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Doncaster Council

Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber - Civic Office

Date: Monday, 2nd July, 2018

Time: **10.00 am**

Items for Discussion:

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 14th March, 2018 *(Pages 1 - 12)*
5. Public Statements

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

Jo Miller
Chief Executive

Issued on: Friday, 22nd June, 2018

Governance Services Officer for this meeting Caroline Martin
Tel: 01302 734941

Doncaster Metropolitan Borough Council
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A. Items where the Public and Press may not be excluded

6. Doncaster's Strategic Health and Social Care Plans Update *(Pages 13 - 16)*

7. Health Protection Assurance Annual Report 2017/18 *(Pages 17 - 62)*

8. Tackling Health Inequalities in Doncaster - an update on the approach *(Pages 63 - 70)*

9. Health and Adult Social Care Overview and Scrutiny Workplan 18/19 - July 2018 *(Pages 71 - 84)*

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

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

Councillors George Derx, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, Mark Houlbrook and Derek Smith

Invitees:

Lorna Foster (UNISON)

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 14TH MARCH, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007A AND B - CIVIC OFFICE, DONCASTER on WEDNESDAY, 14TH MARCH, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Linda Curran, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith

ALSO IN ATTENDANCE:

- Damian Allen - Director of People (DCS/DASS) Learning and Opportunities: Children and Young People/Adult Health & Wellbeing Directorates
- Howard Monk - Head of Service - Strategy and Performance
- Griff Jones - Assistant Director Adult Social Care and Safeguarding
- Ian Campbell - Head of Service - Commissioning
- Victor Joseph - Consultant in Public Health
- Susan Hampshaw, Public Health Principal
- Carys William, Public Health Practitioner
- Lisa Croft, Environment and Regeneration
- Dr Shazia Ahmed, Public Health Specialist
- Susan Hampshaw, Public Health Principal

		ACTION
70	APOLOGIES FOR ABSENCE	
	Apologies were received from Councillor George Derx.	
71	DECLARATIONS OF INTEREST, IF ANY	
	There were no declarations of interests made.	
72	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 23RD JANUARY, 2018.	
	RESOLVED that the minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 23rd January, 2018 be approved as a correct record.	

73	PUBLIC STATEMENTS	
	There were no public statements made at the meeting.	
74	SUBSTANTIAL VARIATION - BARNBURGH SURGERY CONTRACTUAL CHANGES.	
	The Panel received a report from Doncaster's Clinical Commissioning Group (CCG) to provide an opportunity for Members to be consulted on regarding the contractual changes and potential for list dispersal of Barnburgh Surgery, Fox Lane, Barnburgh, DN5 7ET. It was outlined that NHS England and the NHS CCG drafted an options appraisal which recommended discussion of the following three options; a. List dispersal of the registered patient list b. Procurement of the practice as a main site of GP services c. Procurement of the practice as a branch site of GP services The Primary Care Commissioning Committee had considered all three options and discussed the benefits and risks of each one which included; • the surrounding area and its rurality; • potential patient concerns; • the bearing on other GP services in the neighbouring areas • Effect on other stakeholders who would be impacted by any decision being made. A Task and Finish Group was formed and met weekly to provide weekly updates to the rest of the Committee. Member's attention was brought to Appendix B which included a table of NHS CCG communications undertaken with a number of different bodies that included Doncaster HealthWatch, neighbouring providers and the local press. As a result of the initial consultation and conversations held, it was felt that the NHS CCG needed to demonstrate that all potential options for the surgery had been further explored. It was therefore agreed that the market should be tested for any possible expressions of interest in taking over the practice and that a procurement process should be initiated. As a result of undertaking this process, three providers expressed their interest in running the Barnburgh surgery (with the intention of the appointed provider running the Surgery from the 9th May 2018). A Member of the Panel concurred that as a Ward Member for the Barnburgh, she had been contacted by the Chief Executive of the NHS	

	CCG on several occasions. It was also added that she had spoken with the Parish Council and heard that the patients wanted to keep the surgery. Members felt that this was positive news. It was explained that when a procurement process was undertaken, patients were usually informed of the outcome rather than consulted with; however, on this occasion as the procurement process and the plans for list dispersal were both being undertaken at the same time, the messages to patients could lead to concerns being raised unnecessarily. Therefore "consultation" had been held off until the outcome for the practice was known and support was being provided by HealthWatch. The Chair concluded the discussion by making reference to the three options under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, whereby the Overview and Scrutiny Panel may make comments and recommendations on the proposal consulted upon. That if agreement could not be reached then the Overview and Scrutiny Panel could issue a report to the Secretary of State where: a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed; b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area. The Panel concluded that it supported the change and considered that it would be in the best interest of the area and were satisfied that none of the above applied. RESOLVED that the report be noted.	
75	<u>ADULTS TRANSFORMATION (COMMUNITY LED SUPPORT) AND QUARTER 3 2017/18 PERFORMANCE UPDATE.</u>	
	Members were provided with a presentation that illustrated the objectives and progress made on Community Led Support as a part of the Adults Transformation Programme. Members were asked for their comments on the following vision statement that was presented to them; 'Community Led Support is about Doncaster residents coming together to shape community services; working alongside teams, across the whole social care and health sector and beyond to build capability,	

	understand local need and develop solutions using existing strengths, assets and resources to maximise community independence and wellbeing' It was outlined that the focus for Community Led Support will be at 4 hubs (one per locality) and no fixed location had been identified yet as the Council was trialling them in different areas first. It was recognised that there should be an all age approach. Members were advised that they would be kept up-to-date about the hubs. Members raised concern that there had been little progress made with Community Led Support during the last 2 years, since it was first introduced. Members were informed that the approach had been reviewed in last 6 months to test the vision. Concern was raised that residents would face certain upheaval through the changes and may have to travel further to reach their local facility. Members were reminded of the savings and cuts the Council had already made in addition to the investment undertaken to address demographic growth through the Transformation Programme. It was further explained that the Council was looking to design services specifically to meet needs, and that some positive initial steps had been made. It was stated that understanding would be derived through the engagement of what was achievable and what was not. In response as to whether consideration had been given for a co-location for delivery in youth service provision, it was explained that the hubs will be placed where there is an integrated base delivery and the biggest outcome can be achieved. Members were informed how in Mexborough, the youth club that would have been sold had been taken over through funding and now owned and run by the community. It was explained that the youth club was being used by day as a day centre and at night as a youth provision. During the second part of the report, Members considered the Adults Health and Wellbeing performance results as at Quarter 3 2017/18. It was acknowledged that despite increasing pressure on Adults Health and Wellbeing (AHWb) services at a particularly challenging time of the year, overall performance had been positive during this quarter. Some of the performance highlights included; • Delayed Transfers of Care • Residential Care • Direct Payments • Learning Disabilities • NHS Health Checks • People Feeling Safe and Secure	Assistant Director Adult Social Care and Safeguarding

	Members stated that the results were impressive It was explained that progress had been made through looking at the whole system, for example, from how patients were admitted to hospital to being discharged. It was outlined that the process was very lengthy and it was about getting the patient in at an earlier stage and seeing what was needed to prime the market. It was felt that more of an emphasis was needed by looking at risk and what needed to be put in place for the patient to be at home. Members questioned how many patients returned back to hospital and were informed that this was being scrutinised. Members were informed that monitoring had taken place through an exercise which tracked 600 individuals after one month, three months, then finally after twelve months. Members were reminded of the work being undertaken through intermediate care with a great deal of work being done with health colleagues. It was explained that through the intermediate care area, (that was contained within the Place Plan), more was being done to consider a sensible challenge around bed based occupancy rates. It was explained that the Place Plan was focusing on the back end of the problem, not the front end and when the Council does intervene, this would be built through a collective of partnerships. Members stated that they would like to see figures of how many re-referrals took place. A comment was made that many individuals received care within the home by a carer who was often on a tight time schedule. Concern was raised that when an accident occurred, an ambulance might be called in response and then the individual became lost in the system. Members were informed that a great deal of work was being undertaken with Home Care providers and assistive technology Reference was made as to how Doncaster was now amongst the top quartile performers nationally, having previously been ranked in the bottom quartile. Furthermore, Doncaster was highlighted as a “beacon site” for improvements made within Delayed Transfers of Care (DToC) and had featured in the monthly iMPOWER DTOC index. It was recognised that this was a key example of Health and Social Care Integration working well working together with health colleagues. **<u>Residential Care</u>** It was reported that 1342 of Doncaster adults lived in residential care against a target of 1372. It was added that people continued to be admitted into residential care, although there was now more of a focus of whether that was the right type of care.	Assistant Director Adult Social Care and Safeguarding

	Reference was made to the Resource Panel process which met weekly and looked at individual cases of those put forward by Social Workers. The cases it considered was for residential and other packages of care through the resources allocation system that went above a certain amount of money and if the client was not admitted to residential care then other types of alternative care would be looked at. It was agreed that numbers of those admitted could be presented with the next update. **Direct Payments** That in 2015, 15% of social care users on direct payments increased to 27% (760) people. It was explained that 52% (395) of those individuals employed a Personal Assistant to assist with the delivery of their care and support (this was in addition to the Council and external providers undertaking this role). Members raised concern about safeguarding in respect of financial abuse. **Learning Disabilities** It was reported that there had been a big increase in the proportion of adults with learning disabilities who live in their own home or with their family, increasing from 56.1% in 2015/16 to 84.4% in 2016/17 which was above the target of 78.6%. **Health Checks** Members heard that a promotional campaign during the early part of 2018, may have contributed to figures that had increased in recent months. It was explained that work had being undertaken with GP practices to ensure that people from more deprived areas were better engaged with. In respect of the diabetes prevention programme, it was explained that there had been some initial numbers around December time which would pick up in time. A Member suggested the use of advertisement cards being left out in well attended places to increase the uptake of this. Members were informed about the 'Safe and Well Checks' undertaken by the South Yorkshire Fire Authority. **People Feeling Safe and Secure** It was explained that the number of people who said that services had made them feel safe and secure had steadily increased since 2013 to the current level of 87.3% (524 people out of 600 people responded therefore represented example). RESOLVED that the Panel note the presentation and report provided.	Assistant Director Adult Social Care and Safeguarding

76	THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE.	
	Members received a report comparing the published Care Quality Commission (CQC) ratings as at 19th January 2018 comparing Doncaster performance with national and regional averages. In addition, the report outlined any current contract monitoring activity that was supporting providers with inadequate ratings. It was commented that this demonstrates positive CQC ratings for the social care provision within the Doncaster Borough when compared with national and regional data derived from a pro-active contract monitoring and management function within the Council. **Table 2 - The number, percentage and outcome of all active Adult Social Care Services by South Yorkshire Authorities.** The table shows that Doncaster had the highest percentage of providers rated as good and the lowest percentage requiring improvement (when compared against the District Level). It was felt that this was a result of the proactive approach taken to support providers and to take action when performance hasn't improved. **Table 3 - The number, percentage and outcome of Community Adult Social Care Services by South Yorkshire Authorities.** Members were informed that Doncaster had the highest percentage of Community Adult Social Care Services that were rated as 'requires improvement', with one recently being re-inspected and found to be good. **Table 4 - The number, percentage and outcome of Residential & Nursing Care Homes in Adult Social Care Services by South Yorkshire Authorities.** It was seen that 'outstanding' had been given to less than 3% of this provision, and that Doncaster now had a residential home that had achieved an outstanding rating by CQC. It was shown that Doncaster had some issues with nursing homes 'requiring improvement' and explained that although Doncaster does show to have the highest percentage of residential home rated as 'inadequate' this equated to only one home and that home had no residents and was under a notice of decision by the CQC. The tables showed that there were 20 Doncaster Adult Social Care Services rated as 'requires improvement', 18 of those have a contract with DMBC. To support those services in improving they have all received some level of contract monitoring and improvement activity. As part of this, 16 audits have been undertaken during the past 12	

	months and further work done (for example, through action plans), resulting in an improved confidence of these services moving forward in the right direction. The following issues were raised as part of the discussion; Concern was raised by Members that the information contained within the report did not read favourably. It was acknowledged that the information was a year behind and that one of the provisions reported on was now categorised as 'good'. It was explained that data had to be waited on to be received from the CQC, including results from re-inspections (that may take up to 18 months to undertake). It was commented that the re-inspection should result in an improved rating and a better insight around future grading's. Councillors expressed concern that people in residential care homes were satisfactorily being looked after. Assurances were provided that an action plan was in place for one home and that work was being undertaken with other homes. It was explained that the Council may pull up embargos on individual homes that proactive visits were undertaken and triggers in place to address safeguarding. In response as to whether there was enough rigour in the Councils process to work with and monitor the 18 providers; Members were informed that the inspection regime had changed and if they weren't good enough they required improvement. It was explained that being graded with a 'Requires Improvement' was sometimes what it took for the provider to improve although this grading did not mean that they were inadequate. In terms of resources it was explained that the Doncaster Contract Monitoring function increased their resources only as a temporary measure although an improvement in results had been seen. RESOLVED that the Panel; a) Notes the report; and b) That an update is provided as part of the Health and Adults Overview and Scrutiny Panels Workplan 2018/2019.	
77	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2017/18.</u>	
	The Panel received the annual report on health protection assurance in Doncaster covering the financial year 2017/18. They were informed that there had been sustained progress in ensuring that the health protection assurance system in Doncaster was robust, safe, effective, and met the statutory duty placed on local government to protect the health of the people of Doncaster.	

	The report also provided an update on progress made on recommendations in 2016/17 Health Protection Report and an update in recommendations made by the Panel from the previous year. It was reported that Air Quality Monitoring figures (PM 2.5) had been reduced by 27% between 2010 and 2017, indicating improvement of air quality. It was explained that this had been through national work undertaken to reduce this figure on a wider level rather than through local measures. It was clarified there wasn't a national or local policy in relation to cars with idling engines. Concern was raised that children passing cars with idling engines were at the same level of the fumes therefore more affected. Members were informed that cost benefits had shown this was an expensive measure to implement for little benefit and that in terms of enforcement there was no strategic push. It was also stated that there had been campaigns in different schools targeting awareness whilst emphasising the negative health impacts. Members asked whether there were any plans to use more flora/fauna and oxygenating trees similar to those used in London. Members were informed that that this was complicated as not all trees will create a positive impact. In terms of planning, it was explained that planning applications were screened and damage costs were considered as part of the planning framework. Damage costs are then used to negotiate appropriate mitigation. It was added that within the new action plan, there was reference to try and find funding for greenwall. In terms of electric vehicle charging points, it was noted that there were 2 available in Chamber Road and ones in supermarkets were being waiting for. **Vaccinations** – It was reported that a great deal was being done locally that will be reflected in next year figures. Progress had included coverage of 77% for aged 65 and over, above the national uptake which was positive news. It was commented that dedicated staff monitor progress on a weekly basis. It was recognised that vaccinations for Social Care and Healthcare Staff was low and Members expressed their own disappointment that this was not higher, especially when they were more aware of the risks involved of not having it. One Member felt that it was something that should be made a condition of employment although it was recognised that contractually this could not be enforced. It was outlined that Care Home Managers had undertaken training tackling myths associated with vaccinations. It was acknowledged that more work needed to be undertaken as to why. It was commented that the combination programme for Care Homes Staff had run quite late. It was explained that the Council had identified	

	those people with frontline staff responsibilities that would be eligible for full vaccinations that could be obtained at any pharmacy branch of Lloyds Pharmacy. It was commented that hospitals were paid for performance and seen to be the best in country consistently achieving. One Member commented on the downward trend of vaccinations. In respect of collecting evidence, concern was raised that chemists delivering vaccinations meant that GPs would not get to see the patient and collect the evidence. Members were told that NHS England commissioned services and were responsible for widening access for flu vaccination with all the data being returned from source back to NHS England. Members were informed that the Council wanted to work with primary care, and was trying to understand the profile as a way of a performance improvement measure. It was explained that ongoing work was being taken with raising awareness of vaccinations with children. It was noted that challenges had been presenting from engaging with those from areas which were more deprived and that closer working was being done with NHS England to address this. Members were informed that a similar exercise had been done in respect of MMR, collating analysis at a local level looking at inequalities across Doncaster. In terms of childhood vaccinations, it was recognised that there was an element of a community that was moving and therefore it was about raising awareness within that community. It was added that other functions included carrying out constant horizon scanning about what was being achieved to protect the Doncaster population. It was expressed that the Health Protection Assurance Group regularly reviewed health protection risks in the borough and received quarterly reports. All contingency plans were reviewed and tested through table tops scenarios or real incidents with the majority of plans being reviewed on an annual basis. It was further explained that table top exercises were done through a resilience forum, rolling exercise and training programmes with live exercise with the purpose to learn lessons from them RESOLVED the item be deferred to the first meeting of the Health and Adult Social Care Overview and Scrutiny Panel as part of the 18/19 workplan.	
78	<u>JOINT HEALTH SCRUTINY UPDATE.</u>	
	The Panel received a report asking for them to consider the minutes of the Joint Regional Overview and Scrutiny Committees for Health.	

	RESOLVED that the Panel note the report.	
79	<u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE.</u> The standard workplan had been circulated with the agenda for Members information and that the item not be considered in any detail. RESOLVED that this item not be considered.	

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Doncaster Council

Date: 2nd July 2018

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

Doncaster's Strategic Health and Social Care Plans Update

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

EXECUTIVE SUMMARY

1. This report provides Members with an update on Doncaster's strategic health and social care plans.
2. There will be a presentation at the meeting to update members on the Adults Health and Wellbeing Transformation Programme and the Doncaster Place Plan.

EXEMPT REPORT

3. This report is not exempt

RECOMMENDATIONS

4. The Chair and Members of the Health Adult Social Care Scrutiny Panel are asked to note and comment on the presentation.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy.
6. The panel's comments and recommendations are used to help to shape Doncaster's health and social care plans, which impact upon all Doncaster citizens.

BACKGROUND

7. The Council's Adult's Health and Wellbeing Transformation Programme and the Doncaster Place Plan have been in place since late 2016. The panel is regularly updated on progress against the 2 plans and a presentation will be provided at the

meeting to set out the latest progress and future intentions. This will make sure that the information received by the panel is the latest available.

OPTIONS CONSIDERED

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

REASONS FOR RECOMMENDED OPTION

9. Not applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

10.

<table>
<tr><th></th><th>Outcomes</th><th>Implications</th></tr>
<tr><td></td><td>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;

• Better access to good fulfilling work
• Doncaster businesses are supported to flourish
• Inward Investment</td><td rowspan="3">The work of Overview and Scrutiny has the potential to have an impact on all the Council's key outcomes.</td></tr>
<tr><td></td><td>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;

• The town centres are the beating heart of Doncaster
• More people can live in a good quality, affordable home
• Healthy and Vibrant Communities through Physical Activity and Sport
• Everyone takes responsibility for keeping Doncaster Clean
• Building on our cultural, artistic and sporting heritage</td></tr>
<tr><td></td><td>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;

• Every child has life-changing learning experiences within and beyond school
• Many more great teachers work in Doncaster Schools that are good or</td></tr>
</table>

	better • Learning in Doncaster prepares young people for the world of work	
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes	
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance	

RISKS & ASSUMPTIONS

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

LEGAL IMPLICATIONS (SRF 18/06/18)

12. There are no specific legal implications arising from this report, however there will be a need for specific legal advice across a range of disciplines as the programmes move forward.

FINANCIAL IMPLICATIONS (PW 18/06/18)

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

HUMAN RESOURCES IMPLICATIONS (KW 18/06/18)

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

TECHNOLOGY IMPLICATIONS (PW 19/06/18)

15. Technology is a key enabler to the Adults, Health & Wellbeing Transformation Programme and the Doncaster Place Plan. Digital Transformation & ICT must always be involved via its governance model where technology-based procurements, developments or enhancements are required. This ensures all information is safe and secure and the use of technology is maximised, providing best value.

HEALTH IMPLICATIONS (RS 18/06/18)

16. Both the Place Plan and the Adults Health and Wellbeing Transformation Programme have the potential to improve and protect health. Scrutiny panel members will want to consider the opportunity cost of both approaches and models, how health impacts and health equity impacts are measured, if services are matched to need, the evidence base for any change and if there are any unintended consequences of the transformation.

EQUALITY IMPLICATIONS (SC 18/06/18)

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

CONSULTATION

18. Not applicable

BACKGROUND PAPERS

19. Not applicable.

REPORT AUTHORS AND CONTRIBUTORS

Howard Monk, Head of Service (Strategy and Performance Unit)
Tel: 01302 736911, E-mail: Howard.monk@doncaster.gov.uk

Damian Allen
Director of People

Doncaster Council

Date: 2 July 2018

To the Chair and Members of the

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2017/18

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

EXECUTIVE SUMMARY

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

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

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

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

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

EXEMPT INFORMATION

5. None

RECOMMENDATIONS

6. The Overview and Scrutiny Panel is asked to:

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

   b. Support recommendation to continue work with local partners and to monitor immunisation update, in particular flu vaccinations and MMR.

   c. Support the work of Doncaster Active Travel Alliance, acknowledging the importance of encouraging residents to cycle and walk short journeys plays in addressing not only Doncaster's Health and Wellbeing key challenges but the wider benefits to the economy, communities and environment; and addressing air quality.

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

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

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

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

   The scope of health protection includes:

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

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

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

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

The Responsibilities for Local Authorities in relation to Public Health

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

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

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

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

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

Who else is responsible for health protection?

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

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

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

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

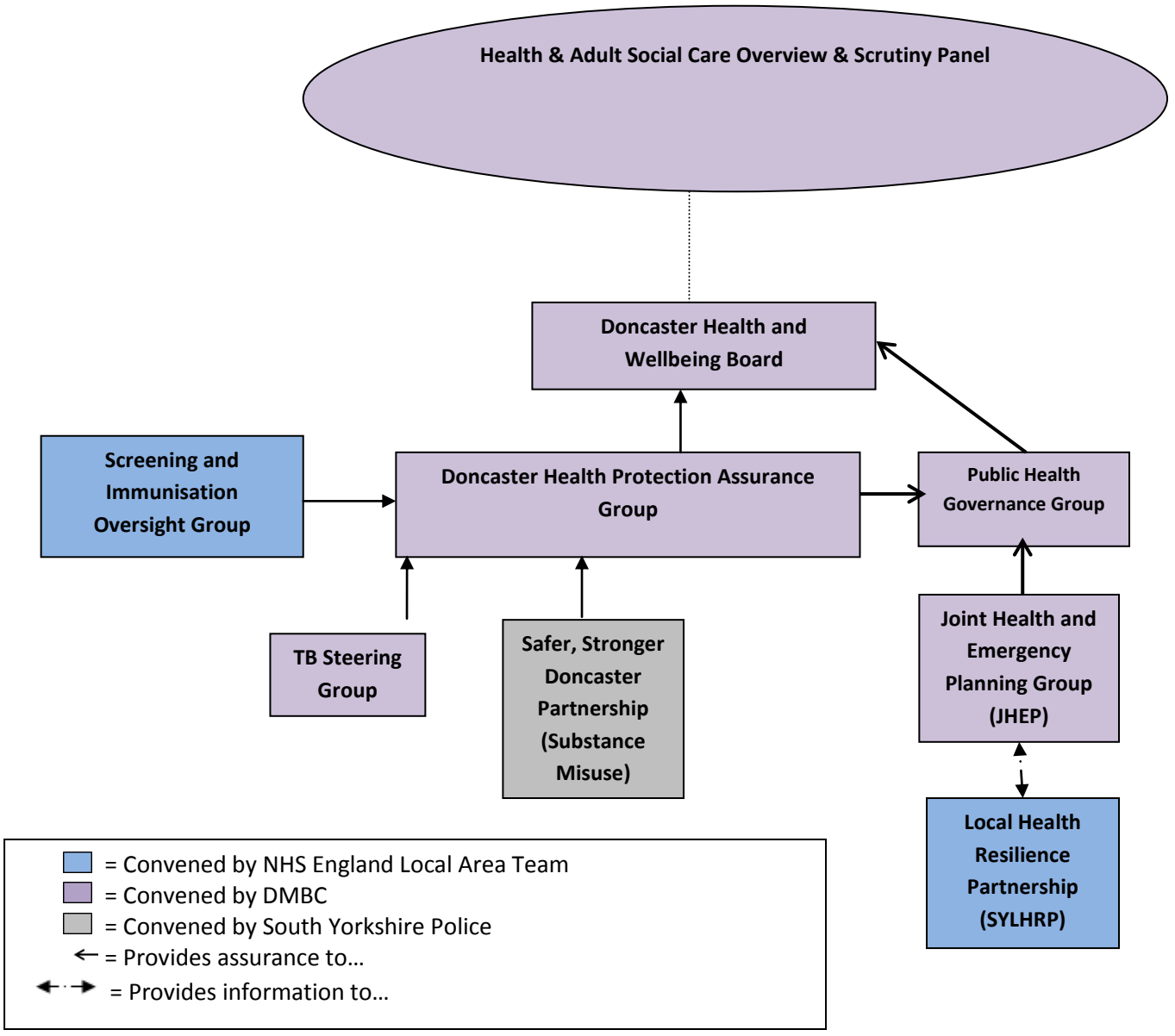
Monitoring and Assurance

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

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

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

Figure 1: Governance Structures for Health Protection in Doncaster



Progress on recommendations made in 2016/17 annual report

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

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

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

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

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

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

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

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

Vaccines and Immunisations (Area of Focus)

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

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

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

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

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

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

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

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

22.

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

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

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

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

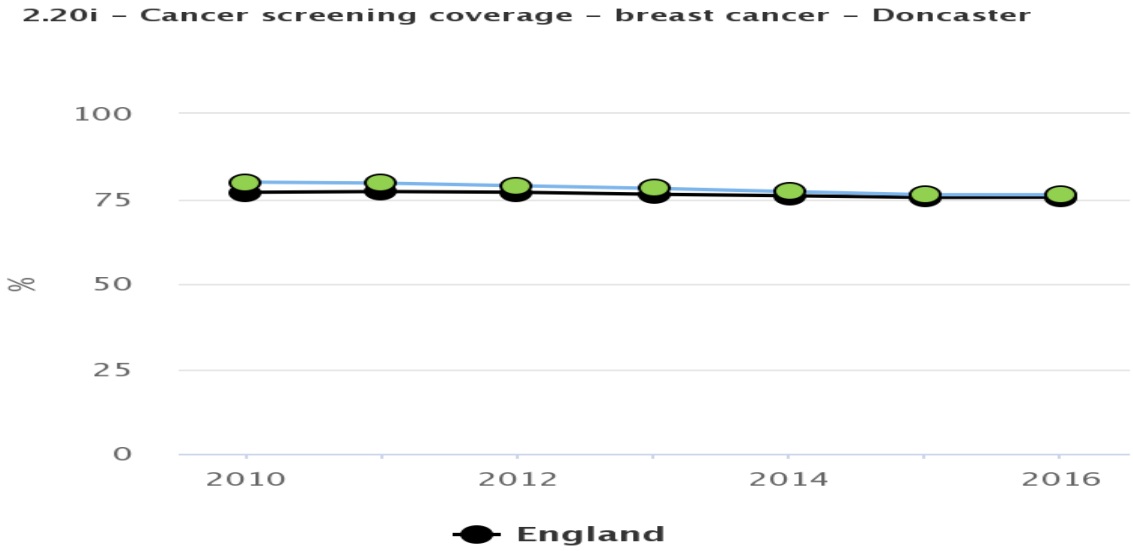
Screening

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

Table 3: Public Health Outcomes Framework Screening Indicators

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

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



Smoking

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

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

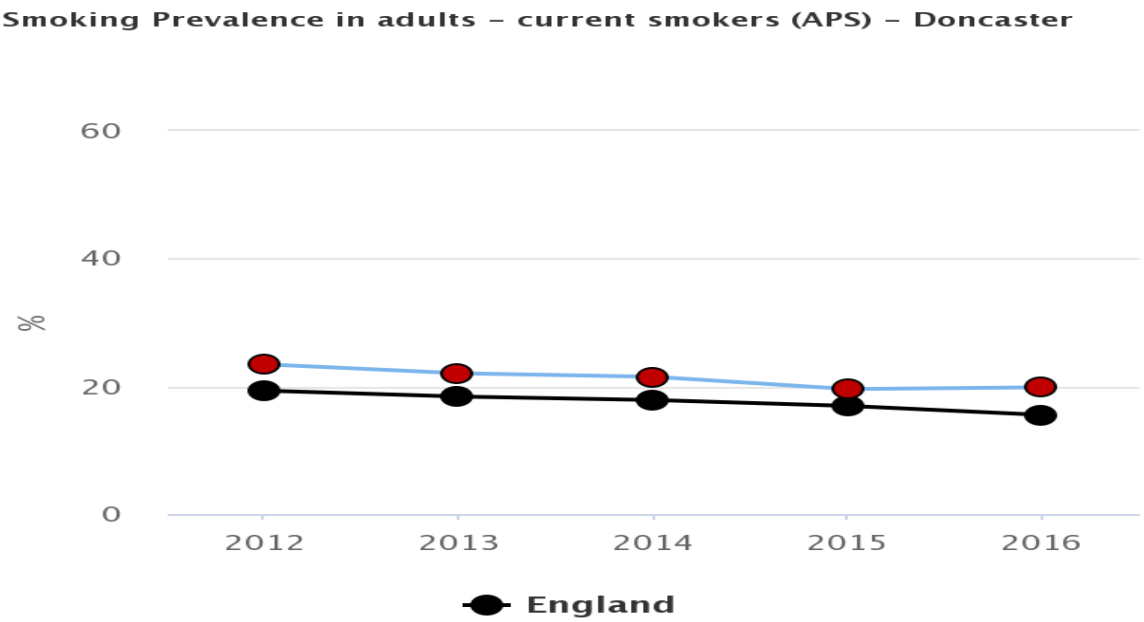
20.5% in 2014/15, 22.1% in 2013/14 and 22.5% in 2012/13.

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

Table 4: Public Health Outcomes Framework Smoking Indicators

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

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



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

Source: Annual Population Survey (APS)

Other Health Protection Indicators

Air Quality

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

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

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

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

Chlamydia

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

HIV

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

Tuberculosis

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

Antibiotic prescribing

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

Table 5: Public Health Outcomes Framework Other Health Protection Indicators

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

OPTIONS CONSIDERED

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

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

REASONS FOR RECOMMENDED OPTIONS

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

IMPACT ON THE COUNCIL'S KEY PRIORITIES

34.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	Health is a resource for life, and economic productivity. Healthy people contribute to the economy, and health protection functions aims to protect the health of the population, including those who are current and potential workforce.
	Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time; • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage	By addressing air quality we are encouraging active travel therefore contributing to an increase in physical activity levels in the borough.
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better	

	• Learning in Doncaster prepares young people for the world of work	
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes	Health protection impacts on how we keep our population safe from certain diseases, which are preventable by vaccination (e.g. MMR) and conditions that could be identified early by screening so that appropriate treatment can be given. Health protection is also about protecting the health of our people from risks and hazards related to major emergencies and incidents.
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance	Health Protection contributes to healthy families and their ability to thrive and realise their full potentials.

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS [ND: 05/03/2018)

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

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

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

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

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

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

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

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

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

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

HEALTH IMPLICATIONS [VJ: 02/03/2018]

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

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

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

EQUALITY IMPLICATIONS

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

CONSULTATION

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

BACKGROUND PAPERS

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

Appendix 2: Doncaster Active Travel Alliance

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

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

REPORT AUTHOR & CONTRIBUTORS

Report Authors:

Dr Victor Joseph, Consultant in Public Health, DMBC
Tel: 01302 734 911
E-mail: victor.joseph@doncaster.gov.uk

Dr Shazia Ahmed, Public Health Specialist, DMBC
Email: shazia.ahmed@doncaster.gov.uk

Contributors:

Scott Forbe, Team Manager – Environmental Protection Enforcement Team.

Environmental Protection - Regeneration & Environment. DMBC.

Carys Williams, Public Health Improvement Officer, Wider Determinants and Emergency Planning, DMBC

Clare Henry, Public Health Specialist, DMBC

Helen Conroy, Public Health Theme Lead (vulnerable people and improving lives), DMBC

Dr Ana Ray, Public Health Registrar, DMBC

Dr Rupert Suckling
Director of Public Health, DMBC

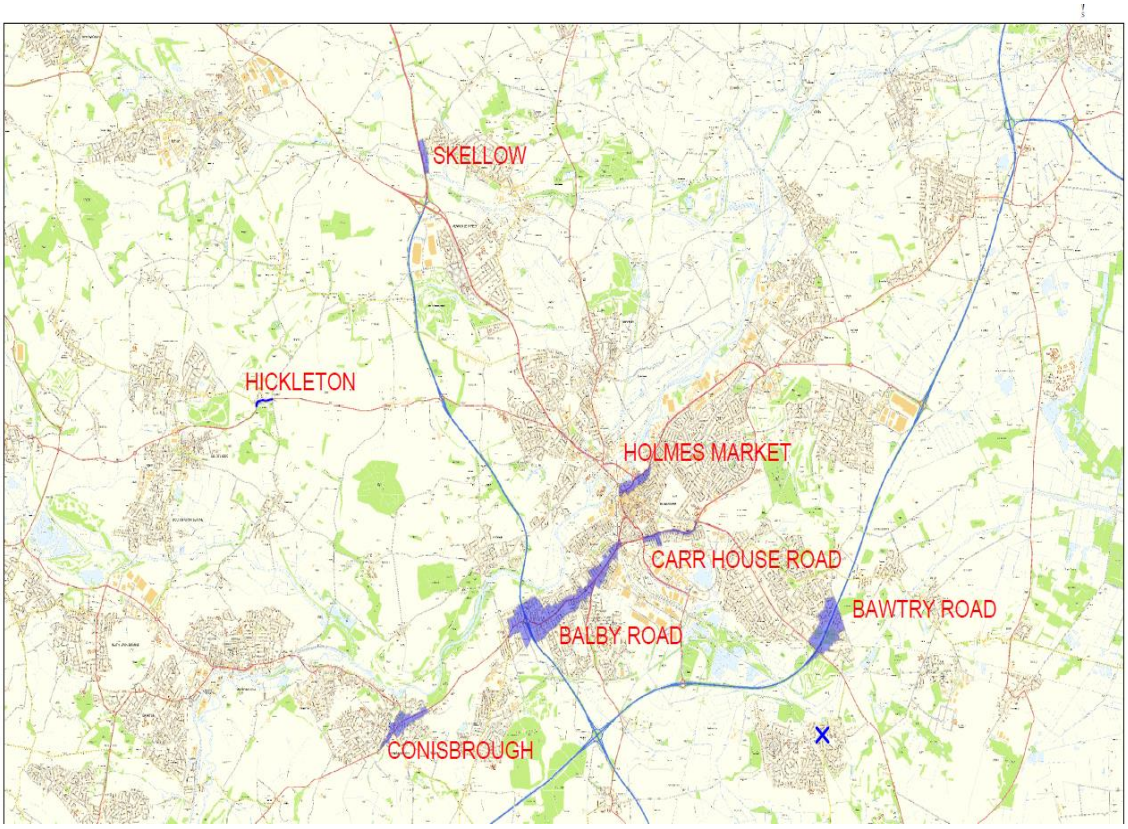
Peter Dale
Director of Regeneration and Environment

APPENDIX 1

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

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

Map of Doncaster AQMAs



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX 2: Doncaster Active Travel Alliance

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

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

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

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

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

APPENDIX 3

Flu Vaccination Uptake in GP Patients in Doncaster

Winter Season 2016/17

Dr A Ray
September 2017

Background

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

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

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

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

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

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

Aims of this report

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

Flu Vaccination Uptake Rates

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

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

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

Flu Vaccination for those aged 65 years and over

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

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

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

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

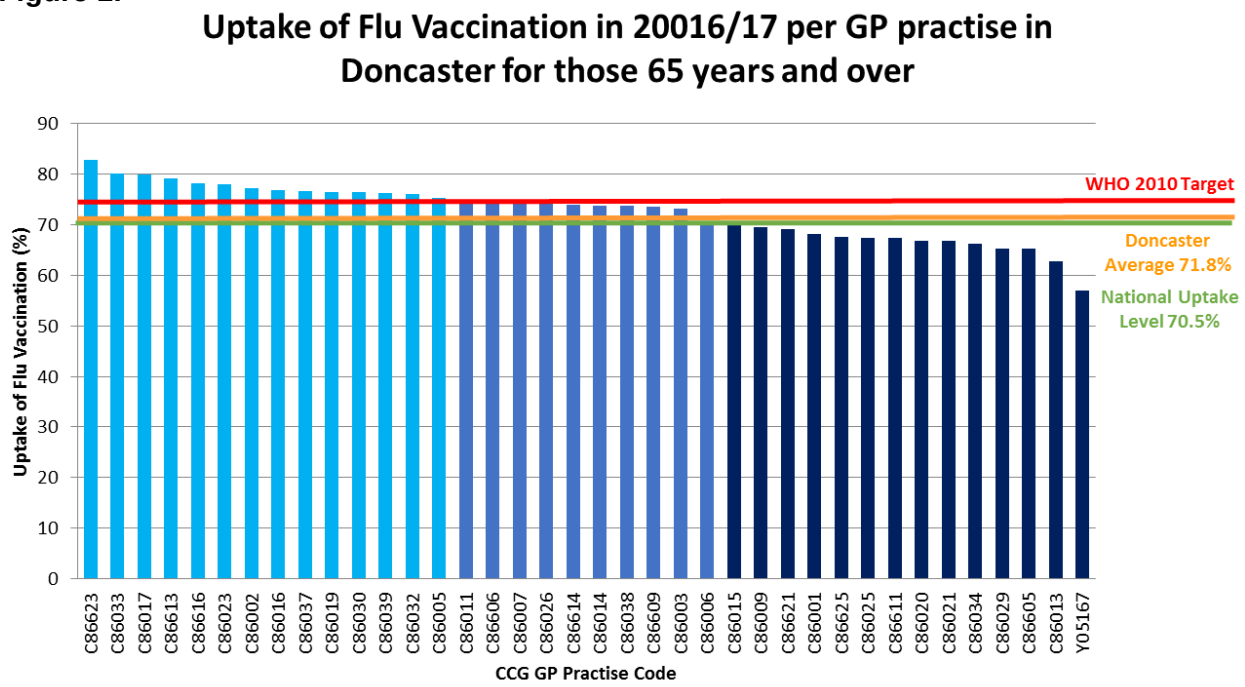
Source: Based on trends table from Public Health Outcomes Framework website[1]

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

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

These results are displayed in Figure 1.

Figure 1:



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

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

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

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

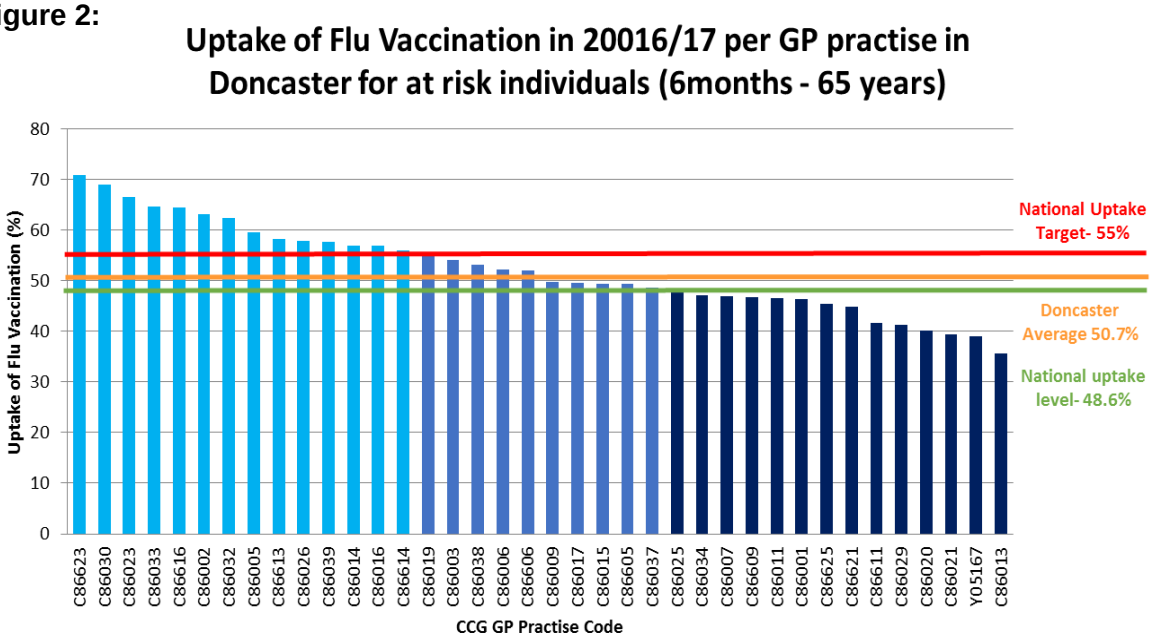
Source: Source: Based on trends table from Public Health Outcomes Framework website[1]

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

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

These results are displayed in Figure 2.

Figure 2:



Flu vaccination for Children Aged 2-4 years

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

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

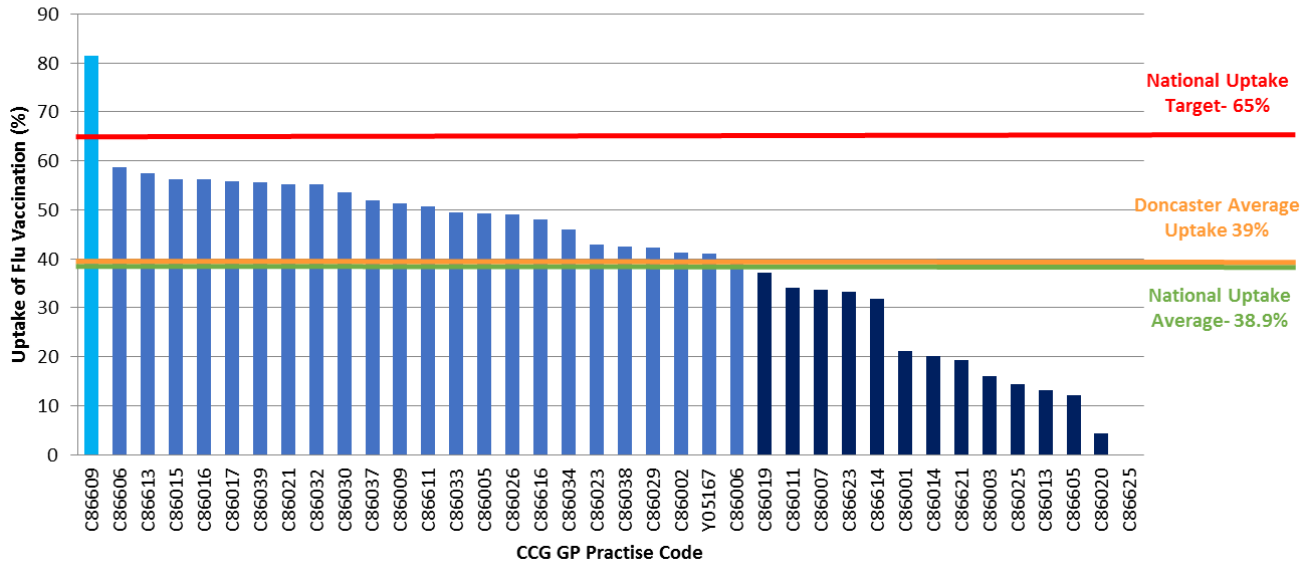
Flu Vaccination in Children Aged 2 years

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

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

This data is displayed graphically below in Figure 3.

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



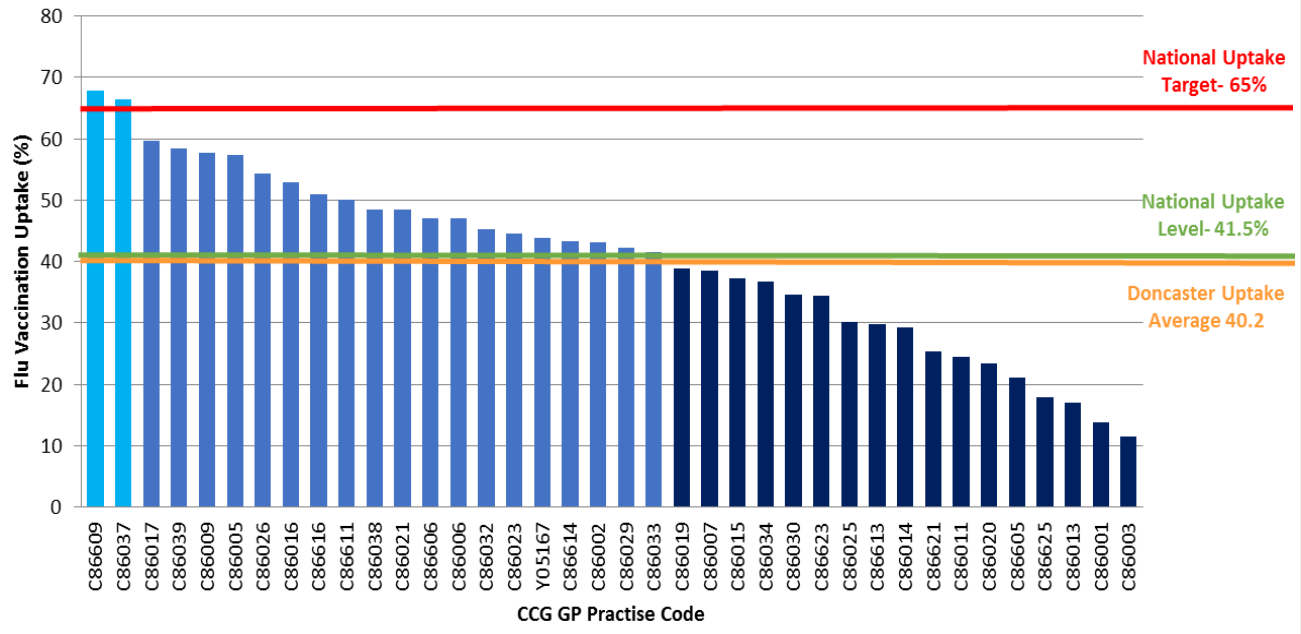
Flu Vaccination in Children Aged 3 Years

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

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

This data is displayed graphically below in Figure 4.

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



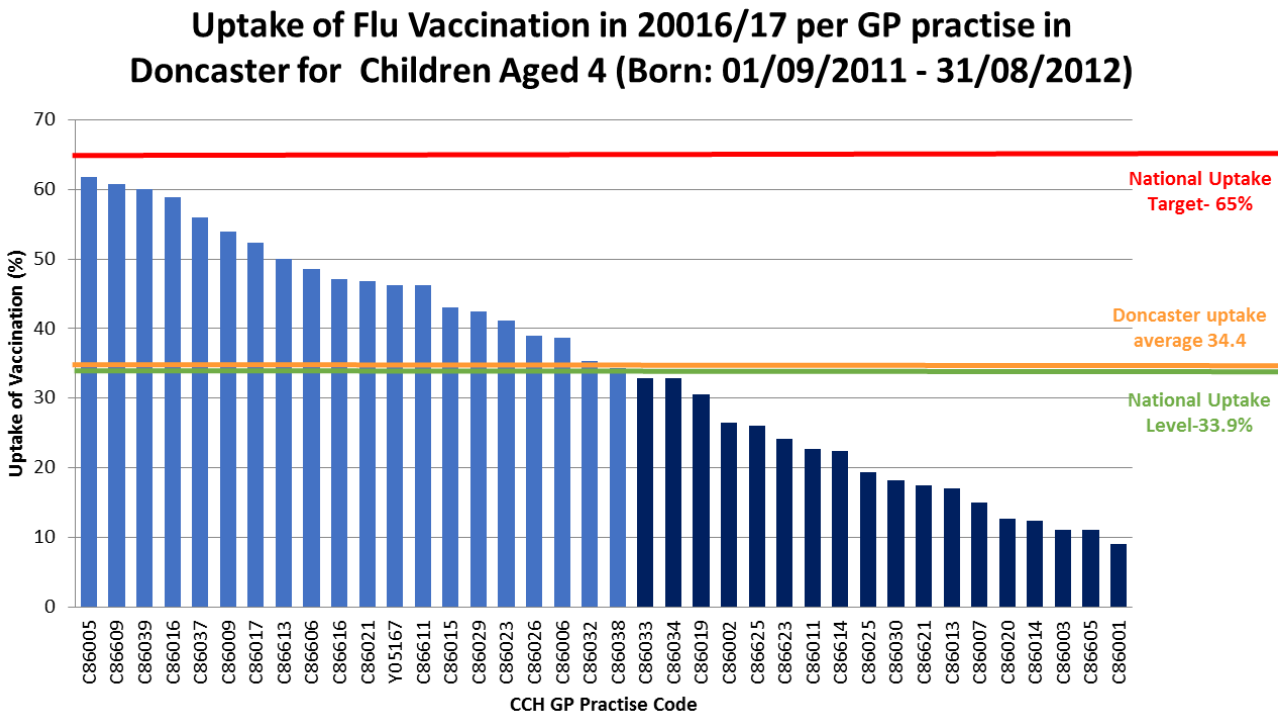
Flu Vaccination in Children Aged 4 Years

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

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

This data is displayed graphically below in Figure 5.

Figure 5:



Performance of GP practises in Flu Vaccination

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

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

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

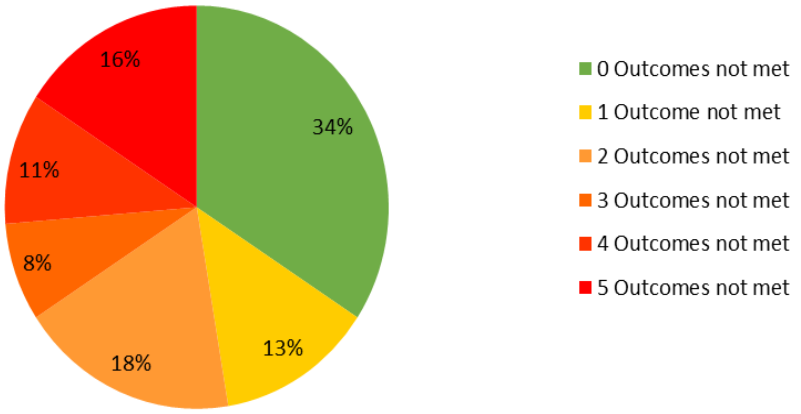
There is a group of 9 practises that performed above the national goals on one or two indicators and achieved above national uptake levels on all indicators. These practises have been highlighted in table 4 in yellow.

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

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

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

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



Conclusions

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

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

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

References

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

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

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

APPENDIX 4

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

Dr Shazia Ahmed

Background

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

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

Public Health Outcomes Framework Indicator		Period	Doncaster value (%)	England value (%)	National Goal (%)
3.03x	Population vaccination coverage - MMR for two doses (5 years old)	2016/17	86.7	87.6	95

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

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

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

MMR vaccine for babies and pre-schoolers

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

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

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

Aims of this report

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

MMR Vaccination Uptake Rates

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

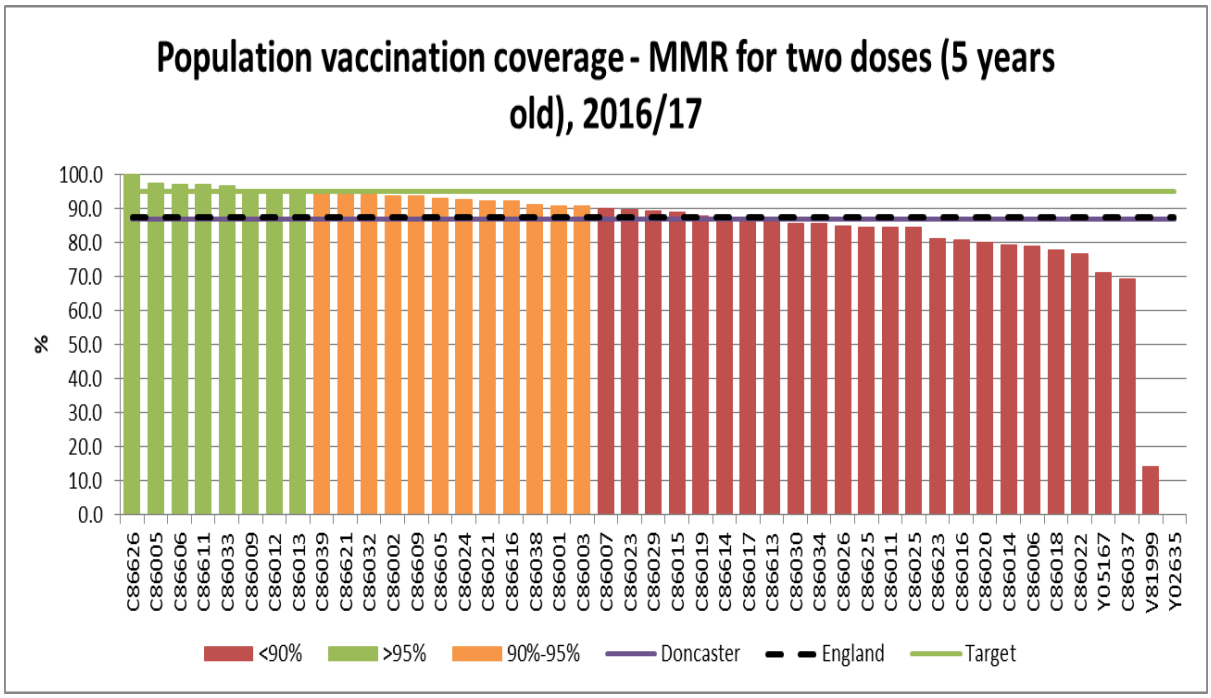
This data is published annually irrespective of data quality concerns. General Practices are published based on the NHS England Commissioner team areas, NHS Region, CCG and Local Authority District geography.

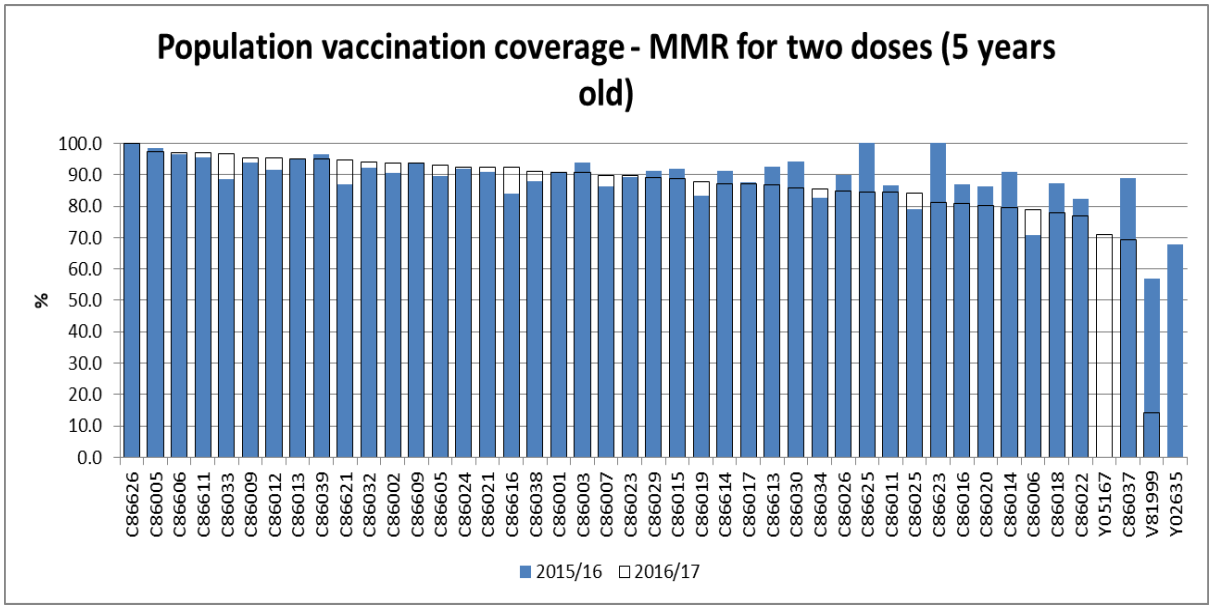
GP practices where there has been no data submitted are included in the publication.

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

http://bit.ly/Child_Imms_Coverage_CCG_GP

These results are displayed in the following figs:



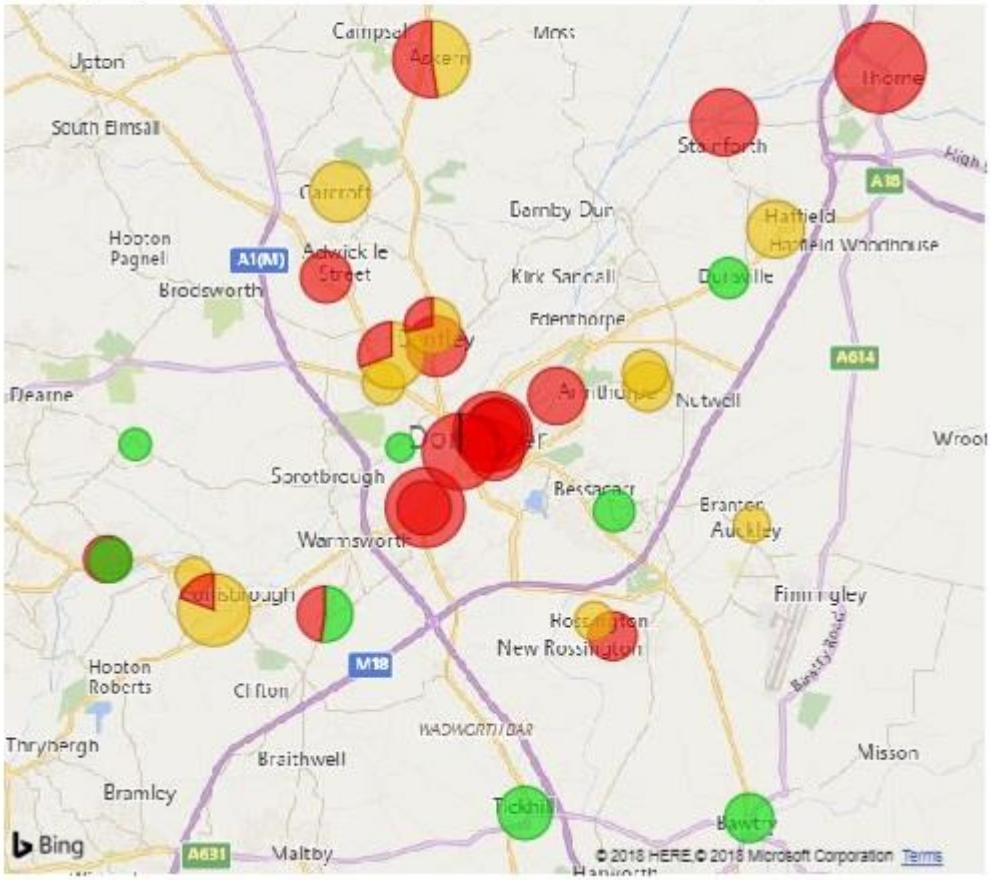

Population vaccination coverage - MMR for two doses (5 years old)
%
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
C86626
C86005
C86606
C86611
C86033
C86009
C86012
C86013
C86039
C86621
C86032
C86002
C86609
C86605
C86024
C86021
C86616
C86038
C86001
C86003
C86007
C86023
C86029
C86015
C86019
C86614
C86017
C86613
C86030
C86034
C86026
C86625
C86011
C86025
C86623
C86016
C86020
C86014
C86006
C86018
C86022
Y05167
C86037
V81999
Y02635
2015/16
2016/17

Childhood Immunisation CCG & GP Practice Coverage Statistics (Experimental Management Information)

Vaccination	Year
MMR 1st & 2nd dose at 5 years	2016-17

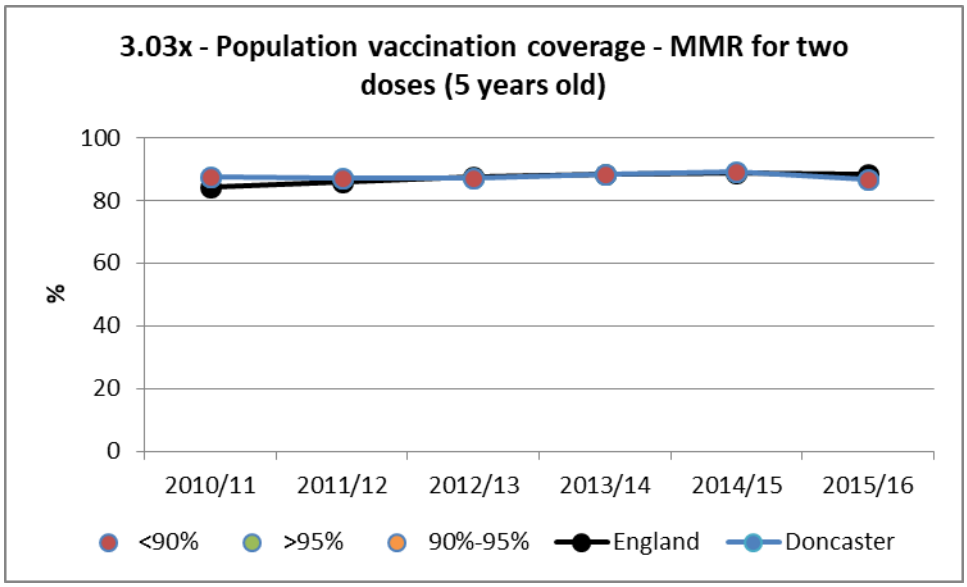
Coverage by GP Practice

Data available for 43 out of 44 GP practices in selection



● 95% and over ● 90% to less than 95% ● under 90% ● data unavailable

Trends over time



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

Doncaster Council

Date: 2 July, 2018

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

Tackling Health Inequalities in Doncaster – an update on the approach

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

EXECUTIVE SUMMARY

1. The Health and Social Care Act enshrined a duty to consider reducing inequalities in both access to and outcomes of healthcare (2012). Locally, the Health and Wellbeing Board (HWB) leads work to describe, understand, and act to tackle unfairness and health inequalities and this work is supported by a Health Inequalities Working Group.

2. By health inequality, we mean 'systematic difference in the health of people in the health of people occupying unequal positions in society' (Graham, 2009). This way of looking at inequality means that differences in health experiences and outcomes are socially produced, avoidable unfair and unjust.

3. In Doncaster, life expectancy and healthy life expectancy for both men and women is lower than the England average.

4. It is increasingly recognised that local authorities can play a significant part in addressing and reducing health inequalities, although central government, and the rest of the public, voluntary and private sectors are also vital: a place-based approach is necessary (LGA, 2018). It is also recognised that there are no simple answers but there are useful guidance and frameworks to underpin this work. All guidance emphasises the centrality of involving and empowering local communities, and particularly disadvantaged groups in reducing health inequalities.

5. The local public health team is central to this work but almost every local government function has an impact on health.

6. We have previously reported that the Health Inequalities Working Group was

developing an action plan[1] and this paper (and the accompanying presentation) sets out the building blocks of the plan and also updates the panel on one specific inequality project i.e. further work on the Black Asian and Minority Ethnic (BAME) needs assessment incorporating collaborative work to identify, explain and address unequal access and outcome to mental health services and also work to further engage with local people to understand need (focus groups).

7. The Health Inequalities Action Plan sets out 3 main areas:
   a. Work to map, coordinate and report on health inequality work across the Borough
   b. Work to engage partners and citizens in the making the case for action on inequality starting with simplifying language and collectively owning the messages
   c. Undertake and support work for groups who may require a specific focus such as but not limited to the protected groups in inequality legislation.

8. The presentation will include an update of the BAME needs assessment work and will illustrate how the Health Inequalities Action Plan will operate.

EXEMPT REPORT

9. This report is not exempt.

RECOMMENDATIONS

10. That the Overview and Scrutiny Panel consider the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

11. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy. Evidence suggests that reducing health inequalities improves life expectancy and reduced disability for the population overall i.e. more equal societies are healthier societies.

BACKGROUND

12. Health inequalities are differences in health outcomes between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

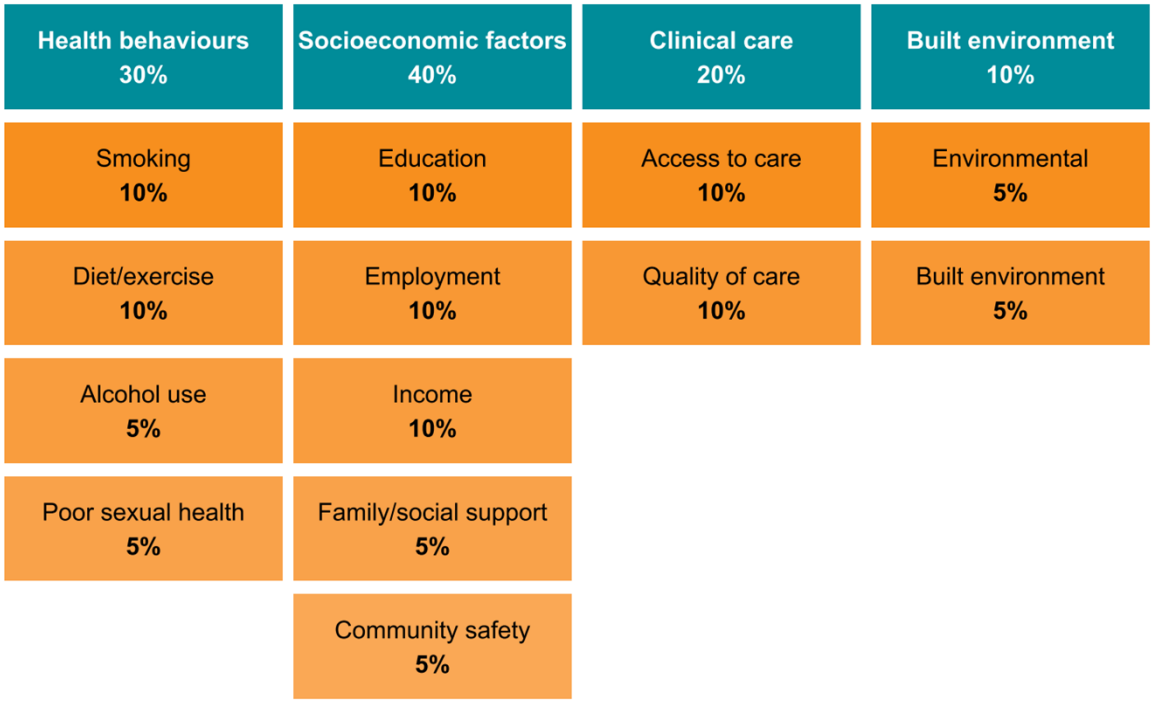
13. The health of people in Doncaster is generally worse than the England average. Doncaster is one of the 20% most deprived district/unitary authorities in England and about 25% of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 10.8 years lower for men and 7.9 years lower for women in the most deprived areas of Doncaster than the least deprived areas of Doncaster (PHE, 2017)

14. Inequalities in the pattern of ill health are caused by different factors; Socio-

[1] Adult Health and Social Care Scrutiny, September 2016; Health and Well Being board workshop held in October 2016.

economic factors e.g. the availability of work, education, income, housing and amenities; lifestyle and health-related behaviours e.g. smoking, diet and physical activity; healthcare factors e.g. access to services, understanding of the needs of the population, prevalence of disease and personal factors e.g. age, gender, ethnicity, genetics. All of these factors contribute towards the likelihood an individual will develop ill health. One of the best ways of describing the relative contribution of these factors is the Robert Wood Johnson Foundation work which estimates the contribution of each factor. The figure below outlines these contributions (LGA, 2018).

Figure 1: Relative contributions of the determinants of health

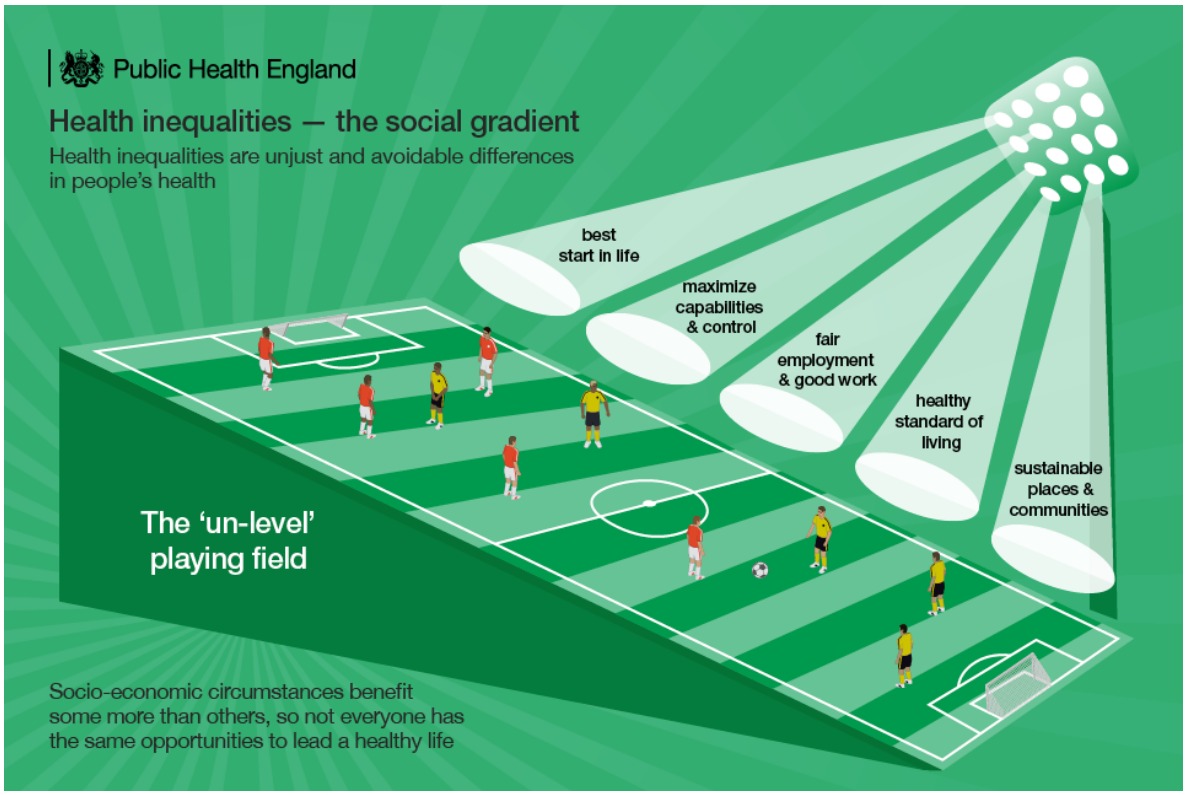


Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

15. There are differences in the pattern of risk factors that cause disease across Doncaster and also with the number of people living with certain disease. For example people who live in more deprived areas of Doncaster are more likely to smoke and to have respiratory disease compared to people who live in less deprived areas. People in deprived areas are also more likely to report having a long term mental health problem than people living in less deprived areas. In terms of accessing health services people living in more deprived areas are more likely to have an emergency admission to hospital and less likely to attend a cancer screening appointment. Overall people living in deprived areas of Doncaster have a shorter life expectancy than people living in less deprived areas of the Borough.

16. In addition variation due to the geography of where people live health inequalities are also seen in relation to different protected characteristics may have. The Equality Act 2010 defines these characteristics as: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. There are also specific groups in the population who may experience inequality such as veterans, people who are homeless and sex workers.

17. The key and rather stark point here is that the length of time that people live and the number of years of ill health they experience is related to the extent of disadvantage and deprivation they experience. This is largely determined by circumstances outside an individual's control. Most inequalities are avoidable because as a society, we can change the social and economic circumstances in which people live. A place-based approach is crucial to this change (LGA, 2018). Figure 2 outlines the social gradient that is in operation.



OPTIONS CONSIDERED

18. There are numerous activities across the Borough that contributes to tackling health inequalities and these have been examined to help develop the action plan.

19. In addition, there are multiple sources of guidance in this area and this has been used by the Health Inequalities Working to develop an action plan which aims to support work to tackle health inequalities.

20. Specific work has been undertaken on the BAME needs assessment and this approach has helped develop the overall health inequalities work plan.

REASONS FOR RECOMMENDED OPTION

21. Locally, we are using an approach which builds on mobilising knowledge into action and which harnesses the knowledge of local people as well as people working in or designing services, policies or interventions. In addition, a key mechanism is the adoption of health implications in all policies approach.

22. Working together to identify, understand and act on unequal access or outcomes is seen as effective and ensures on-going and deliberate attention to the need address fairness and inequality. The case studies within the accompanying presentation illustrate how this approach is working.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome.
	Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time; • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage	Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work	Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes	It is recognised that specific focus on vulnerable people is required and this is included within the work plan.

	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance	The introduction of health implication in corporate reports supports the Connected Council agenda.

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS [Officer Initials HMP Date 14/06/18]

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

FINANCIAL IMPLICATIONS [HJW Date 15/06/2018]

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

HUMAN RESOURCES IMPLICATIONS [Officer Initials DD Date 16/06/2018]

26. There are no obvious human resource implications as far as this report is concerned as the theme leads within public health team establishment consulted and implemented last year co-ordinate all such aspects within 'health inequalities in doncaster' on behalf of the authority. Any necessary changes to the structure will be dealt with in hr's regular liaison meetings with the director public health and /or his 2 senior management

TECHNOLOGY IMPLICATIONS Officer Initials PW Date 14/06/18]

27. There are no direct technology implications at this stage. Where requirements for new, enhanced or replacement technology to support the delivery of the Health Inequalities Action Plan and/or the BAME Needs Assessment Inequality Project are identified, these would need to be considered by the ICT Governance Board (IGB).

HEALTH IMPLICATIONS [Officer Initials SH Date 12/06/18]

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

EQUALITY IMPLICATIONS [Officer Initials…SH Date 12/06/18]

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

CONSULTATION

30. The action plan was developed by the Health Inequalities Working Group following workshops with the HWBB. In terms of the BAME needs assessment work; the consultation consisted of focus groups, workshops (in the case of the mental health work) and a consultation via social media on the proposed recommendations (see (**HTTPS://WWW.FACEBOOK.COM/PUBLIC-HEALTH-DONCASTER-1485296881729475/**)

BACKGROUND PAPERS

- Director of Public Health Annual Reports: https://issuu.com/doncastercouncil/docs/public_health_annual_report_web

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

- Doncaster Health and Wellbeing Strategy http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board

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

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

REPORT AUTHOR & CONTRIBUTORS

Susan Hampshaw, Public Health Principal (lead officer)
01302 734012 susan.hampshaw@doncaster.gov.uk

Dr Rupert Suckling
Director of Public Health

Doncaster Council

Date: 2nd July 2018

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

OVERVIEW AND SCRUTINY WORK PLAN 2018/2019 – July 2018

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

EXECUTIVE SUMMARY

1. The Panel is asked to agree an Overview and Scrutiny work programme for 2018/19.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to:

   i. Note the agreed Health and Adult Social Care Overview and Scrutiny work plan for 2017/18 in Appendix A.

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

iii. Note the appointment of the Joint Health Overview and Scrutiny Committee (Commissioning Working Together (CWT).

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

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

- Reviewing decisions made by the Executive of the Council
- Policy development and review
- Monitoring performance (both service indicators and financial)
- Considering issues of wider public concern.

Health and Adult Social Care Overview and Scrutiny Workplan Update

6. Attached for the Panel's consideration at Appendix A is the draft work plan. This work plan takes account of issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on 11th June, 2018, and subsequently considered at the OSMC meeting held on 28th June 2018. Any further updates since the publication of this report will be provided to the Panel at the meeting.

Monitoring the Work Programme

7. An updated version of the work plan will be regularly presented to the Health and Adult Social Care Overview and Scrutiny Panel for consideration and this will include copies of correspondence and briefings in relation to recommendations resulting from Scrutiny Panel reviews and meetings. In this way, Members will be able to see more clearly the progress and impact being made. The work of OSMC and the Panels will be reported annually to full Council and the progress of the standing Panels will be reported to OSMC and where appropriate to the Chairs and Vice Chairs Liaison Group.

Joint Health Overview and Scrutiny Committee South Yorkshire, Derbyshire, Nottinghamshire and Wakefield

8. The Commissioners Working Together (CWT) is a collaborative of eight clinical commissioning groups (CCGs) and the NHS England across South and Mid Yorkshire, Bassetlaw and North Derbyshire. The Membership is as follows:

- Barnsley
- Doncaster
- Sheffield
- Derbyshire
- Rotherham
- Wakefield
- Nottinghamshire

9. Councillor Andrea Robinson is the nominated representative on the Joint Scrutiny Committee with Councillor Cynthia Ransome as the agreed substitute whose appointment will be in place until the Annual Council Meeting in 2019.

10. Minutes of all the previous meetings are available through the modern.gov agenda system. The last meeting was held on 12th June, 2018 where the Joint Committee considered:

11. Hospital Services Review - an independent report which had been commissioned to identify ways in which acute hospitals in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire could be put on a sustainable footing in the face of significant challenges. Once the Joint Committee of Clinical Commissioning Groups and Collaborative Partnership Board have considered the independent report, the Joint Scrutiny Committee will be presented with firm proposals that will require consideration. The Scrutiny Panel will be kept informed of progress.

12. Hyper Acute Stroke Update – A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case and changes to hyper acute stroke services in November 2017.

13. The proposed model included a Stroke Managed clinical Network to support the development of networked provision and the consolidation of hyper acute stroke care at Doncaster Royal infirmary, Royal Hallamshire Hospital (Sheffield) and Pinderfields Hospital (Wakefield). Plus the continuation of existing provision at the Royal Chesterfield Hospital. It will be supported by the gradual implementation of Mechanical Thrombectomy commissioned by NHS England.

14. Since the decision was made a challenge has been received from a resident seeking a Judicial Review. It was confirmed in early May that permission for a judicial review was refused. An appeal has now been initiated and a hearing to determine if a substantive hearing is necessary is expected in June 2018. The Committee will be informed of progress.

15. Children's Non Specialised Surgery and anaesthesia Update – Following the Joint Scrutiny Committee's consideration of the proposals the business case, to enable the majority of surgery to continue to be delivered locally and the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's

Hospital and Pinderfields General Hospital, was agreed by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group. The decision means that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at weekend, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and will receive their treatment of one of the three hubs.

OPTIONS CONSIDERED

16. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2018/19.

REASONS FOR RECOMMENDED OPTION

17. This report provides the Panel with an opportunity to develop a work plan for 2018/19.

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	**Doncaster Working:** Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and policy development through robust recommendations, monitoring performance of the Council and external partners, services and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.
2.	**Doncaster Living:** Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time; • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage	
3.	**Doncaster Learning:** Our vision is for	

	learning that prepares all children, young people and adults for a life that is fulfilling; • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work	
4.	**Doncaster Caring:** Our vision is for a borough that cares together for its most vulnerable residents; • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes	
5.	**Connected Council**: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance	

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS [**Officer Initials NJD Date…20th June 2018.]**

19. There are no specific legal implications relating to this report

FINANCIAL IMPLICATIONS [Officer Initials FT Date 20.06.18]

20. There are no specific financial implications arising from the recommendations in this report. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES IMPLICATIONS [Officer Initials DLD Date 20.06.18]

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

TECHNOLOGY IMPLICATIONS [Officer Initials ET Date 18.06.18]

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

HEALTH IMPLICATIONS [Officer Initials CH Date 18.06.18]

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

EQUALITY IMPLICATIONS [Officer Initials CM Date 15.06.18]

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

CONSULTATION

25. During May and June 2017, OSMC and the standing Panels held work planning sessions to identify issues for consideration during 2018/2019.

BACKGROUND PAPERS

26. None

REPORT AUTHOR & CONTRIBUTORS

Christine Rothwell, Senior Governance Officer

☎ 01302 735682 christine.rothwell@doncaster.gov.uk

Caroline Martin, Senior Governance Officer
☎ 01302 734941 caroline.martin@doncaster.gov.uk

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

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

OVERVIEW & SCRUTINY WORK PLAN 2018/19

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May		**Mon 11th June, 2018 at 1pm 12noon pre meeting Rm 413 CR**	**Wed, 23rd May 2018, 3 pm CR**		**Thurs., 31st May 2018, 3:30 pm – CR**
		• Work planning – HASC O&S	• Work planning – CYP O&S		• Work planning C&E O&S
June	**Wed, 6th June 2018, 10 am – CM**	**Tues 12th June 2018, JHOSC Representative Only CR**	**Tues 12th June 2018, 5:30 pm – Council Chamber CM**	**Wed 13th June 2018, 11am CM**	
	• Work planning – OSMC	JHOSC - South Yorkshire, Derbyshire, Nottinghamshire and Wakefield 10.30am - Members Briefing 1.00pm – Formal Meeting	• Children and Young People's Plan - Annual Impact Report • Child Poverty Overview • Youth Parliament • Youth Parliament – piece of work from scrutiny to be identified • Scrutiny Work Plan	• Work planning – R&H O&S	
	Thurs, 28th June 2018, 10 am – Council Chamber CM	**Monday 25th June 2018, 10am Council Chamber CR**			

	• Youth Justice Plan
	• Qtrly Finance & Performance Report – Qtr 3
	  • DMBC - to include;
	  ▪ addendum on agency staff costs and details of health checks for those aged 40 to 75
	  ▪ Consultants – VFM – Overview and understanding
	  • SLHD
	• Scrutiny Work Plan
		• Resources Allocations Process			

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
July	**Thurs, 12th July 2018, 12noon – Council Chamber CR** • State of the Borough Assessment/DGT – Data Analysis To follow meeting; • Community Engagement Strategy workshop following OSMC 2pm	**Mon, 2nd July 2018, 10am – Council Chamber CM** • Doncaster's strategic health and social care plans – to include information on alternative service delivery models and Place Plan (CCG Jackie Pederson/Cath Doman) • Public Health Protection Assurance Report • Health inequalities – BME Health Needs Assessment • Scrutiny Work Plan	**Tues, 24th July 2018, 9am – Council Chamber CR** • Doncaster Children's Trust (split screen) Children's Trust and DMBC • Update on Learning Provision Organisation Board and Learning Provision Strategy – Overview and on relationships with Academies and LA Schools – consider invite to RSC • Scrutiny Work Plan		**Friday 27th July at 9.30am – Council Chamber CM** • Flood Overview - Overview of drainage Boards – structure and their operation - Audit case studies To be followed by a meeting addressing improvements since 2007 Floods - TBA - invitations to: • Environment Agency • Planners • Planning Enforcement • Emergency Planning • Internal Drainage Board
Aug				**TBC** • Local Plan • Update on rail link to the airport	

Sept	**Thurs, 13th Sept. 2018, 10am – Council Chamber**
	
	• Qtrly Finance & Performance Report – Qtr 4
	  • DMBC
	  • SLHD
	• Scrutiny Work Plan
	  •
		Thurs, 27th Sept 2018, 10am – Council Chamber
		
		• Doncaster Adult's Safeguarding Board Annual Report
		• Your Life Doncaster (Adults Transformation) Recap on what was set out in the budget for use on consultants
			Wed, 5th Sept 2018, 10am – Council Chamber
			
			• Annual Complaints (DCST)
			• Doncaster Children's Safeguarding Board Annual Report
			• Education and Skills thematic update
			• Schools Performance
				Wed, 19th Sept. 2018, 10am – Council Chamber
				
				• Doncaster Inclusive Growth Plan
				• Wool Market – Update
				• Scrutiny Work Plan	

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		• Mental Health – Strategy and Delivery Plan (CCG Jackie Pederson/Stephen Emerson) Possible joint overview for CYP Mental Health • Scrutiny Work Plan	tables • Scrutiny Work Plan		
Oct	**Thurs, 4th Oct 2018 – 10am Council Chamber**				**Tues 23rd Oct 2018 – 10am – 3pm, Council Chamber**
	• Scrutiny Work Plan				• Flood Review • Scrutiny work Plan
Nov	**Thurs, 8th Nov 2018, 10am – Council Chamber**	**Thurs, 29th Nov 2018, 10am – Council Chamber**			**Wed 28th Nov 2018 – 3pm, Council Chamber**
	• Scrutiny Work Plan	• Carers Charter (pre-visits to be arranged prior to consideration) • Mental Health – specific area to be agreed (CCG) • Suicide Prevention (Veterans, young people, male population) • Children and Younger People's Plans (CCG) (TBC) • Scrutiny Work Plan			• Waste - An update on the new contract • Complex Lives to include Amber Project • Scrutiny Work Plan
Dec	**Thurs, 6th Dec 2018, 10am –**		**Tues, 11th Dec 2018, 9am - Council Chamber**		
	• Budget (tbc) • Qtrly Finance & Performance Report – Qtr 1 • DMBC • SLHD • Scrutiny Work Plan		• Doncaster Children's Trust (split screen) Children's Trust and DMBC • SEND report • Attendance – Impact on Strategy and Performance update • Social Mobility		

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
			Opportunity Area Delivery Plan • Scrutiny Work Plan		
Jan	**Mon, 21st Jan 2019, 10am – Council Chamber**	**Thurs, 31st Jan 2019, 2pm Council Chamber**			
	• Budget (tbc)	• Mental Health – specific area to be agreed (CCG) • Scrutiny Work Plan			
Feb	**Thurs, 7th Feb 2019, 10am Council Chamber**				**Wed, 13th Feb 2018, 10am**

	• Qtrly Finance & Performance Report – Qtr 2
	  ○ DMBC
	  ○ SLHD
	• Scrutiny Work Plan
					Crime and Disorder
					• Community Safety Priorities Update
					• CCTV impact of Strategy
					• Update following Domestic Abuse Strategy – feedback from partners on recommendations
					• Scrutiny Work Plan

Mar	**Thurs, 21st Mar 2019, 10am Council Chamber**	**Thurs, 21st Mar 2019, 10am Council Chamber**	**Tues, 5th Mar 2019, 9am Council Chamber**	**Wed, 13th Mar 2019, 10am Council Chamber**	
	• Scrutiny Work Plan	• Scrutiny Work Plan	• Behaviour Transformation Programme – focus on tracking fixed term and permanent exclusions • Scrutiny Work Plan	• Scrutiny Work Plan	
April					

FP – Forward Plan Decision

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May					
ISSUES FOR FUTURE CONSIDERATION					
	DCST Finance Recommendation from OSMC 04/18 "that a further report be provided to OSMC if the same financial variances appear following Quarter 3 2018/19".	Veteran Plan (to include a reference to mental health) (DMBC and CCG) End of Life Plans (CCG) (2019 TBC)	Possible additional meeting – Invitation to the Children in Care Council – evening session	Update on Homelessness Recommendations– (from 16/17 Panel review re: recs on update funding and legislation).	Street Scene – fly tipping and street cleaning – how is it dealt with and comparisons with rural and urban areas. Possible invite to like authority. How is rubbish dealt with on private land?
	Corporate Plan Refresh	Yorkshire Ambulance Service reconfiguration (YAS)	Possible joint meeting with HASC – adult Mental health and impact on early years (DMBC and CCG)	Housing Investment Plan.	Green Future - 2019
	Gambling Policy	Personal Budgets/Direct payments		Update on Hatfield Headstocks.	Environment Strategy - 2019
	3rd Sector/ Assets/ Commissioning – how Council can leverage what it has within its portfolio to deal with less acute end of Adult Social Care - to be further discussed and arranged.	Learning Disabilities Strategy (early involvement with Scrutiny)		Place and aspiration – note: Panel previously undertook a Place Marketing review in 2015/16.	An update on the South Yorkshire Waste (September 2019/2020)
	Doncaster and North Lindsey College Merger – update on governance arrangements (written update to be circulated outside of the meeting)	Substance abuse			

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		Joint meeting with HASC – adult mental health and impact on early years (DMBC and CCG)			
		Alternative Service Delivery Model			
		Day Centre Visits as part of the Alternative Service Delivery Models Project			