This report will be published in Autumn 2019.

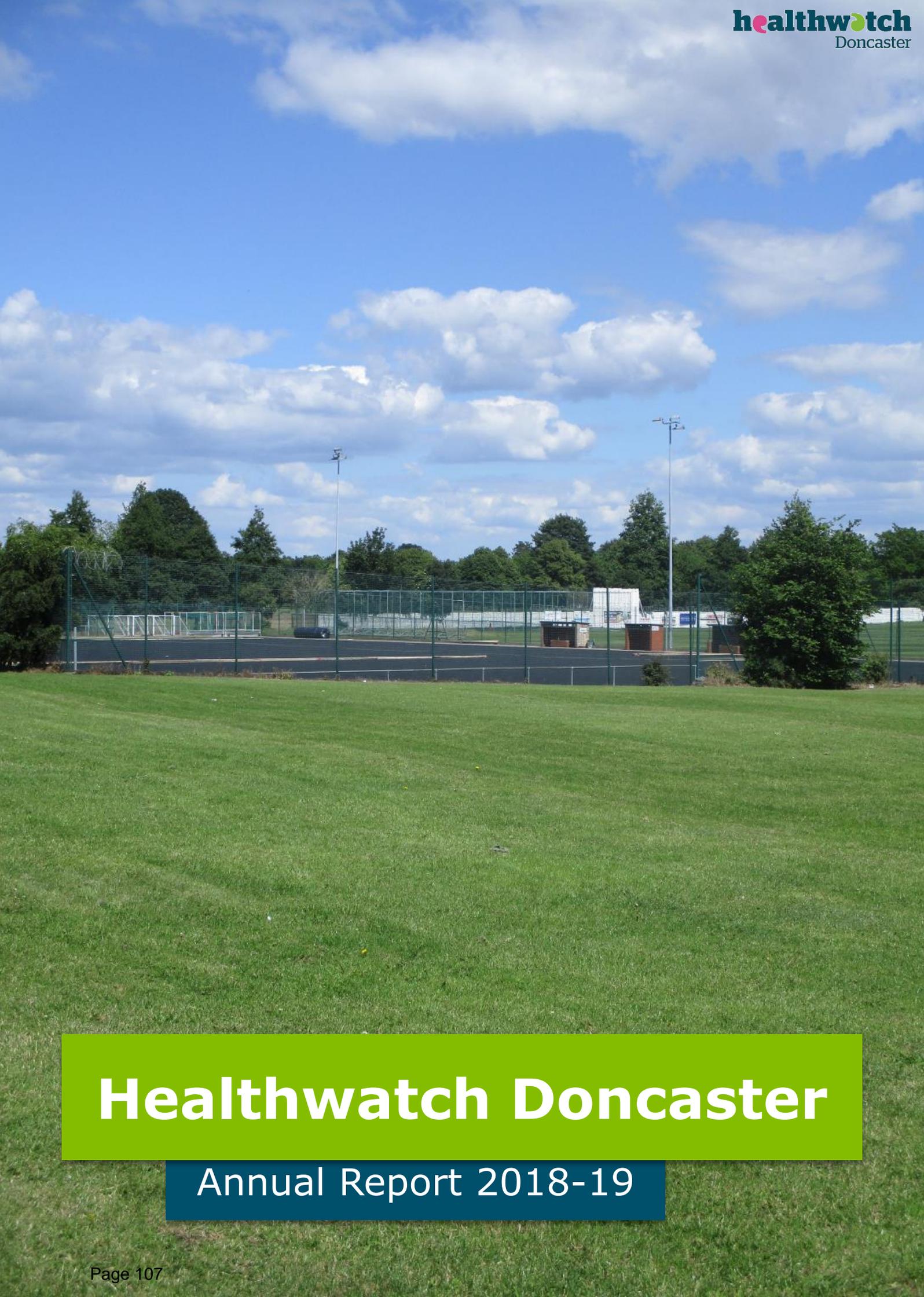
Supported Living for Adults with Learning Disabilities has been identified by Choice for All Doncaster as an area of interest and project ideas are being developed.

Doncaster Council and Healthwatch Doncaster are having some conversations about how to engage local people in conversations about Adult Social Care and how people contribute to the cost of care.

The Engagement Team have just finished an initial piece of work around Airing Your Views and What's YOUR Story that gathers recorded narratives of people's experiences of emotional health support and services. The outcomes of the projects at Doncaster Pride and The Recovery Games are being reviewed and analysed by the team.

The Healthwatch Doncaster Annual Report 2018-19 can be downloaded here:  
<https://www.healthwatchdoncaster.org.uk/news/annualreport1819>

An info video about the Healthwatch Doncaster Annual Report 2018-19 can be viewed here:  
<https://youtu.be/cKoUgurFWDI>



# Healthwatch Doncaster

Annual Report 2018-19

# Contents

|                                                           |         |
|-----------------------------------------------------------|---------|
| Message from our Chair                                    | 3       |
| Highlights from our year                                  | 4       |
| About Us                                                  | 5       |
| Our Vision                                                | 6       |
| Local & national plans for health & social care           | 7       |
| Listening to parents and carers                           | 8       |
| 100-day Improvement Challenge                             | 9 & 10  |
| Evaluation of the Extended Access to Primary Care Service | 11      |
| Healthwatch Doncaster Micro-Grants                        | 12      |
| Development of young people                               | 13 & 14 |
| Enter and View                                            | 15      |
| Our Volunteers                                            | 16      |
| Home care and support                                     | 17      |
| Signposting and information                               | 18      |
| Your say on health & social care services                 | 19      |
| Sharing on social media                                   | 20      |
| Doncaster Keeping Safe Forum                              | 21      |
| Choice for All Doncaster (ChAD)                           | 22      |
| Patient Participation Group & Health Ambassadors          | 23      |
| How we use our money                                      | 24      |
| Message from our Chief Operating Officer                  | 25      |
| Thank you                                                 | 26      |
| Contact us                                                | 27      |



# Message from our Chair, Steve Shore



## Another year has flown by and it's time for my foreword to Healthwatch Doncaster's Annual Report 2018-19

We received very positive feedback about last year's report and I hope that this one is as well received.

Thanks to all my colleagues who have contributed to an informative and entertaining summary of what Healthwatch Doncaster has been up to in the last 12 months.

I have to start with my annual thanks to our dedicated team at Cavendish Court, which has grown as a result of our refocussed efforts on engagement and widening our digital footprint.

*'I also have to thank our dedicated and enthusiastic team of volunteers, who do so much for us behind and in front of the scenes.'*

We are always looking for more volunteers, so if you are interested, give us a ring or drop us a line.

Finally, I would like to thank my fellow members of the Board for all their time and effort, with special thanks to my vice-chair, Debbie Hilditch, who has been an absolute rock.

I would like to welcome Sucha Singh onto our Board. Sucha is a fantastic addition and has already been a key part of our work on the NHS Long Term Plan.

The last year has been all about Engage, Inform and Influence and I hope that you will enjoy reading about the work we have done in this report.

I am especially proud of the huge numbers of responses we were able to generate working on the NHS Long Term Plan, which will be available on the website soon, the Extended Access to Primary Care evaluation, the Joint Health and Care Commissioning Strategy and the Home Care and Support project.

Our efforts are being used by our partners in these areas to influence service planning, provision and delivery.

I am also thrilled by the continued success of our Micro-Grants scheme. It has made a real difference to the groups who participate in it and to the quality and quantity of information that we have been able to collect about health and social care services. Many of the groups that we have funded and supported represent many parts of our society whose voices are seldom heard.

We have a vibrant and exciting plan for the next 12 months that should see our profile increase in the community and the voices of the citizens of Doncaster becoming more influential across the Borough and Healthwatch Doncaster would be delighted if you want to become part of our family.

**Steve Shore**  
Healthwatch Doncaster Chair



# Highlights of our year

4377



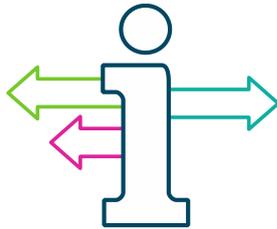
The number of people who provided comments on health and social care services through surveys and our feedback centre

1300



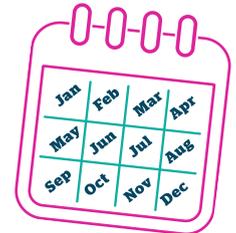
People gave us their views on the NHS Long Term Plan for South Yorkshire and Bassetlaw

239



Local people getting in touch to request information on health and social care, and to find out about Healthwatch Doncaster

840



Minimum number of hours in the year given by our volunteers

48,171



Total number of page views on our website

23



Reports published including Enter and View, Micro-grants, Home Care and Support

# About us

## Healthwatch Doncaster is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

*As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.*

*If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.*

*If you're part of an organisation that's worked with, supported or responded to Healthwatch Doncaster, thank you too. You've helped to make an even bigger difference.*

*None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.*

*If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.*



A handwritten signature in blue ink, which appears to read 'Robert Francis'. The signature is fluid and cursive.

**Sir Robert Francis QC**  
Healthwatch England Chair

# Our Vision



Healthwatch Doncaster wants health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

## Engage



Healthwatch Doncaster will engage you in conversations about your experiences of local health and care services.

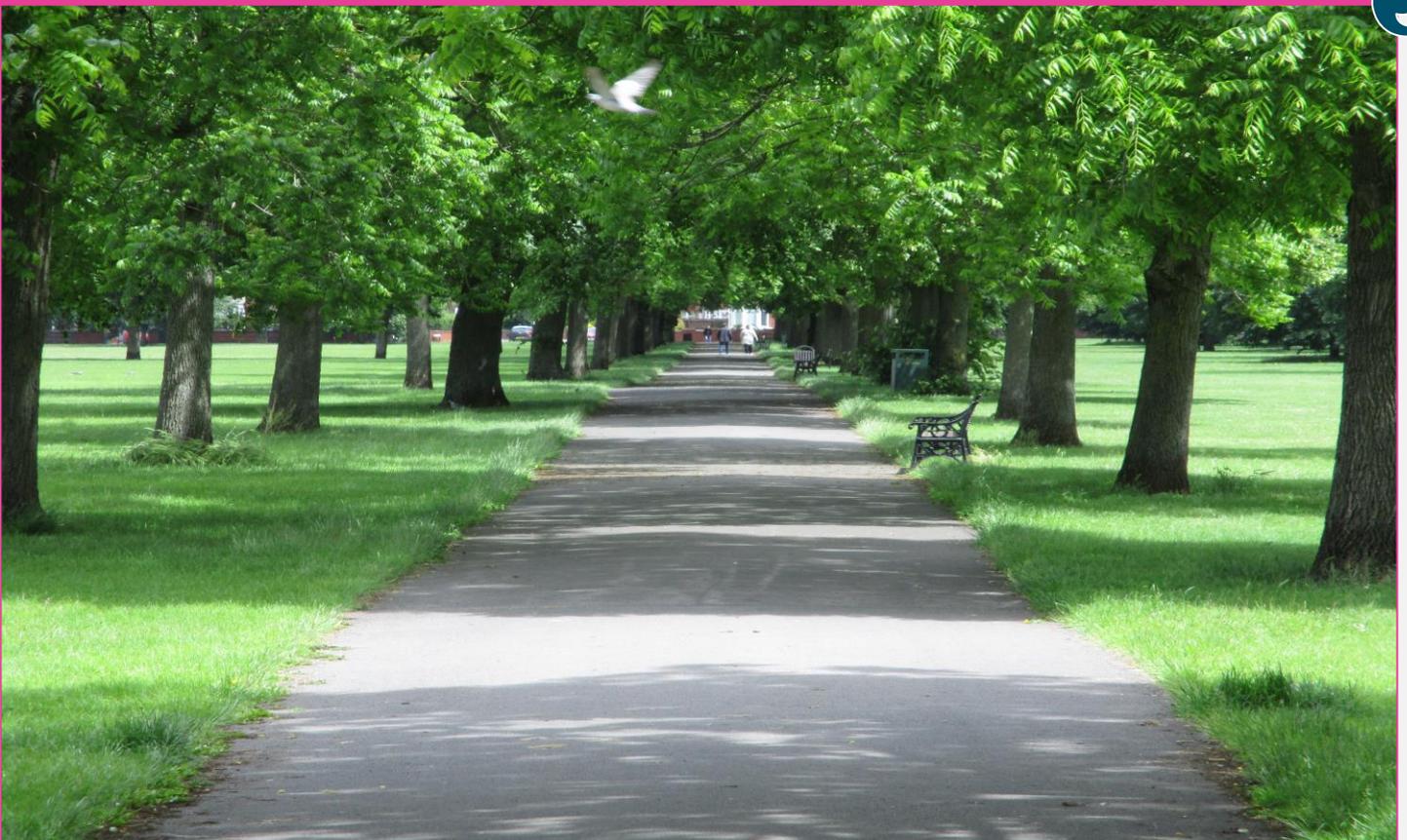
## Inform



You will inform us about what is important to you and what changes and improvements you want to see in Doncaster.

## Influence

We will use the stories, experiences, voices and opinions shared with us to influence change and improvement in the quality of health and care services in Doncaster.



## Local and national plans for health and social care

### Joint Health and Care Commissioning Strategy

NHS Doncaster CCG and Doncaster Council identified that local health and social care services must work together so that people are able to take more control over their own health and remain as healthy and independent as possible.

Healthwatch Doncaster worked closely with them to ensure that local people were given the opportunity to get involved in conversations about care and support services and how having a joint strategy and vision will improve outcomes and services in local communities.



We facilitated a number of community engagement sessions and conversations with carers, young people, community groups and

people whose voices are seldom heard. These sessions were an opportunity for NHS and Local Authority commissioners to listen to local people and be informed by them about their views on local services and the benefits of a more joined up approach.

Feedback from local people was collected and collated by NHS Doncaster CCG and these local voices influenced the development of the Joint Commissioning Strategy for Health and Care in Doncaster which was published in April 2019.



### NHS Long Term Plan



*An outreach event at the Wool Market about the NHS Long Term Plan*

Following the launch of the NHS Long Term Plan in January 2019, Healthwatch England commissioned each local Healthwatch to carry out a series of engagement activities around the Long Term Plan by asking local people “What would you do?”

Healthwatch Doncaster has been the co-ordinating Healthwatch for analysing the feedback, surveys and focus group responses from across the South Yorkshire and Bassetlaw Integrated Care System - Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. Over 1300 people shared their views and told us what they would do to improve the NHS as part of the Long Term Plan. There were 15 local focus groups that had more in-depth conversations with people to listen to their thoughts and feelings about the NHS.

Healthwatch Doncaster have written a detailed report summarising what we have heard from local people. This report has been shared with the South Yorkshire and Bassetlaw Integrated Care System so that they can develop and write a local response to the NHS Long Term Plan based on what they have heard from local people.

Conversations about the NHS Long Term Plan will continue throughout 2019 and Healthwatch Doncaster are keen to support you to maintain your involvement and have your say!



*Local people telling Healthwatch Doncaster about the most important things to consider when thinking about change and improvement of maternity and paediatric services as part of the Hospital Services Review in South Yorkshire and Bassetlaw*

## Listening to parents and carers

South Yorkshire and Bassetlaw Integrated Care System (ICS) commissioned an independent review of Hospital Services, as part of this, Healthwatch Doncaster were asked to engage with the local community on two main themes.

- + Maternity Services
- + Hospital services for children (care of the acutely unwell child)

We were talking to parents and carers about services linked to maternity and care of sick children. It prompted us to consider that engagement at local Family Hubs would be appropriate because we knew that parents and carers attended and that they would have considerable information to share.

Healthwatch Doncaster spoke to 90 parents and carers in seven Family Hubs in Doncaster.



*Our Engagement Support Officer, Elle, at a Family Hub in January 2019*

We asked the following questions and listened to what people shared:

- + *In your opinion what's the most important thing for us to consider when we are thinking about affordability?* For this activity we produced bank notes with blank areas in the middle for narrative.
- + *In your opinion what's the most important thing for us to consider when we are thinking about access?* This involved four fishbowls with images and labels to represent each choice (pictured, top left)
- + *In your opinion what's the most important thing for us to consider when we are thinking about the quality of care you receive?* This activity involved a Gold Box with a slot on the top which enabled people to post their views confidentially on the following - *What does quality mean to me and my baby/child?*
- + *In your opinion what's the most important thing for us to consider when we are thinking about workforce?* The statement in the middle of a poster was: *What is important about people in the hospital who look after pregnant women, babies and children?* We asked participants to post their views/ideas on post-its and put them on the flip chart.

This cohort is a seldom heard group and we felt that their voices should be heard in this piece of work. We are encouraged by the results and the fact that this group have had an opportunity to shape local services and are grateful for their contribution to this ongoing project.

The Hospital Services Review team have listened to all the information gathered from across South Yorkshire and Bassetlaw and will be publishing their response in Summer 2019.

## 100-day Improvement Challenge

The 100-day Improvement Challenge bring together patients and partners from across the NHS to work on making rapid project-based changes and improvements to Planned Care services.

Healthwatch Doncaster were key local partners in the NHS North of England Wave 3 of the 100-day Improvement Challenge where the focus was on Ophthalmology, Spinal and Fibromyalgia.

## Helping improve local services

Following on from a series of successful projects, the 100-day Improvement Challenge was rolled out to a small number of local partnerships in the North of England. Doncaster were selected again and Healthwatch Doncaster took a lead coaching and involvement role in the three new specialty areas:

- + Ophthalmology
- + Spinal
- + Fibromyalgia

The projects focussed on actively engaging local patients in the improvement processes to make changes and developments to specific elements within the specialty areas.

## Ophthalmology

One of the project areas was around reducing the number of appointments missed by children and young people.

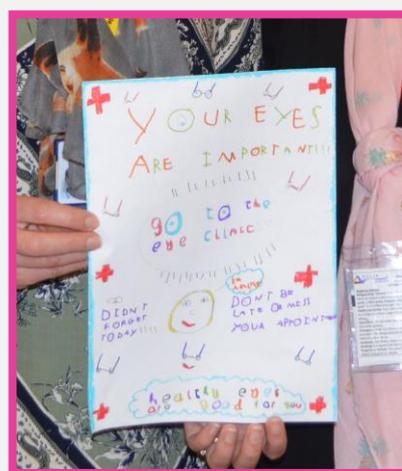
Children from a local school were supported to create a poster that will be used to remind parents and carers to support their children to attend their appointments in Ophthalmology.

Healthwatch Doncaster sponsored the competition by providing a Lego prize.



Claire Jenkinson, Deputy Chief Operating Officer at Doncaster and Bassetlaw Teaching Hospitals has recognised the value of working with children and young people in schools:

*“We are so impressed with the work that Grange Lane have done for us and can’t wait to start displaying it around the hospital. Missed appointments cost the NHS a great deal of money every year and these brilliant students have clearly understood that message. With the help of their colourful and inventive artwork, we hope to raise awareness of this amongst other families around the region.”*



The 100-day Improvement Challenge has worked with children and young people to ensure that their voices and their ideas are being listened to and acted on to make improvements to local Ophthalmology services.

It is a great example of how young people can get involved and influence a change in health care.

## Spinal Care

### *Improving back care access for patients in Doncaster*

The 100-day Challenge is a Quality Improvement Programme supported by NHS England. Its aim is for providers and commissioners from across the health care sector to work together to improve quality and access for patients. NHS Doncaster CCG has played a fundamental role in the spinal 100-day Challenge along with Doncaster Bassetlaw Teaching Hospitals NHS Foundation Trust, GP's, Primary Care Doncaster and Healthwatch Doncaster.

The overarching aims of the programme were to:

- + Improve back care support and access for patients in the wider Doncaster community and,
- + Understand the variation of spinal injection activity across South Yorkshire and Bassetlaw and through audit, determine if spinal injections were being carried out in line with NICE guidance in Doncaster, to further support management of patient expectations at the point of referral.

The spinal group included stakeholders from across Doncaster who aimed to increase GP referrals to the 'First2Physio' service by the end of March 2019 by 15% from the north neighbourhood practices, to support patient access.

The current data demonstrates First2Physio referrals have increased from 6 to 18 a week in the north of the town and the number of referrals is continuing to increase.



## Fibromyalgia

Under the current Fibromyalgia pathway, patients suspected of having a diagnosis of Fibromyalgia are generally referred to the Rheumatology department for consultant review.

Currently, the wait for a Rheumatology outpatient appointment in secondary care is approximately 5 months, meaning that in the majority of cases, patients are waiting a considerable amount of time prior to receiving group therapy (if appropriate).

During the 100 Day period the Rotherham Doncaster and South Humber NHS Foundation Trust Improving Access to Psychological Therapies (IAPT) and Doncaster Bassetlaw Teaching Hospitals NHS Foundation Trust Occupational Therapy teams have piloted a combined MDT therapy programme for a 'suspected fibromyalgia' and 'consultant diagnosed' fibromyalgia cohort to compare quality outcomes.

This consists of an initial 2 Week Fibromyalgia Education Course for patients with a diagnosis and a further optional 6 week Core therapy course for those patients who require further support.

The course content covers chronic pain management, mindfulness, diet, exercise advice and additional resources.

If required patients can also access additional psychological support at the end of the course but normally they would be discharged with support in the community and self-help groups





## Evaluation of the Extended Access to Primary Care Service

The Extended Access to Primary Care Service in Doncaster was launched in response to the Government's mandate to NHS England which sets out:

*"To ensure everyone has easier and more convenient access to GP Services, including appointments at evening and weekends"*

In Doncaster, Primary Care Doncaster (PCD) commenced delivery of this in October 2018 following a pilot scheme and currently is providing 160 hours/week of extra contact with patients. Anyone registered with a Doncaster GP can access these clinics and can attend any one of their choice.

There are 5 hubs providing Saturday clinics where patients can see not only a GP, but other health staff (i.e. Advanced Nurse Practitioners and Healthcare Assistants). In addition, there is a First2Physio service providing triage for musculoskeletal problems and there are Inclusion Clinics for vulnerable people held weekly at designated sites around Doncaster.

Since the start of this project, Healthwatch Doncaster have been working in partnership with Primary Care Doncaster to evaluate the service by listening to feedback and experiences of patients who attend.

The Extended Access to Primary Care Service includes:

- + **Additional Saturday clinics at 5 Hubs:** Conisbrough Medical Practice, The Tickhill & Colliery Medical Practice, Thorne Moor Medical Practice Thorne, The Lakeside Practice Askern and the Same Day Health Centre.
- + **First2Physio service:** A triage physio service for patients with musculoskeletal problems who meet specific criteria.
- + **3 Inclusion Clinics for vulnerable groups (Asylum seekers and refugees, Vulnerable women and the homeless.** Held at: Changing Lives, Wharf House and Quaker Meeting House

Outcomes from the evaluation indicate that those who have used the service give a high rating of satisfaction but sometimes they are not always given a choice about which Hub to attend.

Healthwatch Doncaster have compiled quarterly analysis reports along with recommendations based on what we have heard.

Primary Care Doncaster are making changes and improvements to the service based on the feedback and recommendations.

## Healthwatch Doncaster Micro-Grants

A Healthwatch Doncaster micro-grant is a small amount of money (upto £500) to support local community organisations to engage with local people to listen to their views about health and care services.

In 2018, Healthwatch Doncaster supported 20 organisations who had applied for a micro-grant. Organisations were encouraged to focus on our three key priorities, Engage, Inform, Influence.



*An event held in July 2018 brought together this year's recipients to celebrate their achievements*

**Key areas focused on included social isolation and loneliness, male mental health plus empowerment through the arts**

Each organisation offered different approaches to the topics identified. They were offered funding support to bring their projects and concepts to life.

A number of projects used the arts to explore issues, bring conversations to the fore and form new connections. Friendships, with empathy for people's life stories and the difficulties that they have faced, were developed.

The standout messages from this year's scheme are as follows:

- + Innovative technology helping people live a more independent lifestyle

- + By engaging with children, accompanying parents were available to complete surveys regarding access to health and social care services in Doncaster
- + Black, Asian and Minority Ethnic (BAME) communities, were able to have their voices heard when consulted about social prescribing at a local level
- + Young people felt empowered by utilising an outlet by writing creatively to help process and understand their emotions
- + Even though social isolation has a negative impact on people's mental health, community groups and activities can help turn the negative impact to a positive experience

We have reviewed and reflected on the 2018-19 scheme and already launched the 2019-20 campaign with a view to investing over £10,000 in community groups.

## Development of young people

Through apprenticeships and placement opportunities, Healthwatch Doncaster has continued to support young people's personal and professional development. Here's what they've said..



**Kaitlin Halkett** Student at Doncaster College studying Health & Social Care

"I loved my three month placement at Healthwatch Doncaster - it has been so amazing to have this opportunity to work with this team and to learn what they do.

"I have developed my I.T skills to gaining more confidence and pushing myself to achieve goals set by my mentor and myself within placement."

**Evan Howle**

Student at Sheffield Hallam University studying Learning Disability Nursing and Social Work

"The placement has enhanced my learning by giving reinforcement of the theories of practice that are taught in the classroom.

"Being at Healthwatch Doncaster has helped me to understand some of the core issues in society and how important it is that people feel empowered to have a say in how healthcare is developed

"The staff displayed an eagerness to ensure that I develop and engage with the different areas of work they are involved in."



**Michael Smith**

"I have been with Healthwatch Doncaster for over a year and projects completed have included new skills I have learnt since being here. Everyone has helped and supported me throughout my time here and made me feel part of the team."

*A thank you to all our student placements this year, including to Toby Rogers and Tim Wagstaff who completed a short vocational period with us.*

*Congratulations to Natalie Bowler-Smith who has been employed as a Community Engagement Officer after undertaking an extensive student placement with us!*



**‘Healthwatch Doncaster has supported my professional and personal development through a range of learning and training opportunities’**

**Emily Green**  
Business Support Officer



They have developed from their initial Apprenticeships to permanent employment with Healthwatch Doncaster, with Emily as our Business Support Officer and Elle as Engagement Support Officer

**‘I have gained my Business Administration Level 2 qualification and started my Level 3 which has enabled me to become an Engagement Support Officer’**

**Elle Smith**  
Engagement Support Officer



## Enter and View

Following on from the success of our care home conversations, Healthwatch Doncaster has developed a comprehensive Enter and View programme.

As a Healthwatch, we have the authority to conduct Enter and View visits to publicly funded health and social care services.



## Background to our Enter and View programme

Enter and View visits can originate as the result of intelligence from the public, however if this is of a negative nature, we may exercise our right to escalate this to our partners at the Care Quality Commission.

To conduct visits in this way is a very reactive response, but Enter and View can be used in a very proactive way, to help ascertain the quality of local services and it is the latter approach that we have undertaken.

Our Enter and View policy sets out how we organise our activity. This included the development of an Enter and View Planning Group, consisting of a Board Member, a member of staff (also an Authorised Representative) and three Authorised Representatives. The group are responsible for the scheduling of Enter and View visits.

The Enter and View Planning Group decided in the first instance to concentrate their efforts on looking at local care home provision to assist in building a picture of the standard of local care.

Throughout 2018-19 our Authorised Representatives have undertaken the following visits:

- + Adeline House
- + Plantation View
- + China Cottage
- + Chapel Garth
- + Oldfield House

All the above were part of a programme of work looking at service provision locally and all had minor recommendations.



The reports from these visits can be found in the report section of the Healthwatch Doncaster website.

To date, the response from the providers has been good and when we have conducted follow up visits the majority of our recommendations have been implemented or are scheduled to be.

Our recommendations are based on looking at the care provision from a resident's perspective and are usually slight improvements that could further enhance their experience of care.

## Our volunteers

Our volunteers contribute a great deal to the work of Healthwatch Doncaster, not only with their skills and ideas but also their time and energy. Their work throughout this period has involved:

- + Regularly attending volunteer meetings where we discuss issues relating to health and social care from a local and national perspective
- + Taking part in training
- + Contributing to consultations on behalf of Healthwatch
- + Participating in Focus Groups
- + Taking part in engagement activities - for example, gathering patient/service user experience or helping with surveys, in a wide range of settings

## Sharon, one of our volunteers, speaks about her experience of volunteering

*“I hadn’t heard of Healthwatch until my sister suggested I become a volunteer. I was recovering from depression, anxiety and stress and she thought that volunteering would do me good. She was right!”*

*“At the time, I had very little confidence and had been reluctant to engage with people. The exceptional training, support and encouragement I received made such a difference to me.”*

*“By being a Healthwatch volunteer, I’ve made new friends, acquired new skills and had many opportunities to participate in wide range of events.”*

*“My main engagement at the moment is Enter and View. As a member of the planning group and a Lead Representative, I’m part of a team that brings about positive changes in local care homes by encouraging and sharing good practice.”*

*“It’s incredibly rewarding when our recommendations are implemented and we know that, however small, we’ve been instrumental in improving the experiences of some of society’s most vulnerable people. I love it.”*



Visit our website [www.healthwatchdoncaster.org.uk](http://www.healthwatchdoncaster.org.uk) for more details on becoming an active volunteer with **YOUR** Healthwatch

## Home Care and Support

Between April and September 2018, Healthwatch Doncaster undertook a piece of work around people's experiences of home care and support.

We viewed this as an opportunity to gauge the response to Doncaster Council's newly commissioned (2016) model of care. The project took place over this extended period of time due to the unique nature of our approach to data capture.

A range of approaches were employed to assist with the completion of surveys:

- + **Direct engagement:** Face-to-face interviews in community settings
- + **Indirect engagement:** Working with partners who typically engage with people in receipt of home care and support
- + **Online/digital:** Dedicated webpage, video and social media campaign, online survey available, which was also featured in the local press

Common themes were identified such as: People felt happiest if the carers who visited them were familiar to them; Communication between providers and clients could, at times, be improved; Feelings of isolation and loneliness were increased when calls were delayed or cancelled.

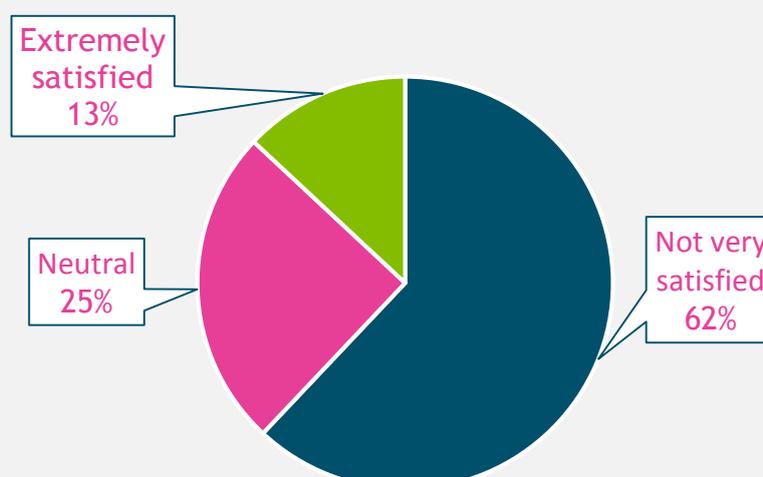
Sandie Hodson, Project Lead, said:

*"We wanted to create a method of data capture that was not reliant on providers or commissioners distributing surveys on our behalf. This was in order to ensure that recipients of care did not feel inhibited and were able to express their opinions freely. The minor weakness of this approach was a slightly smaller sample size, but this we felt was far outweighed by the strength of producing a completely independent study"*

Recommendations were made around improving communication around delayed, rescheduled or cancelled visits and significant changes to carers. These have been followed up with commissioners and care providers and there are plans to repeat the survey in 12-18 months to measure the impact of any changes made as a result of this original study.

The full report can be viewed on our website [www.healthwatchdoncaster.org.uk](http://www.healthwatchdoncaster.org.uk)

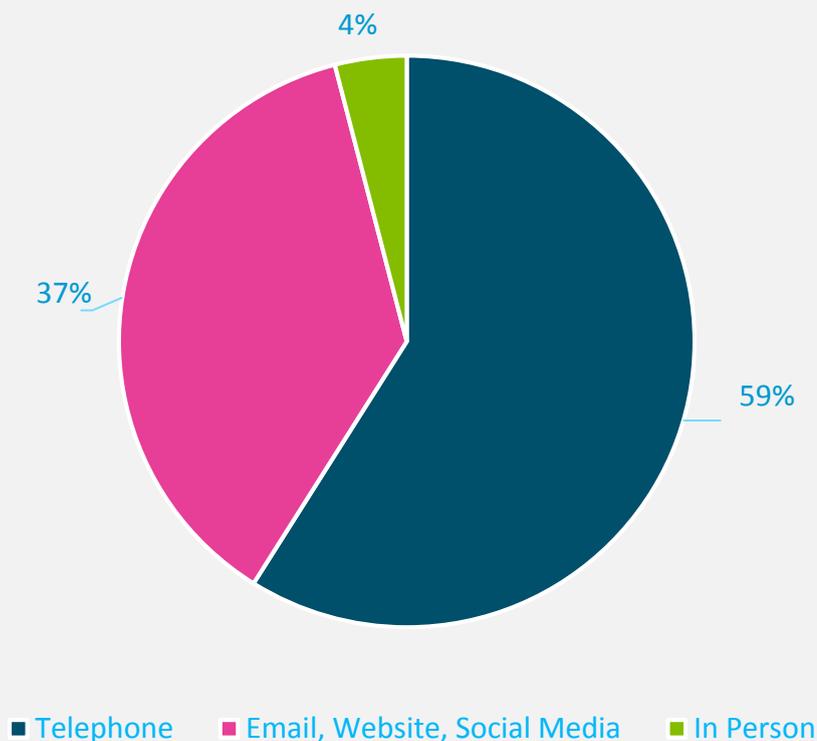
We asked people to rate how satisfied they were with the care and support they receive



# Signposting and information

Healthwatch Doncaster plays an important role in providing advice and pointing people in the right direction for the support they need.

How have local people got in touch with their Healthwatch?



## Where we have referred people?

### Healthwatch Doncaster

This has ranged from people asking about how to become a volunteer, enquiring about student placements and to discuss existing projects

### Voiceability Doncaster

Service users wanting more information about access to support with making an NHS complaint, amongst other advocacy help

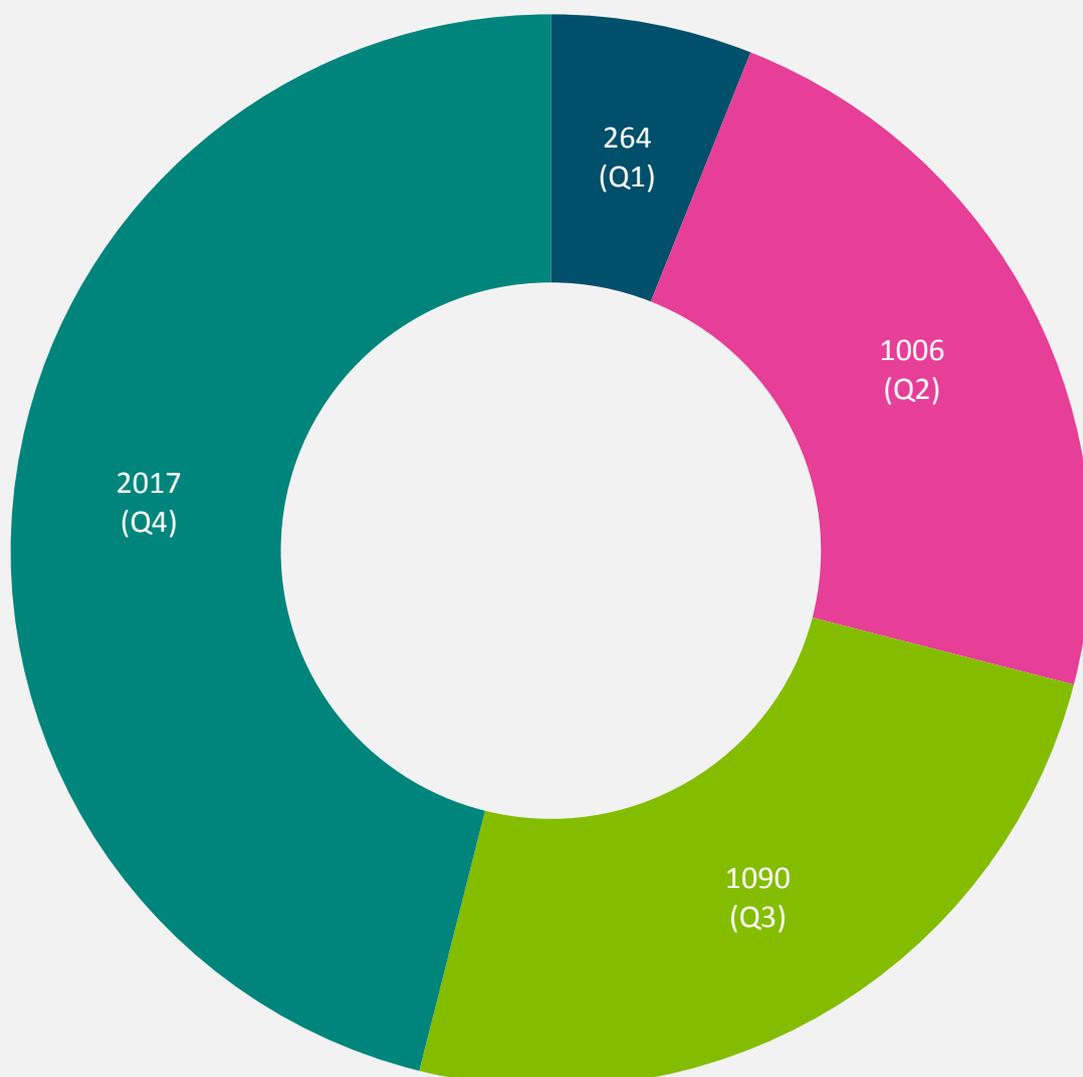
### NHS Choices

Providing information so people in Doncaster can find services, such as a local GP or a Dentist

# Your say on health and social care services

Breakdown of stories received by Quarter for 2018-19 through our surveys, and online feedback centre

■ Quarter 1 ■ Quarter 2 ■ Quarter 3 ■ Quarter 4



# Sharing on social media



Posts



2,340

Reach



648,739

Video views



7,871

New followers



414

## Doncaster Keeping Safe Forum



Healthwatch Doncaster, in partnership with Doncaster Adults Safeguarding Board, has continued to support the Keeping Safe Forum.

Bi-monthly meetings have facilitated an agenda driven by the members with a focus on sharing information to enhance the safety of local communities. Anyone can attend the forum and a core group of members have continued to promote keeping safe messages through various events and activities. The work of the Forum helps to identify what is happening in local communities and what they need to help people keep safe. It helps individuals to recognise abuse and where to get help and report concerns.

Over the last year, the Forum have planned the delivery of a number of speakers from various agencies who have assisted in conveying vital information to assist in enhancing the safety of community members:

- + **The Be Cancer Safe Project:** This session emphasised the importance of early detection by attending screening and being aware of signs and symptoms
- + **Prevent Awareness:** Highlighted the signs of potential terrorist behaviour
- + **Scam awareness:** Demonstrating how easy it is to be involved in scams and how to guard against such issues
- + **Creative Support:** Availability of local Mental Health support services
- + **Victim Support:** Awareness of local support for people who experience a crime
- + **Advocacy Services:** An overview of services available locally for advocacy

The group are looking forward to increased membership as it transitions from an adult focused forum to a Children, Adults and Families Forum because of the closer working relationship between the Safeguarding Adults and Children Boards, and a focus on a more joined-up approach to engagement and involvement of local young people, adults, families and communities in Doncaster. As part of this development, the Keeping Safe Board Subgroup will hold regular meetings with the Keeping Safe Forum. This will facilitate increased opportunities for co-production in some of the development and delivery of local services.

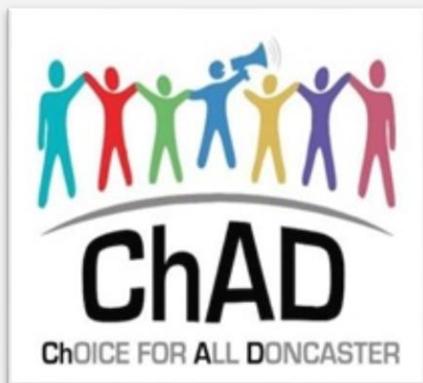
### Annual Keeping Safe Event

The Annual Keeping Safe Event was held at the Keepmoat Stadium in December 2018; it was another great success, sharing key messages about keeping safe and was evaluated positively by attendees. The agenda included a live theatre performance which facilitated audience participation and entertainment by Lee Ridley (Lost Voice Guy from Britain's Got Talent) with his excellent comedy act. In addition, participants shared their views on keeping safe through creative work on canvasses. This produced numerous pieces of thought provoking work and plans are being made for these to be displayed in various venues in Doncaster. Partnership work with agencies and the Keeping Safe Forum are already planning for a repeat of the event late this year.



*A Forum meeting held at Doncaster Deaf Trust*

## Choice for All Doncaster (ChAD)



ChAD (Choice for All Doncaster) are a committee of adults who have a Learning Disability who speak up on behalf of their peers in Doncaster.

They are involved in a variety of projects, networking with many organisations to discuss matters, which are important to their lives.

## Working on the All Age Learning Disability and Autism Strategy

In collaboration with NHS Doncaster CCG, Doncaster Council and Rotherham Speak Up, this work entailed engaging with people at different venues to collate their views on many subjects. The focus being on:

- + Health
- + Housing
- + Education
- + Employment

From this information, further sessions have been held to ensure that the 17 principals identified are correct before the writing of the strategy begins.

ChAD have also produced easy read material for the Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) strategic poster, and information for engagement on the local Joint Health and Care Commissioning Strategy, making the information more accessible for the people they represent.

Furthermore, the ChAD committee devised questions for the Local Authority's Supported Living Tenders where they reviewed the answers and interviewed potential providers.

Other projects have included hate crime, where they have delivered interactive workshops to schools around the Borough with Rossington Express Yourself Entertainers to show the impact it has on people.



The egg (above) is one of many whilst doing the hate crime engagement where pupils were asked to give each egg an identity of someone who may be the target of a hate crime. They give a story about the character they have created, and subsequently asked to crack the egg into a bowl with the other characters, to show they are all the same inside.

**Like our Facebook page for updates on activities of our ChAD members**



[www.facebook.com/ChADoncaster](https://www.facebook.com/ChADoncaster)

## Patient Participation Group Network

The Patient Participation Group (PPG) Network continues to be supported by Healthwatch Doncaster and holds monthly meeting at Doncaster Communication Specialist College.

It consists of members of PPG's from across Doncaster and other interested parties such as practice managers, pharmacists, opticians and members of the NHS Doncaster Clinical Commissioning Group. The PPG Network members participate in monthly meetings to discuss issues affecting people using health services - primarily on topics relating to their experiences of accessing their GP - and they engage in specific outreach events led by Healthwatch on behalf of stakeholders to gather views on changes, progress and development of services.

### Outcomes in the last year

- + PPG Network Carers Event on 31<sup>st</sup> August was arranged following a suggestion from the PPG members who identified a gap in knowledge regarding services for carers.
- + Following the review of hospital services across South Yorkshire and Bassetlaw, an event was held on the 6<sup>th</sup> November to update the PPG Network.
- + The group participated and supported public engagement with regard to feedback on the NHS Long Term Plan.

Healthwatch Doncaster would like to thank all the members of the group for their valuable contribution and Norma Carr who has provided support as the chair of the group.



## Health Ambassadors

Health Ambassadors are individuals from communities who represent communities whose voices are seldom heard, the group currently represent:

- + Asylum seekers and refugees, Cancer patients, Young people with learning disabilities, Veterans, LGBT communities and Vulnerable women



Their role involves facilitating the sharing of experiences from marginalised groups giving them the ability to direct their views which otherwise might not be heard.

Health Ambassadors have supported projects delivered by Healthwatch Doncaster, and are recognised as a valued group.

In the last year, they have contributed to a number of projects including:

- + Participation in the Hospital Services Review
- + Development of the joint health and social care commissioning strategy.
- + NHS Long Term Plan.

Since 2017, Healthwatch Doncaster has supported the Health Ambassadors, by facilitating monthly meetings to help health and social care providers have an inclusive approach to patient and public involvement.

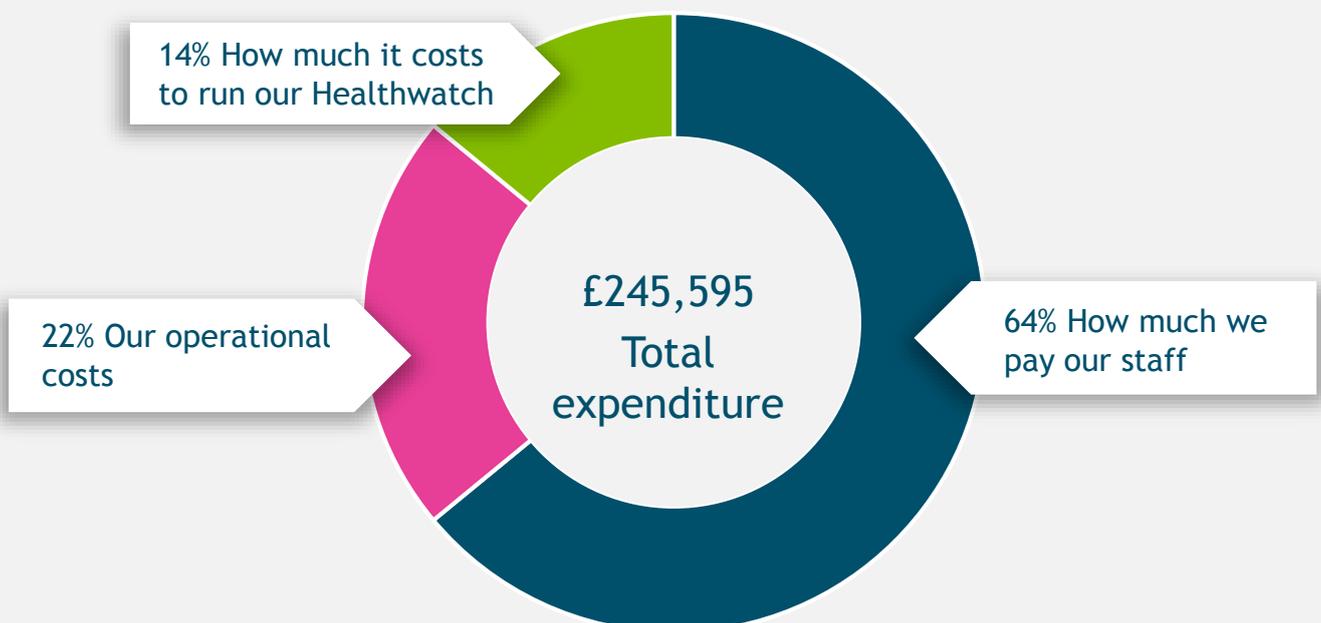
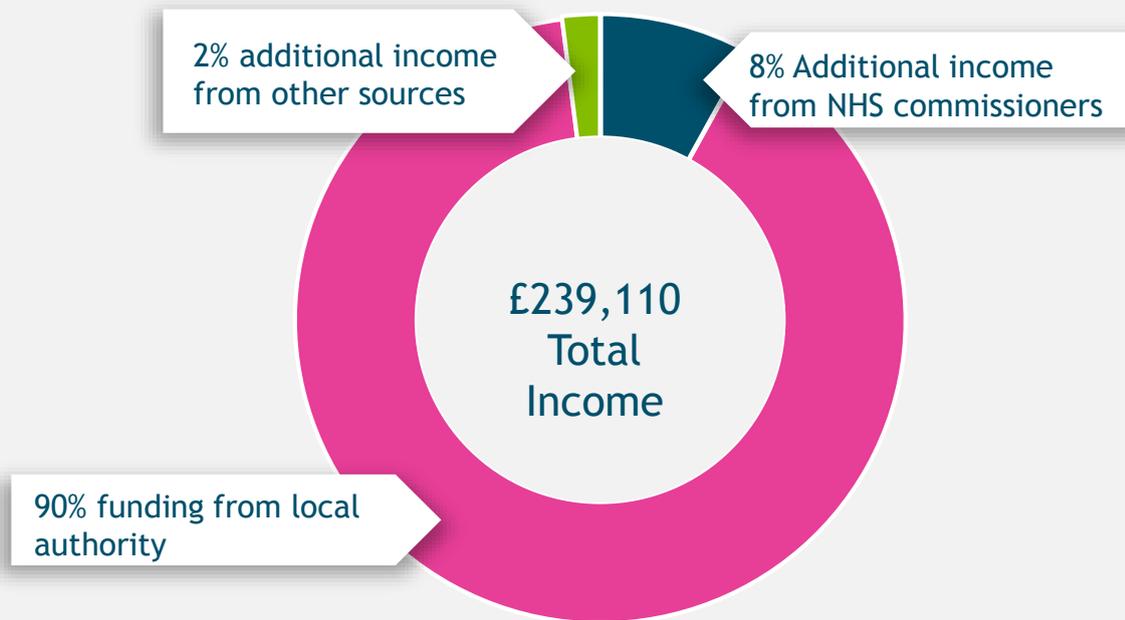
Health Ambassadors, working in partnership with Healthwatch Doncaster, aim to introduce new members soon.

Dennis Atkin continues to chair this forum and Healthwatch Doncaster would like to extend their thanks for his continued hard work.

## How we use our money

To help us carry out our work, we are funded by our Local Authority. In 2018-19 we received £216,360 from Doncaster Council.

We also received £22,750 of additional income from NHS Doncaster CCG, YMCA Training, Winter Warmth, Pfizer and South Yorkshire and Bassetlaw ICS



# Message from our Chief Operating Officer



Healthwatch Doncaster reinforced our commitment to **Engage** with local people, being **Informed** by what local people have told us and using local people's voices to **Influence** change and improvement in services.

## In 2018-19, we have:

- + **Engaged** over 20 local community-based organisations with their creative engagement projects with people in Doncaster in 2018-19 through our Micro-Grants programme
- + **Informed** by the stories and experiences of people who receive Care and Support to live at home. The outcomes from this report have been shared with the Providers and Commissioners with recommendations being put into action
- + **Influenced** the outcomes from the Healthwatch Doncaster report on Missed Appointments. They have been actioned and implemented in 2018-19 - a new text messaging and digital letters services is in place and an information video has been created by local Students

This year saw the departure of Angela Barnes, Doncaster Keeping Safe Forum manager, after four years developing the Forum and we wish her well for the future.



## Looking forward

As Healthwatch Doncaster moves forward in 2019, we have identified Mental Health as a key priority project area - the voices and experiences of people who can access services and those who cannot access services need to be listened to and heard.

The Board of Healthwatch Doncaster recognise that there is more that can be done to analyse and review high level performance data from the NHS and Local Authority so that we can triangulate the information shared by local people and the intelligence we receive from local groups with this performance data. Mining for data can uncover gems and opportunities!

Healthwatch Doncaster has really positive strategic and operational partnerships and relationships across health and social care in Doncaster. We want to grow and develop a network of support for community groups so that they can help more people to share their stories and experiences to improve the quality of care in Doncaster.

We thank all our local and regional partners, our fantastic team of volunteers who have grown in number during this year and continue to show an enthusiasm to help shape health and social care provision by speaking to local people and our staff team in demonstrating that teamwork does indeed make the dream work.

**Andrew Goodall**  
Healthwatch Chief Operating Officer

# Thank you

Thank you to everyone that helps Healthwatch Doncaster put people at the heart of health and social care in Doncaster

We would like to thank our key local partners for all their help, support and challenge over the last 12 months.

- + NHS Doncaster CCG
- + Doncaster Council
- + Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- + Rotherham, Doncaster and South Humber NHS Foundation Trust
- + Primary Care Doncaster
- + Local Medical Committee
- + Local Pharmaceutical Committee
- + South Yorkshire and Bassetlaw Integrated Care System

*'Healthwatch Doncaster have recently supported a Review of the Doncaster's Care and Support at Home Contract, providing valuable insight from people who access Home Care to this process, which will support the future development of the Contract'*

## Doncaster Council

*'Healthwatch Doncaster commissioned community groups to complete surveys, targeting particular groups of people that access health and social services in Doncaster. Overtime, we believe this will show insights such as how far people travel to access services, who people depend on for support in times of crisis and also levels of volunteering contributions in Doncaster'*

**Doncaster Council's Strategy and Performance Unit**



*'Their support in engaging with patients has been particularly valuable, as has their challenge on behalf of the public in ensuring that our standards remain high and our services reflect local need'*

## Doncaster Bassetlaw Teaching Hospitals NHS Foundation Trust

*'Examples of our collaborative approach include; 100 day clinical rapid improvement projects, missed appointments and access to critical friends from across the Doncaster population'*

**Emma Challans, Deputy Chief Operating Officer**

Our local networks and relationships enable local people's voices and opinions to make a difference and improve local services.

*'Healthwatch Doncaster continue to support us and be a 'critical friend' to ensure that we plan and work with others to provide the best health and care services possible'*

## NHS Doncaster CCG



# Contact us

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01302 965450

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[www.healthwatchdoncaster.org.uk](http://www.healthwatchdoncaster.org.uk)

 @hwdoncaster

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Our Annual Report will be publicly available on our website on 30<sup>th</sup> June 2019. We will also be sharing it with Healthwatch England, Care Quality Commission, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our Local Authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

Company Number: 10158147





## Doncaster Council

**Doncaster  
Health and Wellbeing Board**

**Date: 5 September 2019**

**Subject:** Universal Credit Update

**Presented by:** Paul Tanney and Jennie Daley

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

| <b>Implications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Applicable Yes/No</b>             |                                      |   |  |               |   |  |          |  |  |         |  |  |                       |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|---|--|---------------|---|--|----------|--|--|---------|--|--|-----------------------|---|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">DHWB Strategy Areas of Focus</td> <td style="padding: 5px;">Substance Misuse (Drugs and Alcohol)</td> <td style="width: 40%; text-align: center; vertical-align: middle;">X</td> </tr> <tr> <td></td> <td style="padding: 5px;">Mental Health</td> <td style="text-align: center; vertical-align: middle;">X</td> </tr> <tr> <td></td> <td style="padding: 5px;">Dementia</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Obesity</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Children and Families</td> <td style="text-align: center; vertical-align: middle;">X</td> </tr> </table> | DHWB Strategy Areas of Focus         | Substance Misuse (Drugs and Alcohol) | X |  | Mental Health | X |  | Dementia |  |  | Obesity |  |  | Children and Families | X |  |
| DHWB 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X                                    |                                      |   |  |               |   |  |          |  |  |         |  |  |                       |   |  |
| Legal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                    |                                      |   |  |               |   |  |          |  |  |         |  |  |                       |   |  |
| Equalities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Y                                    |                                      |   |  |               |   |  |          |  |  |         |  |  |                       |   |  |
| Other Implications (please list)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                      |   |  |               |   |  |          |  |  |         |  |  |                       |   |  |

| <b>How will this contribute to improving health and wellbeing in Doncaster?</b>                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The presentation provides an update on the impact of Universal Credit focussing mainly on the work of the St Leger Homes Tenancy Sustainment Team and the work they do to help support tenants to remain in their council homes.</p> <p>By supporting tenants the team is having a positive impact on peoples mental and physical health by supporting people through welfare reform, helping them to maximise income and reduce debt, reduce rent arrears and reduce evictions.</p> |

| <b>Recommendation</b>                                       |
|-------------------------------------------------------------|
| The Board is asked to note the content of the presentation. |

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## Doncaster Council

**Doncaster  
Health and Wellbeing Board**

**Date: 5 September 2019**

**Subject:** Better Care Fund 2019-20 Draft Plan

**Presented by:** Olwen Wilson/Dr Rupert Suckling

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

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

| <b>How will this contribute to improving health and wellbeing in Doncaster?</b>                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Better Care Fund – BCF - is a key resource to enable health and social care integration and transformation of current services. BCF supports projects a number of projects and services to deliver the outcomes identified in Doncaster’s Health and Wellbeing Strategy and the Place Plan.</p> |

| <b>Recommendations</b>                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Board is asked to:-</p> <ol style="list-style-type: none"> <li>1) Comment on the draft Doncaster BCF Plan for 2019-20.</li> <li>2) Confirm sign-off arrangements of the final plan, pending feedback from regional assurance on 13 September, for submission by the deadline of 27 September 2019.</li> </ol> |

- 3) Note that a supporting Section 75 Agreement will be produced incorporating the final plan.
- 4) Review progress of Doncaster's BCF plan for 2019-20 and evaluation of schemes at future meetings.



# Doncaster Council

## Report

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**Agenda Item No. 12**  
**Date: 5 September 2019**

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

### **BETTER CARE FUND (BCF) – 2019-20 DRAFT PLAN**

| <b>Relevant Cabinet Member(s)</b> | <b>Wards Affected</b> | <b>Key Decision</b> |
|-----------------------------------|-----------------------|---------------------|
| Cllr Rachael Blake                | All                   | No                  |

### **EXECUTIVE SUMMARY**

1.1 Final sign off of the Better Care Fund – BCF - Plan and subsequent Quarterly Statutory Return is the responsibility of the Health and Wellbeing Board. This report requests feedback on Doncaster's draft plan for the use of the Better Care Fund in 2019-20. The BCF Planning Requirements and Financial Allocations for 2019-20 were issued by the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government on 18 July 2019 with a deadline for submission of 27 September 2019. BCF planning and reporting incorporates the Improved Better Care Fund - iBCF - and for the first time Winter Pressures Grant.

1.2 The financial allocations for Doncaster are as follows:

| <b>Funding source</b>     | <b>£</b>          |
|---------------------------|-------------------|
| Disabled Facilities Grant | 2,451,971         |
| Minimum CCG Contribution  | 23,546,940        |
| iBCF                      | 14,320,932        |
| Winter Pressures Grant    | 1,509,880         |
| <b>Total</b>              | <b>41,829,723</b> |

The minimum required to be spent from the CCG Contribution is:

|                                                                                           |           |
|-------------------------------------------------------------------------------------------|-----------|
| NHS Commissioned Out of Hospital spend from the minimum CCG allocation – minimum required | 6,691,373 |
| Adult Social Care Services spend from the minimum CCG allocation – minimum required       | 7,774,610 |

### 1.3 National conditions and requirements

The BCF four national conditions and four national metrics remain the same. (See 5.2, 5.3). The main change is that separate narrative plans are replaced with a single template that includes sections covering:

- the local approach to integration
- plans to achieve the four national metrics
- plans for ongoing implementation of the High Impact Change Model for managing transfers of care.

It is expected local areas consider how provision across health, local government, social care providers and the voluntary sector can support the shared aims of providing better care at or close to people's home. There should be a clear focus on prevention and population health management.

### 1.4 Submission Timetable

|                                                                                                              |                 |
|--------------------------------------------------------------------------------------------------------------|-----------------|
| Receive informal pre-submission feedback from Regional Assurance Panel                                       | By 13 September |
| Final BCF submission from local Health and Wellbeing Board areas to be sent to the local Better Care Manager | By 27 September |
| Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation                | By 30 October   |
| Cross regional calibration                                                                                   | By 5 November   |
| Assurance recommendations considered by Departments and NHS England                                          | 5 – 15 November |
| Approval letters issued giving formal permission to spend                                                    | W/c 18 November |
| All Section 75 agreements to be signed and in place                                                          | By 15 December  |

The submission of Doncaster's BCF plan is being overseen by the Joint Commissioning Operational Group – JCOG – reporting to Joint Commissioning Management Board – JCMB. Consultation on the draft Winter Pressures Plan is being undertaken with wider partners through the Systems Resilience Group.

### 1.5 Doncaster BCF Plan

Given the delay in funding announcements, the majority of existing schemes have been rolled over into 2019-20 with an uplift for inflation where appropriate. It is proposed to allocate some of the additional funding received to Carers Support Short Breaks. The final plan is required to be submitted to NHS England on a spreadsheet template, however, for ease of review and comment, the key information has been extracted and attached as appendices:

Appendix 1 – Draft Strategic Narrative and impact on metrics

Appendix 2 – Financial Summary

### 1.6 Planning for BCF in 2020-21

It was understood that the national BCF team were proposing to make major changes to BCF from 2020-21 onwards. However, the National BCF Review has still not been published and the three-year Spending Review has been postponed until 2020 and replaced with a one year spending round. It is under these constraints that we are trying to plan ahead.

## **EXEMPT REPORT**

2. The report does not contain any exempt information.

## **RECOMMENDATIONS**

- 3.1 That the Health and Wellbeing Board comments on the draft Doncaster BCF Plan for 2019-20.
- 3.2 That the Board confirms sign-off arrangements of the final plan, pending feedback from regional assurance on 13 September, for submission by the deadline of 27 September 2019.
- 3.3 That the Board notes that a supporting Section 75 Agreement will be produced incorporating the final plan.
- 3.4 That the Board reviews progress of Doncaster's BCF plan for 2019-20 and evaluation of schemes at future meetings.

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

4. The Better Care Fund – BCF – is a key resource to enable health and social care integration and transformation of current services. Doncaster residents should expect to be supported to maintain their independence as long as possible and also see a more integrated, seamless response from health and social care partners. Doncaster residents should be able to plan their care with people who work together to support choice and control and bring together services to achieve the outcomes that are important to the individual.

## **BACKGROUND**

- 5.1 The BCF is a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authority which is then signed off by the Health and Wellbeing Board. The BCF encompasses a substantial level of funding in order to support health and social care integration.
- 5.2 The national conditions that the partnership must meet are:
  - a) Plans must be jointly agreed;
  - b) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements;
  - c) Agreement to invest in NHS commissioned out-of-hospital services;
  - d) Managing transfers of care;
  - e) Funds are pooled via a Section 75 pooled budget arrangement;
  - f) Implementation of the High Impact Change Model.
- 5.3 There are four key BCF national indicators which must be monitored.
  - a) Reduction in non-elective admissions
  - b) Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
  - c) Delayed transfers of care
  - d) Rate of permanent admissions to residential care (65+)

- 5.4 The High Impact Change Model – HICM - consists of eight system changes which have the greatest impact on reducing delayed discharge:
1. Early discharge planning
  2. Systems to monitor patient flow
  3. Multi-disciplinary/multi-agency discharge teams
  4. Home first/discharge to assess
  5. Seven-day service
  6. Trusted Assessors
  7. Focus on choice
  8. Enhancing health in care homes.

Health and Wellbeing Board areas should be able to confirm that each of the eight changes recommended are at least established by 31 March 2020.

- 5.5 Improved Better Care Fund – IBCF- is for adult social care and is for:
- meeting adult social care needs
  - reducing pressures on the NHS, including supporting discharge from hospital
  - ensuring the local social care provider market is supported.
- 5.6 Winter Pressures Funding is pooled into the BCF plans for the first time. The grant conditions require this is used to support the local health and social care system to:
- manage demand pressures on the NHS
  - provide support for people to be discharged from hospital.
- 5.7 Disabled Facilities Grant – DFG – is a means tested financial grant to pay for essential housing adaptations to help disabled people stay in their own homes. DFG can be used to take a joined-up approach to improving outcomes across health, social care and housing.
- 5.8 Section 75 Agreement  
The existing Section 75 Partnership Agreement between Doncaster Council and Doncaster CCG, which sets out terms to maintain pooled funds relating to BCF and iBCF, expired on 31 March 2019. The refresh of this agreement has started, however the draft requires confirmation of the local BCF plan.

## **OPTIONS CONSIDERED**

6. The delay in issuing national planning guidance and confirming funding allocations has meant that there is little alternative to continuing existing schemes in 2019-20.

## **REASONS FOR RECOMMENDED OPTION**

7. The limited timescales available to work with partners and the notice period that would be required to end contracts.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

8.

|  | <b>Outcomes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Implications</b>                                                                                                        |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>Doncaster Working:</b> 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"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>                                                                                                                                                                                                       | <p>BCF supports the Well Doncaster project which supports people into employment.</p>                                      |
|  | <p><b>Doncaster Living:</b> 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"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul> | <p>BCF supports the Get Doncaster Moving 'Move More' project.</p>                                                          |
|  | <p><b>Doncaster Learning:</b> 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"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>                                                                                                                      | <p>BCF supports projects to deliver the outcomes identified in the Doncaster Place Plan for children and young people.</p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>                                                                                                                                                                                                 | <p>BCF supports projects to deliver the outcomes identified in the Doncaster Place Plan.</p>                                                                                  |
|  | <p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul> | <p>BCF supports projects to build community resilience.</p> <p>BCF is a key resource to enable health and social care integration and transformation of current services.</p> |

## RISKS AND ASSUMPTIONS

### 9.1 Funding beyond 2019-20

BCF provides substantial funding to enable health and social care integration and transformation of current services. The delay in announcements this year and uncertainty about 20-21 onwards means it is extremely difficult to plan ahead. General budget planning for 20-21 is already underway and assumptions are being made on the basis of having the same level of funding. As the Spending Review has been replaced with a one year spending round, one option for BCF could be to plan for 20-21 being another roll-over year. However this is a risk and other options need to be considered to mitigate this uncertainty. Some contracts with external providers will require six months' notice to end so de-commissioning of some services will need to start at the beginning of October 2019. Any evaluation of schemes would need to be completed before December to inform budget setting for 2020-21.

### 9.2 Performance

BCF is for integration and transformation. While there is uncertainty around funding there is a risk that integration across the system does not progress or mature at the pace required. As a result, there is a risk that the performance against the four BCF metrics does not meet the targets set. This would bring greater scrutiny of Doncaster's BCF plan.

## **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 HR implications have been sought for this update paper.

## **TECHNOLOGY IMPLICATIONS**

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

## **HEALTH IMPLICATIONS**

14. Contained in the body of the report.

## **EQUALITY IMPLICATIONS**

15. The supporting narrative in Appendix 1 sets out the approach for reducing health inequalities, supporting the housing needs of people with disabilities and alignment with wider strategies.

## **CONSULTATION**

16. Update papers are reported to Joint Commissioning Operational Group, Joint Commissioning Management Board.

## **BACKGROUND PAPERS**

17. N/A

## **REPORT AUTHOR & CONTRIBUTORS**

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Contributors: BCF Steering Group, including representatives from commissioning, finance and performance from Doncaster Council – Kate Anderson-Bratt, Denise Bann, Helen Rowlands – and NHS Doncaster CCG – Jon Briggs, Ailsa Leighton, Tracy Wyatt

### **Name & Title of Lead Officer**

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

#### Section 4 - Strategic Narrative - DRAFT

*Please outline your approach towards integration of health and social care. Please highlight any learning from the previous planning round (2017-19) and cover any priorities for reducing health inequalities under the Equality Act*  
**A Person-centred outcomes** *Your approach to integrating care around the person, this may include (but is not limited to):*

- *Prevention and self-care*
- *promoting choice and independence*

*1500 words*

#### Approach to integration

All major health and social care stakeholders recognise that in order to transform services to the degree required, a single shared vision and plan for the whole of Doncaster is necessary. This shared vision of health and social care has been articulated in the Doncaster Place Plan:

“Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed.”

The Better Care Fund – BCF – is a key resource to enable health and social care integration and transformation of current services. Since the last BCF Plan was developed, considerable work has taken place across the Doncaster Health and Social Care Community to implement the vision for integration.

The Doncaster Place Plan identifies seven areas of opportunity:

- Starting Well (1001 days)
- Vulnerable Adolescents (Tier 4 Specialist Services)
- Urgent and Emergency Care
- Complex Lives
- Intermediate Care
- Dermatology
- Learning Disability and Autism

These are organised in three life stages – Starting Well, Living Well and Ageing Well.

Significant progress has been made in two areas of opportunity in particular - Intermediate Care and Complex Lives, both of which have been testing new approaches to multi-disciplinary teams and integration of services. These approaches are being used as proof of concept to be replicated in other areas. The longer term aim is that the models will be resourced through mainstream public service budgets, in recognition of the reductions in acute demand and cost savings produced. The BCF Plan for 2019-20 captures the learning from these projects to support the transition into mainstream services and support wider integration.

The Plan is also informed by a review of all existing BCF schemes undertaken in Q3 2018-19 and the Adult Social Care Peer Challenge in January 2019. As a result, some schemes were identified to provide more detailed updates. Further work will take place over Q3 and Q4 2019/20 to measure and evaluate the impact and effectiveness of these schemes, and to track cost benefits to inform future integration initiatives across Doncaster and, where appropriate, the wider South Yorkshire Integrated Care System.

The Doncaster Place Plan is currently being refreshed and will be finalised in early autumn. This will make population health profiles and population health management more explicit and will be structured around a four layer model:

- Community resilience
- Front door system
- Care and support at home
- Specialist services.

There are a number of existing areas of opportunity originating from the original Place Plan that will make a contribution to the emerging new model. The emphasis now is on bringing these into alignment with each other to create a coherent whole neighbourhood-based system for adults. These include:

- Intermediate care: short-term intensive and rehabilitative support to avoid unnecessary admission to hospital (step-up) and to ensure people regain their health, wellbeing and independence after a crisis (step-down)
- Frailty new care model: a prototype helping to shape integrated neighbourhood delivery, focused on people living with frailty and aiming to avoid or delay crisis through a more anticipatory and proactive integrated approach. This will bring together physical and mental health services for older people. The service is Mental Health led due to the number of residents living with Dementia and mental health related conditions.

A cornerstone of the refreshed Place Plan will be the development of neighbourhood-based health, care and wellbeing services and support, delivered as an all-age, integrated, person-centred model of care, dissolving professional and organisational boundaries. This will create a coherent, joined up approach centred on local people and their communities. This aligns with both the national ambitions set out in the NHS Long-term plan Implementation Framework and Team Doncaster's 'Doncaster Growing Together' local approach.

### **Person-centred outcomes**

Doncaster is evolving a new practice model which focuses on strength based approaches across the health and social care partnership. Our vision is that everyone with a stake in ensuring people experience safe, appropriate and timely care and support in Doncaster is trained in a strengths based approach, understand the principles of personalisation and how these apply to their role. We will deliver, implement and embed a Practice Framework which describes how strength based approaches will be used in Doncaster. The framework will centre on Adult Social Care but will be used to influence practice across the Doncaster Place Plan. The focus will be on practitioners working with people on the basis of what is strong, not what is wrong. The approach operates on four levels:

- Individual level – working to help individuals and their families find solutions that build on their strengths and assets and personalise care according to need;
- Service level - building flexible, empowering and responsive services that are delivered in innovative ways;
- Community level - building and harnessing the strength of community organisations; delivery of integrated care through multi-disciplinary teams;
- System level - working collaboratively with colleagues across health and social care in the wider public, third and private sectors.

An example of a scheme which supports this approach is the Community Led Support programme. Community Led Support is a key principle of the social care transformation. This has as its vision local people, community groups and local partners all working together much more effectively with a common aim – to support people to live at home as part of their community, to be in control and be as independent as possible for as long as possible.

Community Led Support involves the council and social care partnerships working together with their communities and staff, to provide support that responds to local needs and builds on local strengths and priorities.

Community hubs have been created in each of the four areas to bring community groups and services together.

People will have access to advice, information and guidance to build on their own and community strengths and self-help. Support for Carers and Mental Health are two service areas that have been co-produced using a community-led approach and will soon be delivered from the four community hubs that will bring community groups and services together. We will be having more conversations with communities to find out what is important to them, and how they want to be part of improvements in their community. Residents' priorities for the longer term are currently being captured through Team Doncaster's 'Doncaster Talks' consultation.

External expertise has been brought in to guide Doncaster on the improvement journey, for example The National Development Team for Inclusion - NDTi - and Cormac Russell who has provided training in Asset Based Community Development and other strength-based approaches.

### **Prevention and self care**

A good prevention offer is being delivered through Public Health and the Stronger Communities/Wellbeing Team. Well Doncaster is a pilot site for Well North, a strategic collaboration between local areas, Public Health England and Manchester University. In Well North Denaby, a local steering group is in place which includes local organisations that are set up to improve the wellbeing and health of people living in a former coal mining village. This scheme includes "micro-grants" given out via Healthwatch to help people to become more active. 2018-19 has focused on moving the programme into four additional communities. Strategic and community partners have been engaged and community action plans developed for each area.

Well Doncaster has supported and influenced partners' integrated area based working agenda and fed in to the delivery of Community Led Support and Social Prescribing projects. The project is also working in partnership with Sport England's Local Delivery Partnership and developing a community based approach to understanding physical activity to inform whole system change.

### **Assistive Technology**

Innovation workshops have been held with the TEC Services Association – TSA – to work with Social Workers, OTs, ISAT and support staff to understand the range of Assistive Technology available. The aim is to promote the benefits of Assistive Technology to citizens and families and increase the range and volume of Assistive Technology being provided. There needs to be a strong connection to the front door teams, strength-based conversations and Information Advice and Guidance. Awareness raising will be carried out including for self-funders and carers. Work in this area brings together a number of partner initiatives including St Leger Homes and NHS Digital champions. Doncaster is part of a regional initiative to improve access to the internet. This would enable more households to take advantage of Assistive Technology.

Schemes supporting this section:

Carers Support Services

End of life Domiciliary Care

Home Emergency Alarm Response Team

Telecare Strategy

Community Mobile Day Service

Creative options for Learning Disability Service users

AccessAble

Move More Doncaster – Falls Prevention

Affordable Warmth

Well Doncaster

1427 words

***B i Approach to integrated services at HWB level (and Neighbourhood where applicable), this may include (but is not limited to):***

*- Joint commissioning arrangements*

*- Alignment with primary care services (including Primary Care Networks)*

*- Alignment of services and the approach to partnership with the Voluntary and Community Sector*

800 words

### **Joint Commissioning arrangements**

Very positive work has been taking place for example:

- Joint lead appointed for Children and Young People; Integration of children and young people's commissioning teams agreed for three test areas; First 1001 Days, Vulnerable Adolescents; Children with additional needs.
- Separate contracts for post-diagnostic Dementia support services brought together under one contract. Providers have moved to a more collaborative approach through an Accountable Care Partnership.
- Complex Lives - an innovative 'whole system' model for people affected by multiple disadvantage.

Projects are working across numerous partners including Council, CCG, Health, Doncaster Children's Services Trust, Ambulance Service, Criminal Justice, VCF. Local intelligence is feeding into commissioning intentions.

### **Neighbourhood approach**

The new operating model is set within the context of a 'Team Doncaster' whole partnership model of locality working. Doncaster is divided into four neighbourhoods to enable services to be tailored to local needs and delivered locally. The neighbourhoods are the basis of integrated services for many social care and health services. Staff and service users are shaping how the service works best at a community level. The neighbourhood approach gives a focus on the individual, family, friends, communities and primary care with a shift to more prevention and early intervention.

Joint locality multi-disciplinary teams are being established of professionals and non-professionals working together from a single location. Integrated neighbourhood developments have an initial focus on frailty and children and young people and their families who can be directed to community-led support. Wellbeing Officer roles have been created to support the delivery of the Integrated Support and Assessment Team.

### **Alignment with Primary Care Networks**

Care in Doncaster is already provided in a way that aligns with the formation of Primary Care Networks – PCNs. Five PCNs have been established: North, South, East, Central and 4 Doncaster, which sit within the existing four neighbourhoods and are the cornerstone of integrated neighbourhood working. The 4Doncaster PCN already has clinical pharmacists in post to help people in a range of different ways. This includes carrying out structured medication reviews for patients with on-going health problems and improving patient safety, outcomes and value through a person-centred approach.

Each PCN will also be able to have a dedicated Social Prescribing Lead which will ultimately help patients live fitter, healthier lives and combat anxiety, loneliness and depression.

PCNs will continue to develop at pace, with expanded neighbourhood teams developed in partnership with patients, members of the public and local organisations.

### **Partnership with the Voluntary Sector - VCF**

Doncaster's Place Plan is predicated upon early intervention, prevention and community-led support services. The VCF sector has a huge role to play in this, however Doncaster's VCF sector currently has no central co-ordinating function with which commissioners can engage.

Over the past six months, the CCG and Council have been working with the local VCF sector to explore how they can better work in partnership to deliver health and social care outcomes and address some of the issues Doncaster is facing. Representatives of the VCF Sector are currently working to develop and recommend a new democratic structure for the VCF and a plan for how this will be sustained. This is due to report in September 2019.

### **Intermediate Care Rapid Response**

This is working across the council and health partners, Yorkshire Ambulance Service and the Voluntary Sector. BCF funding has been used for building the programme team, test and redesign the model. 1000 case audits have been undertaken to provide evidence of impact.

An extended pathway and access route has been developed. Any professional can refer to the service to prevent a hospital admission. A Multi-Disciplinary Team is providing support into Care Homes to assess and treat individuals who would otherwise have gone to the Emergency Department in an ambulance.

Workshops have been held to review the wider flow in and out of Intermediate care beds can be improved and mapped. Further workshops are planned to review and redesign Integrated Discharge Teams across all partners.

A number of test projects have been scoped by providers in response to a series of challenges set by commissioners to encourage collaboration and test some of the aspiration around integration in the Doncaster place plan. These have included;

- Simplifying access in preparation for a place-based Single Point of Access
- Multi-agency Rapid Response and short term interventions
- Integrated rehabilitation and reablement pathway
- Shared competency framework - developing a joint workforce development plan
- Integrated Digital Care Record
- Integrated health and social care dashboard
- Developing and testing a new integrated approach to commissioning, contracting and delivery.

The Doncaster Rapid Response Service case study was featured in the new NHS 10 year plan and has also been recognised as an exemplar service in the 2019 Health Service Journal Value Awards.

Schemes:

Community Led Support

Home from Hospital

**ii Approach to integration with wider services, (eg housing), this should include:**

- *Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the Regulatory Reform Order (2002)*

*800 words*

**Disabled Facilities Grant**

The Doncaster Integrated Care Partnership Board brings together Local Authority, Housing and NHS organisations in Doncaster.

As Disabled Facilities Grant – DFG - is a key link to join up policy and operational issues and promote integration between OT and Housing, workshops are being held to consider more innovative ways of using DFG to support integrated discharge and bring good practice from elsewhere. It is proposed to make the process more flexible and less bureaucratic, especially for smaller grants below £5,000. Colleagues in Public Health are keen to build on the Affordable Warmth project, which supports the preparedness for winter weather and helps households experiencing the impacts of a cold, damp, unhealthy home. Schemes funded by DFG bring together social care, health, public health and housing in relation to the wider determinants of health including fuel poverty which can be a factor in excess winter deaths. Reducing excess winter deaths is a key policy priority for the Mayor of the Sheffield City Region. A review of local DFG policy in 2019-20 will lay the foundations for 2020 onwards.

**Wider services**

Complex Lives works with people affected by multiple disadvantage including rough sleeping, drug and alcohol addiction, offending behaviour, mental ill-health and poor physical health. The Complex Lives model is an example of an integrated, person centred approach for people within supported accommodation. The Complex Lives model has integrated wider services including health and social care, drug and alcohol services, mental health, housing, police and criminal justice system and the VCF sector. The next stage of development includes working on a managed shift from hostels to a greater focus on dispersed accommodation. A joint agency agreement is in development for homelessness and rough sleeping, including intensive wrap around support models and a Doncaster 'Housing First' offer. This is delivered through an Accountable Care Partnership approach. The project recently received the prestigious MJ Award for Care and Health Integration.

There are other examples how across the system Doncaster is embracing integration and developing good practice which can be learnt from:

**Learning Disability and Autism**

An overarching "all age" joint strategy for people with Learning Disabilities and/or Autism has been produced. The strategy ensures that there are clear joint principles and priorities for delivery and service improvement. Delivery plans and structures are currently being developed for implementation. Work streams have been established for housing, short breaks, transitions and health. This has identified priorities for joint working around education, health, housing and employment.

**Mental Health**

In Mental Health, a new focussed integrated team has been implemented. Social workers are now based in the Rotherham Doncaster and South Humber NHS Foundation Trust area teams to achieve social care outcomes for individuals, families and wider support networks.

**Safeguarding**

Discussions are taking place around development of an all age safeguarding Multi Agency Safeguarding Hub across Doncaster to build on the existing good work in this area. This involves Doncaster Council, NHS Doncaster CCG, Health Providers and the Police.

### **Work with the Innovation Unit**

Doncaster is working in partnership with the Innovation Unit to provide challenge and support to Team Doncaster services and organisations by bringing on board innovation frameworks and modern methods to support the public service reforms in Doncaster Growing Together.

The partnership is one of “learning by doing” where capacity is built at every stage with the expectation that Team Doncaster’s representatives will be the ones doing the ‘heavy lifting’ of the work required. It is a facilitation and coaching role rather than an outsourcing model and the Place Plan and Team Doncaster are partners in, not recipient of, pieces of work.

By using insight techniques to focus on citizen needs and assets rather than service needs, it is expected (and shown in previous innovation projects) that services are more coherently and appropriately designed. This in turn manages demand as services are designed in a way that is relevant and suitable for people’s needs – encouraging early and better engagement and self-motivation/self-management.

659

### ***C System level alignment, for example this may include (but is not limited to):***

- *How the BCF plan and other plans align to the wider integration landscape, such STP/ICS plans*
- *A brief description of joint governance arrangements for the BCF plan*

1500 words

### **South Yorkshire and Bassetlaw Sustainability and Transformation Plan**

There are 25 partners in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan – STP - which sets out the vision, ambitions and priorities for the future of the region’s health and care. The goal is for everyone in South Yorkshire and Bassetlaw to have a great start in life, with support to stay healthy and live longer. Prevention is at the heart – from in the home to hospital care. The STP focuses on people staying well in their own neighbourhoods and links up with the Doncaster Place Plan, recognising what can be delivered on a wider footprint and what can be delivered at place. The STP and the Doncaster Place Plan focus on early intervention and prevention, building on individual, family and community strengths and resilience. The South Yorkshire and Bassetlaw STP response to the Long Term Plan is currently being drafted.

### **Doncaster State of the Borough Assessment**

Doncaster’s State of the Borough assessment provides an overview of the quality of life in Doncaster now, how it is changing and how it compares to other similar places. It provides a solid platform upon which Team Doncaster can agree priorities, make the very best of available resources and assess the difference we are making over time. The assessment draws upon and inspires new enquiries from existing analysis in separate thematic assessments and reports, for example the Joint Strategic Needs assessment for the Health and Wellbeing Board.

### **Health and Wellbeing Board Strategy**

The Doncaster Health and Wellbeing Strategy promotes integration and joined up commissioning across the NHS, Local Authority, Public Health and key stakeholders, supporting joint commissioning and pooled budget arrangements. Having the right choices, support and interventions in place at the right time in life means individuals will have every opportunity to improve their health and wellbeing. Choice and control is a one of three outcomes of the Health and Social Care Transformation programme which is the Doncaster approach to embedding person-centred integrated care. Integration of drug and alcohol services is also a priority, evidenced in the focus on Complex Lives.

Reducing Health inequalities is a key theme of the Strategy. Targeted asset based actions are being made in geographical areas where the inequalities gap is greatest, for example through the Well North initiative. A comprehensive needs assessment has been developed for the veterans community. A number of issues have been raised from asylum seekers and refugees which are being explored as well as improving access to services for all minority groups through dedicated workstreams.

## **Joint Commissioning Strategy**

A Joint Commissioning Strategy has been agreed by the NHS Doncaster CCG and Doncaster Council for 2019-2021; this is supported by jointly agreed delivery plans. The Joint Commissioning Strategy is supporting the delivery of integrated health and social care through:

- taking a holistic approach to care and support
- person centred approach to support complex needs
- rapid response for those in crisis.

The strategy supports one integrated commissioning model, with a standardised approach across Doncaster Council and NHS Doncaster CCG. The aim is to provide person-centred, flexible, integrated care and support in people's own homes that aims to maximise their health and independence.

A culture is developing that facilitates integrated working and empowers staff. Integration is already evident in:

- neighbourhood teams
- urgent care
- voluntary and statutory offer
- Doncaster Care Record.

Doncaster Council and Doncaster Clinical Commissioning Group are seeking to jointly commission services for the Doncaster borough to:

- Maintain health and wellbeing
- Improve individual experience
- Improve individual and community outcomes
- Avoid duplication
- Develop our workforce
- Make best use of the Doncaster pound.

As part of the development of Doncaster's first joint health and social care commissioning strategy, we engaged with almost 800 people to seek their view on how Doncaster CCG and Doncaster Council should plan services together. The Joint Commissioning Strategy 2019-21 sets out the key focus and commitment for joint commissioning. The strategy has been jointly produced by health and social care and sets out how our collective action can make the most impact, moving further towards the joint vision of the Place Plan. The strategy sets out our joint commissioning journey for the next two years to enable us to undertake the next steps to:

- Work closely with local communities and neighbourhoods
- Ensure coordinated access
- Deliver a more holistic approach to care and support
- Provide care and support for individuals when they are in crisis
- Improve support for people with complex needs.

The Joint Commissioning Strategy sits across both health and social care, including Public Health, for adults and children. It captures the services commissioned by both Doncaster Council and NHS Doncaster CCG, with a particular focus on the areas where we will jointly commission together. This is supported by jointly agreed delivery plans.

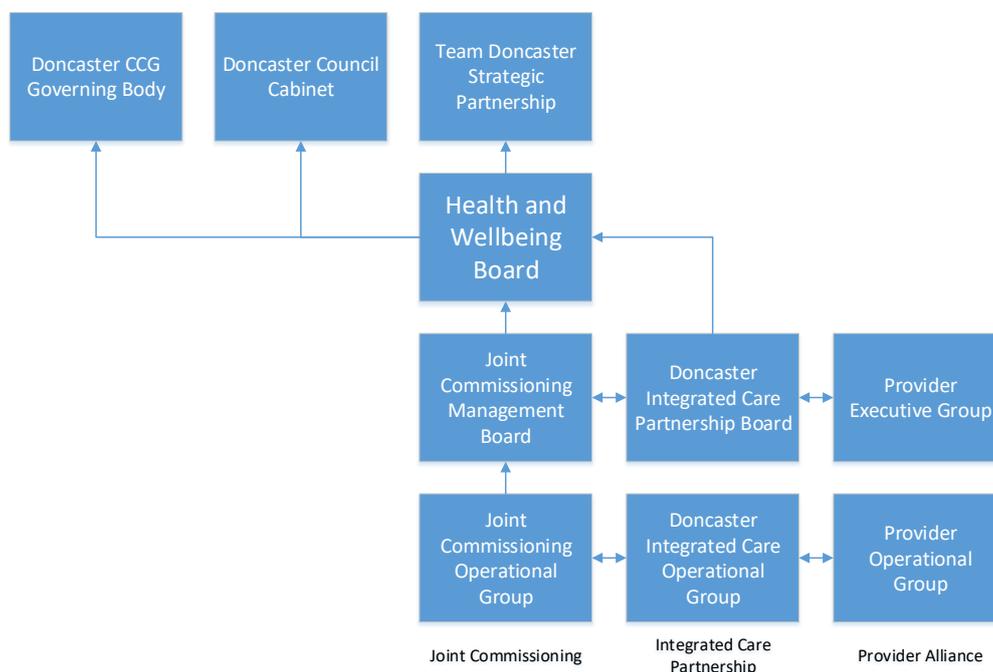
We have made some significant strides over the past 12 months. Workshops have been held which led to the development of the 'life stage' commissioning approach (Starting Well, Living Well and Ageing Well) which moves the commissioning partnership into a population health management approach. An early focus has been on post-diagnostic Dementia support services and Complex Lives. A Joint Commissioner is in post for Children's Strategic Commissioning and Transformation. Joint leads are proposed for Living Well (Learning Disability and Autism) and Ageing Well.

## **Population Health Management**

We are using a Population Health Management approach to identify how we need to target our commissioning across the life stages and within our neighbourhoods. The intention is to build on a standard offer for all our population by identifying specific challenges at neighbourhood level, using new combinations of data and lived

experience, to identify and deliver targeted interventions. This can be used to help personalise care at the individual level, but also support targeted delivery at the neighbourhood level, inform integrated care design at the place level and strategic planning of system-wide services.

### Governance arrangements



The Joint Commissioning Management Board oversees delivery of the Joint Commissioning Strategy. Joint commissioning arrangements have been strengthened through a formal joint commissioning agreement which sets out clear expectations, roles and responsibilities across the whole system. A Provider Collaborative Agreement is also in place, and Providers are working together overseen by the Provider Executive Group.

The Health and Wellbeing Board oversee an integrated outcomes framework, delivered through Joint Commissioning and the Place Plan.

In line with the Joint Commissioning agreement, it is proposed to expand joint governance mechanisms to include a broader range of services wider than the seven areas of opportunity, building on the work already done in Starting Well.

Management of the BCF is by the Joint Commissioning Management Board – JCMB. This group includes the Chief Executives and other senior officers of both DMBC and NHS Doncaster CCG. JCMB oversees delivery of the Joint Commissioning Strategy (CCG, Public Health, Children and Young People’s and Adult Social Care) which is a major enabler of joint working. JCMB is supported by the Joint Commissioning Operational Group which scrutinises all business case proposals and makes recommendations to JCMB.

1167 words

### Section 7 - High Impact Change Model

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further – including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long Term Plan
- Anticipated improvements from this work

The HICM provides an approach to enable change on a system wide basis from prevention through to discharge by managing patient demand and flow across the health and social care system as a whole. The principles of home first, discharge to assess and the role of the community and voluntary sector under-pin the HICM and closely align with the emerging Place Plan themes as the Place Plan refresh work continues.

There are strong links and interfaces with a number of current Place Plan work streams and/or planned areas of work which includes:

- Integrated area based working
- Intermediate care/rapid response
- Working towards a single point of access/‘front door’
- Development of an integrated discharge hub (Community Single Point of Access) to ensure people get to the right place at the right time
- Working towards a single assessment
- Urgent and emergency care
- Out of hospital, home-based care including an integrated frailty model
- Planned and unplanned hospital care
- Development of a Multi-Age Safeguarding Hub
- Early Intervention and Prevention
- Embedding Asset Based Community Development within service delivery

The Doncaster health and social care community has taken a system wide approach to managing Delayed Transfers of Care - DTOC, reducing Length of Stay – LOS - and implementing the High Impact Change Model - HICM. This reflects inter-relationships between the actions for each workstream. Improvements have already been made in both DTOCs and LOS, and the key priorities for 2019-20 are:

- Early Discharge Planning – there is a need to undertake further work in this area, particularly with primary care and community services to identify those who will require additional support following elective and unplanned care. Care Homes need to plan in advance for residents who require elective care to ensure timely discharge and to ensure that support is in place in the community.
- Trusted Assessors – whilst we are in the process of prototyping a variation of the trusted assessor model with a strategic local provider for home care support, there is a need to roll out and test the prototype to enable us to manage transfers of care more effectively across the health and social care system.
- Enhancing housing pathways
- Further focussed enhancements to seven day services
- Reviewing bariatric requirements.

A detailed action plan to progress each of these areas has been agreed across the health and social care community, and can be provided if required.

The HICM is a critical element of our intermediate care Home First community model and bed based services and will contribute to the overall success of our integrated outcomes framework for the Intermediate care service. It will ensure that people are supported to maintain their independence and live at home preventing admissions to acute care and are supported to return home as early as possible. It will reduce the number of people requiring long term care and more people will remain at home following an episode of intermediate care. When intermediate care is needed people will receive a simple, responsive and flexible service and people who use Intermediate care will receive a holistic integrated service resulting in improvements to their functioning and quality of life following involvement in the episode of care.

As a result of the current Place Plan refresh work, the implementation of the HICM is of critical importance in the wider context of the health and social care integration agenda. This piece of work will include;

- A series of engagement workshops with health and social care providers, professionals, service users and carers to obtain buy-in from stakeholders
- The Innovation Unit supporting us to facilitate a “deep dive” of the HICM to obtain the current level of progress across the system as a whole and where challenges exist
- A deep dive into the reasons for our LOS performance

- The Innovation Unit providing expertise to identify tangible, focused solutions that are informed by best practise such as the South Warwickshire Model to ensure we meet the criteria for the HICM within the BCF national guidance
- An 'appreciative inquiry' being undertaken including a site visit to an area that is progressing well with the implementation of HICM changes
- Learning being captured and made available to share at a local, regional and / or national level
- Supporting the project leads to establish a successful approach to implementation
- Alignment with key projects within the refreshed Place Plan including: intermediate care, frailty, urgent and emergency care, integrated neighbourhood teams linked to emerging primary care networks and enhanced health in care homes

737 words

**For each change, enter current position of maturity and maturity level planned to be reached by March 2020**

- *Not yet established – if so, state reasons*
- *Plans in place*
- *Established*
- *Mature*
- *Exemplary*

|                                                 |             |
|-------------------------------------------------|-------------|
| Early discharge planning                        | Established |
| Systems to monitor patient flow                 | Established |
| Multi-disciplinary/Multi-agency discharge teams | Established |
| Home first/discharge to assess                  | Established |
| Seven day service                               | Established |
| Trusted assessors                               | Established |
| Focus on choice                                 | Established |
| Enhancing health in care homes                  | Established |

## Section 8 - National Metrics

### Target

| Metric                                                                                                                                | 18-19                          | 19-20 |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|
| Total number of specific acute non-elective spells per 100,000 population                                                             | Not collected on this template |       |
| Delayed Transfers of Care per day from hospital (aged 18+)                                                                            | 16.8                           | 16.7  |
| Long term support needs of older people (65+) met by admission to residential and nursing care homes, per 100,000 population          | 334                            | 369   |
| Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | 85.2%                          | 85.2% |

### Overview narrative

Set out the overall plan for the area, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-elective admissions   | <p>Doncaster CCG and Doncaster Council have produced a Joint Commissioning Strategy for the period 2019-2021 which aims to prevent unnecessary hospital admissions by further developing Intermediate Care and the Rapid Response model.</p> <p>The BCF includes several schemes to reduce emergency admissions including:</p> <ul style="list-style-type: none"> <li>- RDaSH Unplanned Nursing (Emergency Community Nurses sent out by GPs to avoid hospital admissions).</li> <li>- Winter Warm (boiler prescription program offering high level community led interventions to reduce excess winter deaths, falls and hospital admissions)</li> <li>- Move More Doncaster (Supporting people aged 50+ to maintain an active &amp; healthy lifestyle, increase bone health and reduce the number of falls)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Delayed Transfers of Care | <p>Include your agreed plan for using the Winter Pressures Grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.</p> <p>The Doncaster health and social care community has taken a system wide approach to managing Delayed Transfers of Care (DTC), reducing Length of Stay (LOS) and implementing the High Impact Change Model (HICM). This reflects inter-relationships between the actions for each workstream. Improvements have already been made in both DTCs and LOS; key priority enabling activities across these areas for 2019-20 are:</p> <ul style="list-style-type: none"> <li>• Early discharge planning, focus on choice and the discharge model in Doncaster</li> <li>• Further development of trusted assessment and trusted review</li> <li>• Enhancing housing pathways</li> <li>• Further focussed enhancements to 7 day services</li> <li>• Reviewing bariatric requirements</li> </ul> <p>With regards to specifically funded schemes that support DTC in particular these include:</p> <ul style="list-style-type: none"> <li>- Intermediate care home first model - this is currently under development and is focussed on moving activity from a hospital bed based approach to a home based approach. This is expected to expedite discharges, working with the enhanced discharge model noted above</li> <li>- The End of Life domiciliary care model is proving to be particularly successful in Doncaster, with significant positive feedback from carers and relatives; this service is focussed on supporting timely discharge and maintaining people at home at the end of life. The level of service commissioned has recently been reviewed and increased, in light of demand.</li> <li>- A number of discharge to assess beds are in place across the Doncaster patch; these beds provide patients with more time to reach their potential in a more appropriate setting before being assessed for their longer term care needs. Whilst these beds prevent long hospital stays, pathways have also been refined to ensure that access to a discharge to assess beds is timely</li> </ul> |

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        | <p>Other schemes:</p> <ul style="list-style-type: none"> <li>• Mental Health liaison schemes</li> <li>• Social Care pre-operative assessments</li> <li>• Unplanned Nursing</li> <li>• Integrated Discharge Team</li> <li>• Positive Step</li> </ul> <p><b>Winter Pressures Funding</b></p> <p>Allocation of the Winter Pressures Funding will enable the Council to continue to support the NHS by appropriately reducing both non-elective admissions and length of stay. This will improve outcomes for Doncaster people by increasing their health and wellbeing. It will also ensure continued capacity in social care services that otherwise would be at risk from continuing reductions in central government grant. Our winter pressures strategy includes:</p> <p>Rapid response to avert community crisis:</p> <ul style="list-style-type: none"> <li>• Increased capacity to ensure urgent community issues are dealt with quickly to reduce the potential for escalation and unplanned admissions to hospital or care home settings.</li> </ul> <p>A strong and consistent focus on “Home First”:</p> <ul style="list-style-type: none"> <li>• enhancing availability of therapy support and assessment, minimising length of stay in hospital, supporting recovery and proportionate assessment in people’s own home environment</li> <li>• improving the targeted capacity of the independent sector to provide rapid home care packages and additional provision especially in areas where historical supply has been challenging</li> <li>• sustaining overall independent sector capacity even in the advent of increased seasonal demand</li> </ul> <p>Ensuring capacity to escalate response when the system is under pressure:</p> <ul style="list-style-type: none"> <li>• Additional assessment capacity to enable flex</li> <li>• Capacity to invest in short-stay care home beds to supplement the Home First approach if necessary</li> </ul> |
| Residential Admissions | <p>The Joint Commissioning Strategy aims to further develop Intermediate Care to support independence in people’s own homes and reduce admissions to care homes and also reduce the number people with dementia admitted to care homes.</p> <p>The BCF includes several schemes to reduce admissions to care homes including:</p> <ul style="list-style-type: none"> <li>-The Admiral service (case management and single point of access for people with dementia and their carers)</li> <li>-Community Led Support (care and support in community to help Doncaster residents maintain control of their own lives and maximise their independence, health and wellbeing)</li> <li>-Telecare Strategy (development of the Community Care Alarm Service and Telecare Equipment Services)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Reablement             | <p>The Joint Commissioning Strategy includes a target to increase in the percentage of people aged 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>The BCF includes several schemes to improve reablement including:</p> <ul style="list-style-type: none"> <li>- STEPS / OT service (6 weeks reablement programme to support people at home to avoid hospital admission).</li> <li>- Community Occupational Therapists Service (specialist community OT service eg moving and handling assessments, aids and adaptations)</li> <li>- Community Clinical Services Review (additional community based rehabilitation services)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

### Better Care Fund 2019/20 Template

#### 3. Summary

Selected Health and Wellbeing Board:

#### Income & Expenditure

Income >>

| Funding Sources             | Income             | Expenditure        | Difference  |
|-----------------------------|--------------------|--------------------|-------------|
| DFG                         | £2,451,971         | £2,451,971         | £0          |
| Minimum CCG Contribution    | £23,546,940        | £23,547,000        | -£60        |
| iBCF                        | £14,320,932        | £14,320,932        | £0          |
| Winter Pressures Grant      | £1,509,880         | £1,509,880         | £0          |
| Additional LA Contribution  | £452,000           | £452,000           | £0          |
| Additional CCG Contribution | £0                 | £0                 | £0          |
| <b>Total</b>                | <b>£42,281,723</b> | <b>£42,281,783</b> | <b>-£60</b> |

Expenditure >>

#### NHS Commissioned Out of Hospital spend from the minimum CCG allocation

|                        |             |
|------------------------|-------------|
| Minimum required spend | £6,691,373  |
| Planned spend          | £15,422,000 |

#### Adult Social Care services spend from the minimum CCG allocations

|                        |            |
|------------------------|------------|
| Minimum required spend | £7,774,610 |
| Planned spend          | £7,689,000 |

Planned spend is less than the minimum required spend

#### Scheme Types

|                                          |                    |
|------------------------------------------|--------------------|
| Assistive Technologies and Equipment     | £877,160           |
| Care Act Implementation Related Duties   | £57,000            |
| Carers Services                          | £1,060,000         |
| Community Based Schemes                  | £710,760           |
| DFG Related Schemes                      | £2,451,971         |
| Enablers for Integration                 | £5,167,932         |
| HICM for Managing Transfer of Care       | £1,900,770         |
| Home Care or Domiciliary Care            | £0                 |
| Housing Related Schemes                  | £673,000           |
| Integrated Care Planning and Navigation  | £1,472,000         |
| Intermediate Care Services               | £14,115,480        |
| Personalised Budgeting and Commissioning | £2,163,000         |
| Personalised Care at Home                | £1,396,000         |
| Prevention / Early Intervention          | £1,328,830         |
| Residential Placements                   | £895,000           |
| Other                                    | £450,000           |
| <b>Total</b>                             | <b>£34,718,903</b> |