



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: Thursday, 21st March, 2019

Time: 10.00 am

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Items for Discussion:

Page No.

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 31st January 2019 (*Pages 1 - 6*)

Jo Miller
Chief Executive

Issued on: Wednesday 13th March, 2019

Governance Services Officer for this meeting:

Caroline Martin
Tel: 01302 734941

5. Public Statements

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

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

6. Health Protection Assurance Annual Report for 2018/19 (*Pages 7 - 36*)
7. Prevention Concordat and the Better Mental Health (Adults) Improvement Plan 2018/21 (*Pages 37 - 70*)
8. Overview of Dementia Commissioning in Doncaster (*Pages 71 - 92*)
9. End of Life Care (*Pages 93 - 108*)
10. Overview & Scrutiny Work Plan - March 2019 Update (*Pages 109 - 126*)

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

Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 31ST JANUARY, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 31ST JANUARY, 2019 at 2.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, John Gilliver, Martin Greenhalgh, Pat Haith, Mark Houlbrook and Derek Smith

ALSO IN ATTENDANCE:

Councillors Nigel Cannings, Kevin Rodgers, Frank Tyas and Paul Wray

John Woodhouse, Chair of the Adults Safeguarding Board

Damian Allen, Director of People

Angelique Choppin, Safeguarding Adults Board Manager

Helen Conroy, Public Health Specialist

Lisa Swainston, Stronger Communities Well-being Manager

Jessicar Farr, Veterans Support Officer

APOLOGIES:

Apologies for absence were received from Councillors George Derx and Sean Gibbons

		<u>ACTION</u>
26	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	Councillor Mark Houlbrook declared that he was employed by the Prison Service.	
26	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	Councillor Mark Houlbrook declared that he was employed by the Prison Service.	
27	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 29TH NOVEMBER 2018</u>	
	That the minutes be approved as a correct record.	
28	<u>PUBLIC STATEMENTS</u>	

	<p>Doug Wright a resident from Doncaster referred to a question he had asked at a Full Council meeting relating to the Joint Commissioning Management Board (JCMB). He referred to the Governance of regional NHS meetings that allowed for attendance and questions by Members of the Public and was disappointed that the JCMB did not allow this. He stressed the importance of the areas considered relating to identification and development of joint commissioning arrangements between NHS Doncaster, Doncaster Clinical Commissioning Group and the Local Authority.</p> <p>He was of the opinion that Members of the public should be invited as observers and that they be allowed to take part in debates on health issues in future. He expressed his concern that members of the public were unaware what was happening and that the NHS was deteriorating due to ongoing privatisation.</p> <p>He stated that the public being in attendance at such meetings was an important issue and asked Scrutiny to give consideration to it bearing in mind its health scrutiny responsibilities.</p> <p>He concluded by adding that, he had recently learned that Doncaster now had an Integrated Care Service Board which he felt would be more crucial than the JCMB.</p>	
29	<p><u>DONCASTER SAFEGUARDING ADULTS ANNUAL REPORT 2017-18</u></p>	
	<p>John Woodhouse, Chair of the Adult Safeguarding Board presented his 2017/18 Annual Report, detailing highlights and progress within the service provided. He outlined that there was now full engagement from all partners and with regard to weaknesses it was stressed that lessons continued to be learned.</p> <p>The Panel was pleased to note that the Safeguarding Board had been working with the community based Doncaster Keeping Safe Forum, helping it to grow in capacity and membership with the primary aim of getting the message out in Doncaster that abuse will not be tolerated.</p> <p><u>Monitoring achievements and outcomes</u> – in response to challenge from Members, it was stressed that this was an example of reporting that does not show the exact position. For example, a persons outcomes could be met and improved but when asked if they felt safe, they did not, therefore this has been drawn to the attention of supporting services to address.</p> <p>It was noted that comparative data with other authorities was difficult to report due to the different systems in operation however, this was an issue that Safeguarding Board chairs nationally were addressing.</p>	

Underspend – it was explained to the Panel that the underspend related to a vacancy in the unit, the role of which was being reviewed and developed. It was noted that there was also additional spending required on the number of safeguarding reviews undertaken in the forthcoming year.

Future reporting mechanisms – It was recognised that the Safeguarding Board seeks to improve engagement with the wider community and that it was learning lessons about new communication mechanisms used by young people, through the Children’s Safeguarding Board.

Members were delighted with the informative written report but highlighted that they were aware of reports being developed in the form of a video. The Panel was of the opinion that this could reach more people, particularly through modern technology avenues.

Criminal networks – Bearing in mind the complexities with issues such as county lines and cuckooing where vulnerable adults could be targeted, it was noted that it was the role of the Safeguarding Board to ensure that all agencies worked together ensuring all residents were safe. Next years Annual Report would detail work being undertaken by the Adults and Children and Young People Safeguarding Boards on this theme.

With regard to human trafficking there was confidence that partners would be able to respond, if presented with the issue.

The Chair took the opportunity to remind the Panel that the Crime and Disorder Committee would be meeting on 13th February, at 10am when Scrutiny would address a number of Community Safety priorities.

Partnership Training – It was confirmed that the Adult Safeguarding Board did not undertake training for partners/Board Members, as there was an expectation that they bring with them a level of safeguarding expertise and knowledge, and its role was to ensure that the different sectors understood each organisations/partners role. For Example, the contribution from South Yorkshire Police was essential which enabled all partners to understand, as mentioned above, complexities with some safeguarding issues.

Community led support hubs – Members supported this initiative and stressed that it was a positive avenue where the community could share their experiences. Officers were informed that Members were being approach about the support service offered. Unfortunately statistics to highlight success were not available, however, it was stressed there was a massive benefit to using the local approach, being able to intervene at a pre-safeguarding position, providing early referral and teasing out information from residents that they may not think is relevant to a situation. It was highlighted that the Adult

	<p>Services Peer Review had identified two service area strengths as continual investment in community teams and early intervention.</p> <p><u>GDPR</u> – it was noted that an individual agreement has been made between partners relating to the use of personal information including the sharing of information if someone could find themselves in a harmful position, which has been communicated to all staff.</p> <p>In response to the comments relating to malicious information about members of staff whether it be the Local Authority or a partner, it was explained that people undertake difficult roles and staff must be provided with a safe environment to work effectively.</p> <p>The Chair thanked John Woodhouse for attending the meeting and answering Members questions.</p> <p>RESOLVED that: consideration be given to the possible production of the Annual Report in a video format.</p>	
30	<p><u>DONCASTER DELIVERY OF THE NATIONAL ARMED FORCES COMMUNITY COVENANT 2019</u></p>	
	<p>The Panel gave consideration to the Doncaster delivery of the National Armed Forces Community Covenant 2019. The Armed Forces and Veterans Steering Group have successfully progressed a range of work across key theme areas to support removal of disadvantage and identification of ex-service personnel, their families and carers, including suicide prevention and mental health.</p> <p><u>Joint Strategic Needs Assessment (JSNA)</u> – Members highlighted that the MOD (Ministry of Defence) would be making a change to its administration process and releasing data that may assist when supporting veterans. It was therefore recommended that the JSNA 2015 required updating to support emerging health requirements for veterans.</p> <p><u>Doctors identifying veterans</u> – The Panel raised concern that there was no consistency of GP surgeries automatically registering ex-service personnel, to help identify whether their health needs required a specific support package. Members received confirmation that in Doncaster GP practices had produced action plans to ensure they were actively identifying veterans and also that Doncaster and Bassetlaw Acute Trust were working towards achieving a veteran friendly accredited hospital.</p> <p>It was noted that the NHS Trust was changing their systems to ensure it understood what it means when someone identifies themselves as a veteran and the Local Authority was working with partners, the CCG and GPs to promote this initiative.</p>	

	<p><u>Claiming War Pensions</u> – It had been recognised that a number of veterans were not aware that they could claim, for example, a war pension. It was noted that this issue was being addressed by the Department for Work and Pensions, through staff training and appropriate signposting.</p> <p><u>Prisons</u> – It was acknowledged that there were a number of veterans within the prison population and highlighted that there was a dedicated scheme called “Project NOVA” that supported veterans that had been arrested or at risk of arrest to assist with avoiding criminal behaviour.</p> <p>RESOLVED: that consideration be given to a review of the JSNA being undertaken to reflect the needs of and understand how to better support veterans.</p>	
31	<p><u>H&ASC O&S WORK PLAN - JANUARY 2019 UPDATE</u></p>	
	<p>Further to discussions relating to the Young Carers Card scheme at the meeting held on 29th November, Members were informed that a recent letter from the Cabinet Member confirmed that the credit card style traffic light system was being developed and the livery had been designed by the Young Carers Group. The Panel was reminded that different colours would be used for different feelings/issues, for example, the use of a red card could mean that a young carer did not wish to discuss any problems they were experiencing that particular day. The scheme would be rolled out in the near future.</p> <p>RESOLVED: that the report be noted.</p>	

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Doncaster Council

Date: 21/03/2019

To the Chair and Members of the

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2018/19

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

EXECUTIVE SUMMARY

1. This is the annual report on health protection assurance in Doncaster covering the financial year 2017/18 and the most recent time.
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, Department for Environment, Food and Rural Affairs;
 - NICE Guideline on 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 in the previous year.

EXEMPT INFORMATION

5. None

6. RECOMMENDATIONS FOR 2018/2019

- Note the progress made on addressing health protection matters in Doncaster in the past year.
- Note the recommendation to continue work with local partners and to monitor immunisation update, in particular flu vaccinations and MMR.
- Note and 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.
- Note the work on tackling the reduction of smoking in Doncaster; and mobilising action among partners on tackling smoking prevalence.
- Note the continued work in monitoring and reporting of 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. There are identified areas of challenges that are 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); The local Health Protection Assurance Group is chaired by Consultant in Public Health.
 - 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: Lead agency for commissioning Screening and Immunisation Programmes.
- Health care providers; General practice, pharmacies, Doncaster and Bassetlaw NHS Foundation Trust, Rotherham Doncaster and South Humberside NHS Foundation Trust.

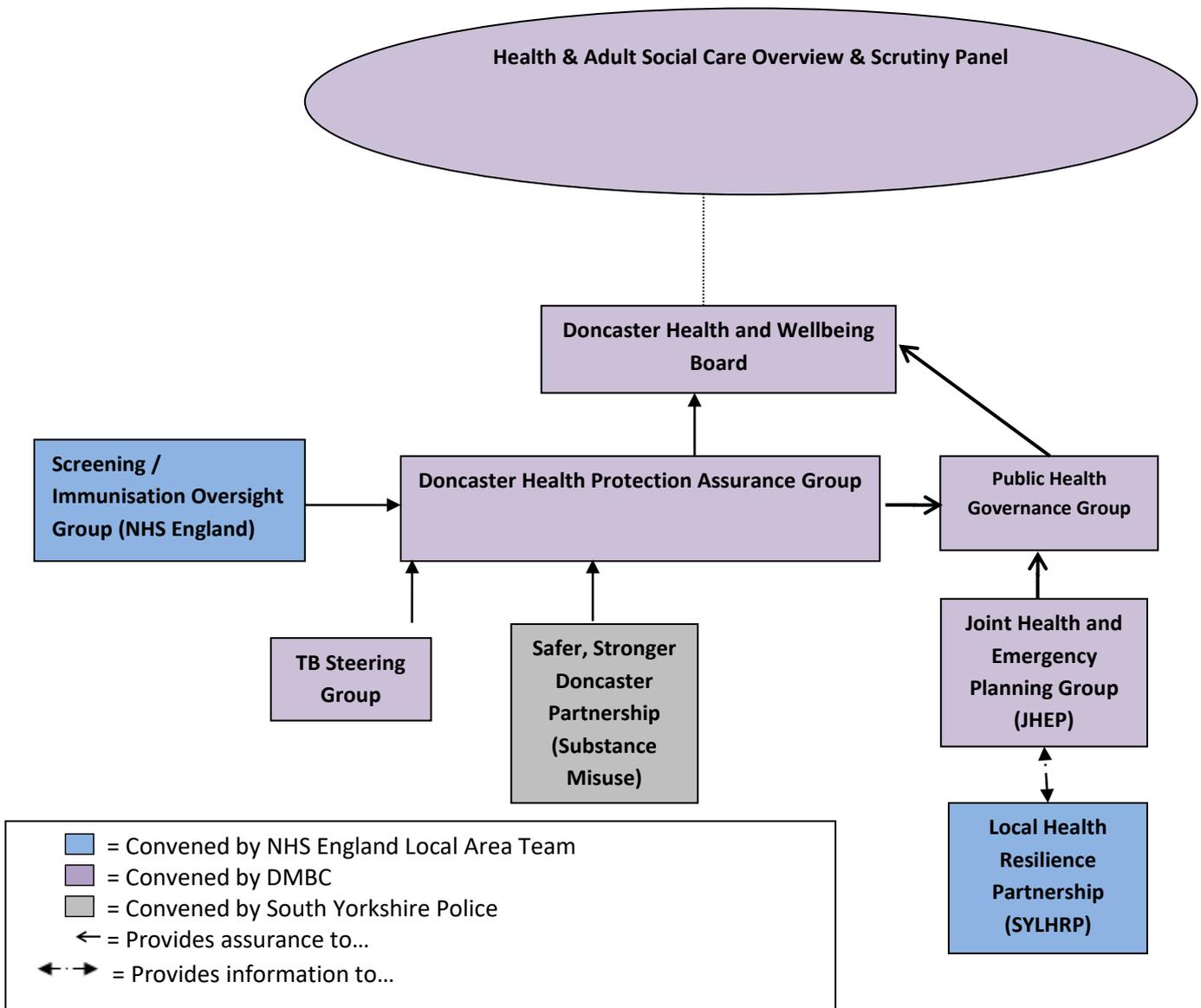
14. The 6C Regulations require each Local Authority to;

“....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 it is chaired by a Consultant in Public Health. The Group 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 2017/18 annual report

18. The health protection annual report in 2017/18 recommended a number of actions for 2018/19 and progress on these is summarised below.

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

19. All the national screening and immunisation programmes are specified by Public Health England (PHE) and commissioned by NHS England under the Section 7a Agreement, several of which are included in the Public Health Outcome Framework indicators. Assurance is provided through the quarterly South Yorkshire & Bassetlaw Screening and Immunisation Programme Boards, which reports through the multi-agency South Yorkshire & Bassetlaw Screening and Immunisation Oversight Group, the purpose of which is to ensure there is targeted and equitable, delivery of safe, high quality services and address any concerns with regards to low uptake/performance.

Table 1: Seasonal Flu update / GP Cohorts 2017/18

Seasonal Influenza	65 and Over	6 months to under 65 years at-risk	Pregnant women	2 Year Olds	3 year Olds
	2017/18				
	% Vaccine Uptake	% Vaccine Uptake	% Vaccine Uptake	% Vaccine Uptake	% Vaccine Uptake
National Average	72.6	48.9	47.2	38.9	41.5
Doncaster CCG Average	73.5	50.4	47.6	40.3	38.8
South Yorkshire and Bassetlaw Average	73.9	50.6	49.7	43.4	45.1

The National Ambition: 75% 65 and overs, 55% At Risk, Pregnant women, 48% 2 & 3 year olds

<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2017-to-2018>

20. Doncaster's seasonal influenza uptake is slightly higher than the National average but below the South Yorkshire and Bassetlaw average.

The flu vaccination programme uptake for 2017/18 season was an encouraging picture as compared with the previous year: uptake rates are higher than the previous flu vaccination season for the 65 years and over (73.5%); and 6 months to under 65 years at risk cohorts (50.4%). However, Doncaster did not achieve the national ambition of 75% in the 65 and over cohorts and 55% in the 6 month – under 65 years at risk cohorts.

Whilst uptake in pregnant women had decreased (47.6%) in the 2017/18 season and is below the 55% target, there had been an encouraging uptake for the pregnant women in at risks cohorts at 59.2%

In addition, uptake for the 2 year olds has considerably increased from 2016/17 with a slight decrease for 3 year olds; Uptake for the at risk children in these cohorts 62.8%.

NHS 2018/19 Seasonal influenza Vaccination Programme – Current Position

21. At week 2 of the Seasonal Flu campaign (January 2019) Flu uptake in General Practice is less than 5% below this time last year for all cohorts at both CCG level and local level. In relation to the 65 years and overs cohort, issues relating to the introduction of a recommended more effective vaccine and phased delivery between September and October 2018 have been a challenge for both general practice and pharmacy team. Practices and pharmacies have received their orders later than usual this season and have had to revise the planning of their clinics in order to accommodate this. Practices and pharmacies continue to work hard to promote and deliver opportunistic vaccination until the end of March 2019.

Actions taken to support the 2018/19 Seasonal influenza Vaccination Programme and the Childhood Immunisations Programme

22. For the 2018/19 a Seasonal Flu Improvement Group was re-established in Doncaster; to establish collaborative working between representatives of partner organisations in order to drive improvements in uptake and reduce inequalities in Doncaster. Public Health has done in depth analysis of Flu and MMR vaccination uptake at GP practice level which has informed the planning of task group.

Key actions:

- Currently maternity services at Doncaster Hospital do not provide maternity flu therefore Maternity services have developed a leaflet to signpost newly pregnant women to advise them to book in for their Flu and Pertussis vaccinations.
- The Screening and Immunisation Coordinator has worked closely with practices and has included reviewing practice level data to help develop strategies to achieve vaccination target for each cohort.
- Doncaster CCG has worked collaboratively with Doncaster Local Authority, DBTH and Primary Care Doncaster on a joint winter campaign message that incorporated Seasonal Flu. The first week 19th November focused on flu vaccination. There were GP practice direct communications, briefing notes, key messages, and digital messages. The winter campaign ran until January 2019.

Planning for seasonal Flu (Doncaster Metropolitan Borough Council) Initiative aimed at care homes indicates the following results on flu vaccination:

Care Homes

There were a number of initiatives during 2018/19 flu season:

In preparation for the 2019/20 flu season, a joint letter from the Director of Public Health and the Screening and Immunisation Lead (Public Health England – embedded with NHS England) was sent to all managers of care homes to promote flu vaccine uptake in both residents and staff

North of England care home/domiciliary provider/hospice care provider accreditation scheme. Based upon the percentage of staff in receipt of flu vaccine before the end of March 2019, gold/silver/bronze certification will be awarded. It is anticipated that local information will be shared to inform key areas of improvement and sharing of best practice.

For care home staff:

An initiative targeting care home staff for flu vaccination was carried out in January and February 2019, commissioned by Public Health at Doncaster Council with funding from NHS England. This initiative enables a provider to go out to care homes in Doncaster and vaccinate staff on site. This initiative is to supplement existing drive to get care home staff vaccinated against flu. Preliminary figures of flu vaccination coverage among care home staff stands at 21.8%.

For residents of care homes:

Of the 43 care homes, monitoring figures on flu vaccination uptake among residents was obtained for 36 homes. The average uptake rate of flu vaccination among the residents was 83.3%. This figure is above the national target of 75%.

Doncaster Council, Doncaster Children's Trust and St Leger Housing staff

A successful vaccination was carried out during Autumn of 2018 targeting staff of Doncaster Council and its partners, Doncaster Children's Trust and St Leger Housing. The provider delivered the vaccination on site. Staff were identified through their line managers, based on two criteria: being a frontline staff (meeting members of the public as part of their normal job); and being essential for business continuity. Over 500 staff were vaccinated.

23. The Vaccination and Immunisation Operational Group brings key stakeholders together to agree key actions to improve childhood immunisation rates in Doncaster. Stakeholders meet to discuss performance and improvement methods. The decrease in uptake is likely to be from the issues surrounding general practice waiting lists in Doncaster for Primary immunisations. The Screening and Immunisation Team and Child Health Records Department at Doncaster and Bassetlaw Hospitals have been working together with GP practices to look at team and clinic capacity to reduce waiting lists.

24. Proactive promotion of immunisation has taken place across Doncaster by family hubs and GP practices. Immunisation promotion has been taking place. The Screening and Immunisation Team have plans to work with the Family Hubs in Doncaster to deliver immunisation awareness training to staff to enable them to promote and signpost to general practices.

The Screening and Immunisation Team have plans to work with the CCG's Communications Team, who have links with the traveller community in Doncaster, to increase uptake in vaccinations in Doncaster.

The Screening and Immunisation Coordinator works collaboratively with practice teams which includes the sharing of data to inform local actions required to achieve the target figures. Performance of immunisation and screening programmes are summarised in **Tables 3 and 4**.

Table 3: Public Health Outcomes Framework Immunisation Indicators ¹

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – Hepatitis B (1 year old) - %	2017/18	100	N/a	N/A
Population vaccination coverage – Hepatitis B (2 years old) - %	2017/18	100	N/a	N/A
Population vaccination coverage – DTAP/ IPV / HiB (1 year old) - %	2015/16 2017/18	94.4* 93.4	93.6 93.1	95%
Population vaccination coverage – DTAP/ IPV / HiB (2 years old) - %	2015/16 2017/2018	95.7* 95.2	95.2 95.1	95%
Population vaccination coverage – MenC (Group C Meningococcal vaccine) %	2015/16	96.5*	N/A	95%
Population vaccination coverage – PCV (pneumococcal conjugate vaccine) %	2015/16 2017/18	94.2* 93.5	93.5 93.3	95%
Population vaccination coverage – Hib / MenC booster (2 years old) %	2015/16 2017/18	90.8 91.4	91.6 91.2	95%

1. Source (Based on Published PHOF by Public Health England, 5th February 2019): <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>

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – Hib / MenC booster (5 years old) %	2015/16	93.6	92.6	95%
	2017/18	93.6	92.4	
Population vaccination coverage – PCV booster %	2015/16	91.1	91.5	95%
	2017/18	91.7	91.0	
Population vaccination coverage – MMR for one dose (2 years old) %	2015/16	90.8	91.9	95%
	2017/18	91.4	91.2	
Population vaccination coverage – MMR for one dose (5 years old) %	2015/16	96.0	94.8	95%
	2017/18	96.2	94.9	

Data update: 5 February 2019 by Public Health England.

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – MMR for one dose (2 years old) %	2015/16	90.8	91.9	95%
	2017/18	91.4	91.2	
Population vaccination coverage – MMR for one dose (5 years old) %	2015/16	96.0	94.8	95%
Population vaccination coverage – MMR for two doses (5 years old) %	2015/16	86.5	88.2	95%
	2017/18	87.0	87.2	
Population vaccination coverage – HPV %	2014/15	89.1	89.4	90%
	2016/17	88.4	87.2	
Population vaccination coverage – PPV (Pneumococcal Polysaccharide Vaccine) %	2015/16	72.0	70.1	75%
	2017/18	70.0	69.5	
Population vaccination coverage – Flu (aged 65+) %	2016/17	71.8	72.6	75%
	2017/18	73.5	72.6	
Population vaccination coverage – Flu (at risk individuals)	2016/17	50.7	48.7	55%
	2017/18	50.5	48.9	
Population vaccination coverage – Flu (2-4 year olds)	2016/17	37.5	34.4	65%
	2017/18	39.5	43.5	

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – Shingles (70 years old)	2015/16 2016/17	53.6 41.5	54.9 48.3	60%

*Value estimated from former primary care organisations covered by the LA.

**Value suppressed for disclosure control due to small count

Screening

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

Table 4

Indicator	Period	Doncaster value	England value	Target
Cancer screening coverage – breast cancer - %	2016 2017	76.2 76.0	75.5 75.4	Significantly better than England average
Cancer screening coverage – cervical cancer - %	2016 2017	75.0 74.8	72.7 72.0	Significantly better than England average
Cancer screening coverage – bowel cancer - %	2016 2017	60.7 61.0	57.9 58.8	Significantly better than England average
New born bloodspot screening coverage - %	2015/16 2016/17	95.6 -	95.6 96.4	Significantly better than England average
New born hearing screening coverage - %	2013/14 2016/17	98.5 -	98.7 98.4	Significantly better than England average
Abdominal aortic aneurysm Screening - %	2014/15 2016/17	84.2 -	79.9 82.2	Significantly better than England average

Support the work of Doncaster Active Travel Alliance, acknowledging the importance that 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.

25. Air pollution is considered to be the fourth largest risk to public health in England (PHE 2017). When considering impact on health, there are no thresholds of effect identified for Nitrogen Dioxide and particulate matter; therefore health benefits can be expected from improving air quality even at concentrations below that set out by air quality standards.

The current Public Health Outcomes Framework indicator (3.01) estimates that the fraction of mortality attributable to particulate matter in Doncaster is 4.3%, compared to 5.1% for England.

The Annual Health Protection Assurance report of 2018 stated that Doncaster Council has declared seven air quality management areas (AQMA7) where the concentration of nitrogen dioxide (NO₂) exceeds the limit within the Air Quality Regulations 2000 (as amended). These are attributed to emissions from traffic.

Since that report, accrued data for NO₂ has indicated an additional area of exceedance along the A630 in the village of Marr. As this concerns the same highway, pollutant and the majority of traffic it may be argued that this could be declared as an extension of AQMA7 at Hickleton. However as the topographies are different, and Marr contains a "T" junction; a separate AQMA may be considered.

The Map of Doncaster AQMA7s and an Action Plan are in Appendix 1. Key activities and outcomes include:

- PM2.5 (air quality indicator) estimate in Doncaster for 2018 showed 8.5% reduction on 2017 and it continue to decrease since 2010;
- 33% reduction of PM2.5 since 2010; and
- Promotion of Ultra Low Emission Vehicles was carried out by purchasing of all electric Nissan Leaf for Doncaster Council; and Fuelling Change Campaign across South Yorkshire with Doncaster being lead authority.

Public health and pollution control teams work closely, alongside other colleagues, to progress work that can have a positive impact on air quality across the borough. An air quality steering group has been set up which meets quarterly, and the Doncaster Active Travel Alliance is well established. A working group has also been set up to coordinate joint work to raise the profile of air quality in Doncaster in the lead up to Clean Air Day on 20th June 2019 which will include work with schools.

26. The Doncaster Active Travel Alliance has overseen a number of key pieces of work in 2018 including the adoption of Doncaster's Walking Strategy, development of separate walking and cycling policies in our Local Plan and the recently commissioned Cycling Strategy. We have been successful in securing internal funding via "Doncaster Growing Together" for:

- **Walking Officer** - to deliver the implementation of the Walking Strategy & perform Community Street Audits providing community insight into local journeys made by residents.
- **Active Travel Auditor** - to provide a mandatory systematic process applied to planned changes to highway and other infrastructure/ developments, which is designed to ensure that opportunities to encourage walking and cycling are considered comprehensively and equally important, that walking and cycling conditions are not made worse by proposed changes.
- **Cordon Counts** – expanding the number of sites and frequency of our travel counts in order to increase our confidence of the data.

More recently there has been the opportunity to contribute to Sheffield City Region's submission to the Government's Transforming Cities Fund. This highlights the importance of investment in inclusive and healthy active travel solutions as part of a reliable, sustainable transport system based on the evidence that across the City region 71% of all trips are still made by car.

Supporting active travel brings a number of co-benefits; helps to address our transport challenges and achieving our growth potential, help address air pollution and embeds physical activity into individuals daily lives.

Doncaster Council on behalf of the borough is fully committed to utilising this opportunity for significant infrastructure investment to bring about a step change in Doncaster's active travel participation. It will provide a pivotal phase of transformative strategic cycling and walking infrastructure planned for Doncaster. We know from our Walking Strategy that **there are approximately 12,000 Doncaster residents who live within less than 20 minutes' walk to work but currently do not do so.** Our adopted Walking Strategy has clear ambitions for Doncaster *to be a place where walking is an integral part of everyday life and walking is the first choice for short journeys.*

We have applied for a transformational package of schemes to open up new active travel routes across the Borough through the Transforming Cities Fund. Key packages in this scheme include the creation of cycle lanes, new cycle and pedestrian crossings, and a series of strategic cycling and walking improvement works to deliver new active travel connections. With the potential of significant level of funding it is critical that we ensure that this is supported by an approach that

provides residents with the capabilities to utilise the opportunity that new active travel infrastructure provides to be more physically active.

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

27. Doncaster Stop Smoking Service continues to provide excellent service in the area. The ‘successful quitters’ rates are higher than the England and Yorkshire and Humber and its similar local authorities.

Table 2: Persons setting a quit rate and outcome per 100,000 smokers, by National, region, and local authority. April 2018 – Sept 2018

	Setting quit date	Successful quitters (self-reported)	Not Quit	Not known/lost to follow up	Successful quitters (self-reported) Confirmed by CO validation.
England	1674	849	456	368	599
Yorkshire and Humber	1239	750	219	271	566
Doncaster	2663	1630	593	440	1299

Source: NHS Digital

Targeted resources have been directed towards specific population with high prevalence of smoking for example, routine and manual workers, people with mental health problems, and prisoners on release:

- Other initiatives around tobacco control in Doncaster include reducing prevalence of smoking in pregnancy, smoke free homes, working with Sports and Leisure providers to promote the health hazards of smoking and sign posting people to the stop smoking service, trading standards (enforcement) and South Yorkshire Fire and Rescue Service. A Tobacco Control Dashboard has been set up to track the performance of the services on quarterly basis.
- A Peer assessment visit to Doncaster to assess Tobacco Control Initiatives in Doncaster is scheduled for 19th of March 2019. The findings and recommendations of this visit will inform future action plans.
- Consultation has been done around smoke free environment in Doncaster around public events (raising awareness), smoke free homes, play grounds and town centre. The report has been produced and is due to be presented at Health and Wellbeing Board along with the finding and recommendations from the peer assessment. Some of the main findings of the consultation showed that the majority of participants agreed or strongly agreed with proposals for designated voluntary smoke-free spaces, for example:
 - 94% (320 responses) for schools,
 - 85% (291 responses) for hospital grounds and
 - 83% (282 responses) for council family-friendly events.

- The majority said they would visit spaces more frequently if they became smoke-free, for example outside seating areas where people eat and drink, entrances to shopping centres and public buildings and specific places in Doncaster town centre.

HORIZON SCANNING OF HEALTH PROTECTION FUNCTION

HORIZON SCANNING OF HEALTH PROTECTION FUNCTIONS	ASSURANCE
<p>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.</p>	<p>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).</p>
<p>Mass Treatment Plan for Doncaster</p>	<p>Multi-agency outbreak and mass treatment plans have been signed off through Joint Health and Emergency Planning (JHEP) Group.</p>
<p>Reviewing contingency plan as appropriate according to national and local guidance and testing response arrangements.</p>	<p>The following contingency plans were reviewed and signed off in 2018/19:</p> <ul style="list-style-type: none"> • Doncaster Council Pandemic Flu Contingency plan • Doncaster Council Public Health Cold Weather Plan • Doncaster Council Heatwave Plan • Doncaster multi-agency Outbreak plan. <p>Public Health have participated in and</p>

HORIZON SCANNING OF HEALTH PROTECTION FUNCTIONS	ASSURANCE
	<p>supported a range of multi-agency exercises with health partners focussing on a range of scenarios.</p> <p>The Doncaster Joint Health Emergency Planning Group (DJHEPG), chaired by the Director of Public Health, meets quarterly to monitor and review local arrangements and risks. In 2018/19 we have also adapted the format to include dedicating part of each meeting to scenario based discussions to further challenge and strengthen local arrangements for the response to a range of incidents that may impact on the public's health.</p> <p>Notable in 2018/19, a Doncaster 'Psychological Support in a Major Incident' guidance document is in development to provide an evidence based framework for the multi-agency psychological support response to an emergency affecting Doncaster residents, visitors, staff and responders. This continues to be progressed through the DJHEPG.</p> <p>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.</p>
<p>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.</p>	<p>IPC service has been retendered and contract has been awarded. 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</p>

HORIZON SCANNING OF HEALTH PROTECTION FUNCTIONS	ASSURANCE
	<p>process with the provider.</p> <p>The primary focus of this commissioned service provides infection prevention and control expertise for residents of nursing and residential homes across Doncaster and is committed to ensuring that effective prevention and control of healthcare associated infections (HCAIs) is embedded into everyday practice.</p> <p>Key achievements of 2017/2018 was Provided expert proactive and reactive infection prevention and control (IPC) knowledge skill and experiential support to adult health and social care providers.</p> <p>The link champion support scheme was developed to support both Residential and nursing care homes in providing compliance with the Health and Social Care Act 2008 and CQC (regulated Activities) Regulation 2014. There have been 5 successful link champion schemes within care homes across Doncaster. Evaluations have been positive across the 5 schemes.</p> <p>The IPC Link champion scheme consists of registered and non-registered staff working in both residential and nursing care home settings. They are a key resource, acting as first contact for managers and team colleagues when IPC issues arise, disseminating information, challenging practice and facilitating change.</p>
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

HORIZON SCANNING OF HEALTH PROTECTION FUNCTIONS	ASSURANCE
	England and assurance is provided via the local HPAG.
Drugs and substance misuse (in relation to infection with blood-borne viruses)	<p>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.</p> <p>Progress so far:</p> <ul style="list-style-type: none"> • 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)	<p>The Doncaster's prevalence for 2017 is 19.7% and the England prevalence for 2017 14.9%.</p> <p>Smoking Prevalence for routine and manual workers for 2017 is 31.6% compared to England value 25.7%.</p> <p>In 2018/19 the smoking cessation service model has targeted groups which have higher smoking prevalence: routine and manual workers, mental health clients, prisoners on release and people with long term conditions.</p> <p>A programme for helping patients to quit smoking whilst they will be in the hospital is in place since April 2018 at Doncaster & Bassetlaw Teaching Hospital; while it is already in place at Rotherham and Doncaster South Humber (RDASH) Foundation Trust.</p>

Smoking

32. Smoking is a major Public Health problem in Doncaster. Currently 19.7% of adults aged 18 years and over, smoke in Doncaster (2016) compared 14.9 % in England. Doncaster has agreed an ambitious target of reducing smoking prevalence among adults to 10% by 2022.

Figure 1: Smoking prevalence 18+yrs - % of current smokers in the Annual Population Survey for England.

(Source - PHE, Local Tobacco Control Profiles)

Smoking Prevalence in adults – current smokers (APS) – Doncaster

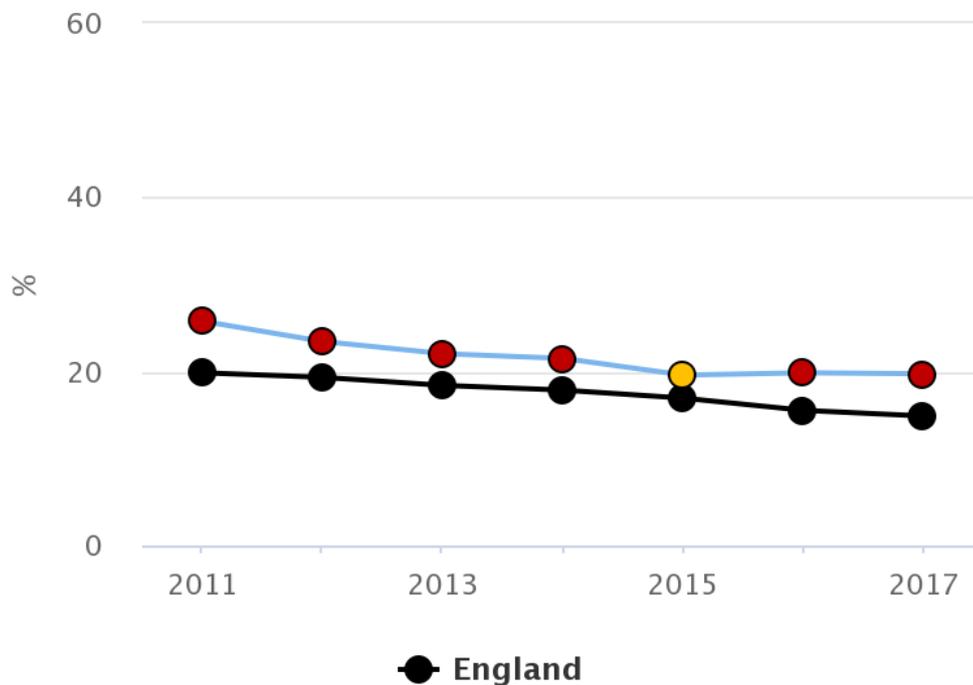


Table 6: Smoking Prevalence in Doncaster, Yorkshire and the Humber, and England: 2011-2017

Period		Doncaster				Yorkshire and the Humber	England
		Count	Value	Lower CI	Upper CI		
2011	●	61,072	25.8	23.0	28.6	21.9	19.8
2012	●	55,785	23.4	20.7	26.1	21.9	19.3
2013	●	52,606	22.0	19.4	24.7	20.5	18.4
2014	●	51,406	21.5	18.7	24.2	19.9	17.8
2015		47,013	19.6	16.7	22.4	18.6	16.9
2016	●	47,966	19.8	17.0	22.7	17.7	15.5
2017	●	47,956	19.7	17.1	22.4	17.0	14.9

Source: Annual Population Survey (APS)

Compared with benchmark: Red means "Worse"

Other Health Protection Indicators

Air Quality

35. Fraction of mortality attributable to particulate air pollution in Doncaster is 5% which is lower than England but slightly higher than Yorkshire and Humber.

The % of deaths attributable to PM_{2.5} is highlighted below and currently stands at 5% which is just below the England value (Source: Public Health England (2017)).

Table 7: Fraction of mortality attributable to particulate air pollution (PM2.5)

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	
	2017	5.0	5.3	

Chlamydia

36. Chlamydia detection rate (15-24 years old) per 100,000 population in Doncaster, is higher than the national target for detection. See table 5.

HIV

37. Proportion of people presenting with HIV at a late stage of infection is quite high (42.1%) compared to target which is less than 25%.

Tuberculosis

38. 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

39. Prescribing of antibiotics is a new indicator. Doncaster’s prescribing rate is less than the mean for England.

Table 8: Public Health Outcomes Framework Other Health Protection Indicators

Indicator	Period	Donca ster value	England value	Target
Fraction of mortality attributable to particulate air pollution (PM2.5)	2015 2016	4.5 5.0	4.7 5.3	N/A
Chlamydia detection rate (15-24 year olds) (per 100,000)	2015 2016 2017	2549 2226 2416	1887 1882 1882	>2300
HIV late diagnosis - %	2013 -15 2015/17	47.9 42.1	40.3 41.1	<25
*Treatment completion for TB - %	2014 2016	76.7 87.5	84.4 84.4	Target is >90 th percentile of LAs. Doncaster is <50 th percentile
Incidence of TB (rate per 100,000)	2013-15 2014/16 2015/17	7.3 6.6 4.8	12.0 10.9 9.9	<10 th percentile of LAs. Doncaster is between 10 th and 50 th percentile.
NHS organisations with a board approved sustainable development management plan - %	2014-15 2015/16	40.0 40.0	56.5 66.2	N/A
Adjusted antibiotic prescribing in primary care by the NHS	2015 2016 2017	1.25 1.13 1.15	1.1 1.08 1.04	<England 2013/14 prescribing rate
Suicide rate – age standardised per 100,1000 population (persons)	2013-15 2014-16	10.1 10.1	10.1	No target

OPTIONS CONSIDERED

40. 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

41. 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

42.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>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.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>By addressing air quality we are encouraging active travel therefore contributing to an increase in physical activity levels in the borough.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better 	

	Outcomes	Implications
	<ul style="list-style-type: none"> • Learning in Doncaster prepares young people for the world of work 	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	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.
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	Health Protection contributes to healthy families and their ability to thrive and realise their full potentials.

RISKS AND ASSUMPTIONS

43. 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 Leadership Team on quarterly basis.

LEGAL IMPLICATIONS [ND: 05/03/2019)

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

45. 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.
46. 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....'
47. Further legal advice and assistance will be given, if required, to support effective health protection.

FINANCIAL IMPLICATIONS (Officer Initials: HR Date: 04/03/2019)

48. 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 04/03/19)

49. There are no obvious HR implications in respect of 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 addressed within HR's regular Partnership Meetings with the Director Public Health and / or his 2 Senior Management and progressed as necessary within the implementation of the appropriate Policies & Procedures.

TECHNOLOGY IMPLICATIONS (Officers initials PW Date 05/03/19)

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

HEALTH IMPLICATIONS (VJ 040319)

51. 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.

EQUALITY IMPLICATIONS (VJ 040319)

52. 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

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

BACKGROUND PAPERS

See Appendix 1 for additional information on air quality status and activities in Doncaster.

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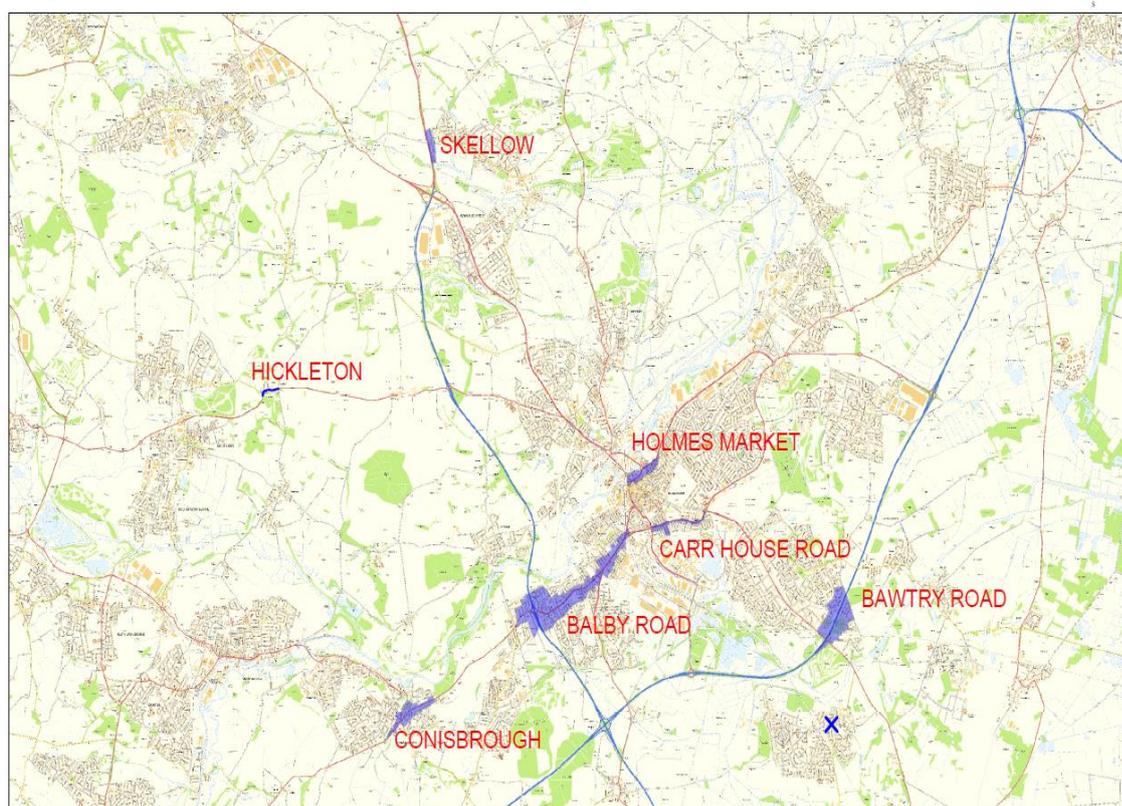
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APPENDIX 1

Screening of air quality data (2018/19) and identifying the Air Quality Management Areas (AQMA) across Doncaster.

Map of Doncaster air quality management areas (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 PM_{2.5}.

PM₁₀ data can be used to estimate PM_{2.5} following guidance in TG(16). A national ratio can be used in the absence of a suitable local site; applying this ratio to PM₁₀ monitoring in Doncaster (Market Place) produced PM_{2.5} results for the years 2018;

2018:- 24 hour Average 9.6 ug/m³ (TEOM)

This figure indicates a 8.5% reduction on 2017 and a continuance of the downward trend from 2010.

Since 2010 there has been a 33% 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 data which suggests that concentrations are low across Doncaster with the highest concentration being reported as 10.7ug/m³. The Pollution team have secured funding for PM_{2.5} monitors to be installed on a rolling programme across the Borough and will include any data collected in future reports.

In the last report we included a section on Pollution Control's successful bid for a £100,000 of funding to publicise the benefits of Ultra Low Emissions Vehicles (ULEV). This has been used for the

- purchase an all-electric Nissan Leaf which is available for use by Council officers and
- to fund the highly successful, well received, Fuelling Change campaign across South Yorkshire; with Doncaster being lead authority

Doncaster Council have partnered with Barnsley Council to deliver an ECO stars Taxi scheme across the two areas. This is an opportunity to allow willing Taxi operators to sign-up to a free scheme whereby drivers are able to access advice on reducing emissions in their fleet and hopefully allowing drivers to save money.

Clean Air Day took place on Thursday 21st June 2018. This was a joint Pollution Control and Public Health initiative centred on the synergies and benefits of Clean Air and a more active lifestyle. The venue was along the front of the Frenchgate shopping centre; it consisted of various car dealership showcasing their low emission vehicles, Dr Bike offering free cycle maintenance, and a Public Health and Pollution drop in/information outlet.

Feedback was very complimentary, with the exhibitors requesting inclusion in any future events.

This year's national Clean Air Day (CAD) is scheduled for 20 June 2019 which again is a Thursday.

The Council is looking to repeat and expand the theme of last year; it also proposes to take advantage of the revamped Market area. Therefore it is considering having the "show" day on a market day (i.e. a Tuesday or Friday) rather than the actual

CAD; thus taking advantage of the increased footfall. The actual date is still to be confirmed but is anticipated to be within the two weeks following the 20 June.

It is intended to hold other events on the 20th and use these as a spring board/promotional opportunity for the Market place event.

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 licenced 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	Doncaster 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Reduce and limit traffic congestion and thereby air through investment in higher Euro Engine specifications • Provide high quality choice for those with use of a car • Reduce environmental impact 	Low	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.



Doncaster Council

Report

Date: 21st March 2019

TO THE CHAIR AND MEMBERS OF THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Prevention Concordat and the Better Mental Health (Adults) Improvement Plan 2018/21

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball Public Health, Leisure and Culture	All	N/A

EXECUTIVE SUMMARY

- This report informs the Committee that, via endorsement of the Health and Wellbeing Board, Doncaster has submitted an application to become a signatory to the Prevention Concordat for Better Mental Health. The Health and Wellbeing Board has also endorsed Doncaster's Better Mental Health (Adults) Improvement Plan. This plan, and a presentation outlining its development and content, are attached as appendix 1 and 2 respectively.
- The Improvement Plan has the themes of:
 - Living well-community led support and low level early intervention
 - Access to appropriate services
 - Caring well- holistic care and support
 - People with complex/bespoke needs and their access to services
 - Suicide prevention
 - Outcomes and success
 - Partnerships and governance
 - Needs and asset management

The Improvement plan progress will be overseen by a core officer's group, reporting to the Health and Wellbeing Board.

EXEMPT REPORT

- The report is not exempt.

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RECOMMENDATIONS

4. The Overview and Scrutiny Committee is advised and asked to note that the application for Doncaster to become a signatory to the Prevention Concordat for Better Mental Health has been submitted, and a Better Mental Health (adults) Improvement Plan has been endorsed by the Health and Wellbeing Board.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. The Prevention Concordat and Better Mental Health (adults) Improvement Plan represent an holistic, whole system, coherent approach of taking action for mental ill-health prevention and promotion of good mental health for the citizens of Doncaster

BACKGROUND

6. Mental health is more than mental illness, it is about mental wellbeing. The Mental Health Joint Strategic Needs Assessment support pack provided by Public Health England provides a rich picture of prevalence and risk factors, and does not indicate Doncaster is a particular outlier from the national average for mental health. However, a local mental health needs assessment is underway to drill down into the available data and will be completed in spring 2019.

OPTIONS CONSIDERED

7. Do nothing. Become a signatory to the Prevention Concordat for Better Mental Health and implement the Better Mental Health (adults) Improvement Plan (recommended option)

REASONS FOR RECOMMENDED OPTION

8. The approach to mental health prevention and mental health improvement is a whole system one, with particular emphasis on addressing health inequalities, which is likely to maximize impact.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 9.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are supported to flourish• Inward Investment	<p>A coherent approach to mental health prevention and promotion of good mental health will be adopted which spans across areas of Doncaster Working, Living, Learning and Caring</p>

	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>A coherent approach to mental health prevention and promotion of good mental health will be adopted which spans across areas of Doncaster Working, Living, Learning and Caring</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>A coherent approach to mental health prevention and promotion of good mental health will be adopted which spans across areas of Doncaster Working, Living, Learning and Caring</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>A coherent approach to mental health prevention and promotion of good mental health will be adopted which spans across areas of Doncaster Working, Living, Learning and Caring</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting 	

	<p>community assets and strengths</p> <ul style="list-style-type: none"> • Working with our partners and residents to provide effective leadership and governance 	
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RISKS AND ASSUMPTIONS

10. It is assumed that stakeholder members of Doncaster partnerships will be fully appraised of the model and how it operates, in order to maximize effectiveness of the approach to mental health prevention and promotion of good mental health.

LEGAL IMPLICATIONS [Officer Initials...HMP..... Date 26.2.19.....]

11. Under the Health and Social Care Act 2012 Local Authorities are responsible for improving the health of their local population and for public health services. This supports the Council’s involvement with Doncaster becoming a signatory to the Prevention Concordat for Better Mental Health, and a Better Mental Health (adults) Improvement Plan being endorsed by the Health and Wellbeing Board.

FINANCIAL IMPLICATIONS [Officer Initials: HR Date: 26/02/19]

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

HUMAN RESOURCES IMPLICATIONS [Officer Initials...BT... Date...28/02/201]

13. There are no specific HR implications arising from this Corporate Report

TECHNOLOGY IMPLICATIONS [Officer Initials.....PW Date...26/02/19]

14. There are no specific technology implications in relation to this report. Any technology requirements to support the delivery of the Better Mental Health Improvement Plan would need to be considered by the Technology Governance Board (TGB).

HEALTH IMPLICATIONS [Officer Initials...HC Date19/02/19.....]

15. Overview and Scrutiny Committee should be advised that the approach adopted to mental health prevention should improve and protect health and reduce inequalities. The prevalence and risk factors of mental health will be examined in detail in a local mental health needs assessment, and the impact of the model will continue to be monitored by Public Health in order to improve prevention responses going forward.

EQUALITY IMPLICATIONS [Officer Initials...HC Date.....19/02/19]

16. Data available from Public Health England shows that Doncaster is not a particular outlier from the national average for mental health inequalities but this will be examined in more detail when a local mental health needs assessment is completed in Spring 2019.

CONSULTATION

17. The Prevention Concordat and the Better Mental Health (adults) Improvement Plan for Doncaster has been examined and endorsed by the Health and Wellbeing Board.

BACKGROUND PAPERS

18. There are no background papers.

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Better Mental Health (Adult) - Doncaster Improvement Plan 2018-2021

Introduction

The purpose of this plan is to bring together a number of practical actions to improve mental health service delivery across Doncaster, in the context of the 5 Year Forward View for Mental Health, the Crisis Care Concordat, and the Prevention Concordat for Better Mental Health.

This improvement plan is complementary to individual plans held by contributor organisations. This represents not only a consolidation of activity with improved visibility but also an expansion of opportunity through better connected joint working.

It is timely to bring together a joint approach to mental health service improvement to recognise closer joint working of health and social care organisations. Joint health and social care commissioning will centre around three lifecycle stages (Starting Well – Living Well – Ageing Well), with further consideration being given to integration and transition of care as these plans are brought together. Better aligned commissioning and provision will bring additional holistic focus on people's needs within their communities and recognise the wide range of determinants affecting mental wellbeing. This will also foster support for better self-management, earlier identification of deteriorating mental wellness and identification of support to prevent mental illness, or assist in recovery for a person diagnosed with a mental health condition.

The plan is laid out as SMART actions across the themes of:

- Living Well – community led support and low level early intervention
- Access to appropriate services
- Holistic Care & Support
- People with complex / bespoke needs
- Suicide Prevention

This plan also contains sub sections relating to governance, outcomes, needs and assets – these actions will be integral to the delivery of the Mental Health Improvement Plan. It is intended that this be a live document with progress being monitored and further development identified throughout the life of the plan.

Features of the Better Mental Health Adult Improvement Plan & how this fits with wider strategies

In constructing this Plan it is recognised that a wide set of strategies are relevant and interconnected. This Plan does not seek to restate those strategies but does outline specific actions related to improving adult mental health across Doncaster recognising these wider determinants, notably:

- Doncaster Place Plan
- Doncaster Growing Together, under the themes:
 - Learning
 - Working
 - Living
 - Caring
- South Yorkshire & Bassetlaw Integrated Care System Plan
- Carers Strategy
- Homelessness & Rough Sleeping Strategy
- Anti-poverty Strategy
- Physical Activity & Sport Strategy
- Care Home Strategy
- Doncaster Dementia Together Action Alliance
- Suicide Prevention Plan
- Armed Forces and Veteran Covenant

Our collaborative approach follows the Accountable Care Partnership ethos by joining whole pathway stakeholders together to be responsible for service improvement and cognisant of promoting the **five ways to wellbeing** to the Doncaster population as a model to support positive mental health and wellbeing, these being:

- Connect
- Be Active
- Keep Learning

- Give to Others
- Be Mindful

The plan not only applies to individuals but also to families and carers, and particularly important points of transition e.g. transition to adulthood or from different types of custody or care to community settings. It should also be recognised that co-existing multiple needs are addressed inherently within current service provision, however, further opportunities to improve tailored responses are a feature of this plan.

In 2019 this plan will include additional development recognising when we need to focus solutions on the whole family unit. Often solutions are sought based on issues that impact one family member but without a joined up management of intervention across other family members. For example, considering any wider MH, LD or addiction support for the parents of a child in receipt of children's support service whether on an Early Intervention or other statutory basis.

The Plan recognises the pivotal role of the Voluntary Community & Faith (VCF) sector as an equal partner to statutory services and how this contributes to a range of support options as a stepped approach to wellbeing. It is expected that the VCF voice will reflect the diverse nature of communities across Doncaster and that further local work underway will create more of a unified platform for VCF perspectives. The Well North and Complex Lives initiatives, amongst others, provide examples to learn from.

People with mental health needs and dementia continue to face stigma in their daily lives and that we will continue to support and promote further efforts to raise awareness, understanding and societal shifts of attitude / access / inclusion e.g. Dementia Friendly communities.

A public facing version of this Plan will be produced in co-operation with Communications professionals from the various stakeholder organisations. This will support ongoing engagement with Doncaster citizens to inform service development and evaluate whether service change is effective and delivering improved experience and outcomes.

Better Mental Health (Adult) - Doncaster Improvement Plan 2018-2021		
Theme and action	Owner of action	By when
<p>1. Living Well – community led support and low level early intervention</p> <p>People are encouraged to engage with community neighbourhood support to manage aspects of their mental health wellbeing or long term MH condition through shared experience, improved understanding, and peer support. Maximising individual responsibility and empowering people to make positive choices about their health. Lower level intervention services will dovetail as an integrated voluntary and statutory offer. Neighbourhood needs will be identified as a true collaboration across statutory / voluntary / community / faith sectors.</p> <ul style="list-style-type: none"> • To support development of stronger, active and resilient communities across Doncaster, effectively using their strengths and assets to improve and manage their quality of life, wellbeing and mental health, to make their neighbourhoods safe and supportive and to tackle issues that matter to them. To embrace community and individual strengths, focusing on stemming demand and better preparing our citizens with creative approaches to early help, intervention and prevention. This will involve: <ul style="list-style-type: none"> ○ Co-produce a programme of events and awareness raising, stigma reducing campaign to engage citizens in understanding, identifying and supporting themselves and those within the networks and communities around mental health; ○ Mapping of connections between VCSF, Communities, Commissioned providers and Service provision create better pathways and gap analysis and keeping live through Your Life Doncaster; ○ Delivery against plans for Carers overseen by the Carers Strategic Oversight Group - recognising the vital contribution they make, have a strong voice that influences improvement, are respected as partners in care and are able to tap into the support they need, when they need it, in the way they choose. 	<p>VCSF / Multi provider / Commissioning / Multi Agency</p>	<p>Summer 2019</p>

<ul style="list-style-type: none"> • Resolve under representation and differential outcomes for older people and BAME groups by extension of Talking Therapies (Improving Access to Psychological Therapy - IAPT) to increase prevalence reach and effectiveness • Four locality based social/crisis cafés which will provide person centred support and champions mental wellbeing within communities. These services are currently being mobilised with a focus on extension from existing Doncaster town services to include Thorne, Mexborough and Bentley. • Dementia Café's will be delivered across Doncaster by the Accountable Care Partnership which will provide a forum for people and their carers to socialise, learn more about dementia and access information, advice and guidance to local services. • Mental Wellbeing Alliance & Doncaster Dementia Strategic Partnership Board – development of a multiagency / user representative forum to inform development of Mental Health services and understand lived by experience usage of service • Engagement with local employers will be developed to both support people to stay well within employment and to recruit local business to offer employment <ul style="list-style-type: none"> ○ Promote the Healthy Workplace Framework across South Yorkshire <ul style="list-style-type: none"> ▪ Understand health at work issues for employers ▪ Provide some advice on services available and taking away issues for further consideration ▪ Establish a core set of employers from which we could build a regular forum around workplace health ▪ Promote the Be Well @ Work award ○ Promote self-referral pathway into IAPT with employers ○ Schemes to facilitate a person's mental health recovery via employment, for example: <ul style="list-style-type: none"> ▪ Working Win – DWP's Sheffield City Region scheme to overcome 	<p>RDaSH / DCCG</p> <p>Multi-provider & commissioner</p> <p>Multi-agency</p> <p>Multi-agency</p> <p>Public Health</p> <p>RDASH</p> <p>Integrated Care</p>	<p>Initial MH mapping summer 2018 pending wider VCF analysis</p> <p>Incremental through to 2021</p> <p>Incremental through to 2020</p> <p>Agreed Terms of Reference by Dec 2018</p> <p>Workshop Jan 2019, launch February 2019</p> <p>through to 2021</p> <p>evaluation 2021</p>
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<p>barriers to employment for people with low level mental health needs</p> <ul style="list-style-type: none"> ▪ Bid for wave 2 NHS England funding to implement Individual placement employment support for people with a severe mental illness <p>• Get Doncaster Moving - Doncaster has a whole system approach to addressing inactivity in Doncaster. Driven by the physical activity and sport strategy, the vision is to have <i>healthy and vibrant communities through physical activity and sport</i>. There are a number of approaches that will underpin positive mental health for residents including:-</p> <ul style="list-style-type: none"> ○ Using community participatory research delivered by residents to understand barriers and challenges to being active. ○ Co-design principles to ensure residents are empowered to deliver sustainable activity. ○ Support for voluntary organisations to lead hyperlocal opportunities such as health walks, sporting opportunities, dance activity, active travel initiatives. ○ Increase the quality of our parks and open spaces to encourage the use of the outdoors to improve physical and mental health and encourage social interaction. ○ Borough wide social marketing campaign to address the current social norm of inactivity <p>• The development of a Social Isolation Alliance to tackle all age loneliness and social isolation issues in Doncaster is underway with engagement from key voluntary and community sector organisations. A proposal to develop the Alliance is currently in progress and is supported by funding allocation from DMBC to facilitate it's development.</p> <p>• Developing an effective Voluntary Community Faith voice is vital to ensure a full contribution to strategy and partnership development within Doncaster. Work is underway with 5 nominated VCF partners to ensure effective representation and any</p>	<p>System (SYBICS) Integrated Care System (SYB ICS)</p> <p>Multi-agency</p> <p>Social Isolation Alliance</p> <p>DMBC / DCCG / VCF</p>	<p>2019/20</p> <p>Ongoing throughout the plan</p> <p>Ongoing throughout the plan</p>
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<p>necessary support structures. It should be recognised that there are resource implications for any expansion / extension of services in this area.</p> <ul style="list-style-type: none"> Recognising that a wide range of factors will influence a person's mental wellbeing, future commissioning arrangements for Social Prescribing will be developed including an understanding of resource implications. 	DMBC / DCCG	By 31 March 2019
<p>2. Access to Appropriate Services</p> <p>We aim to promote community led support and early low level intervention as genuine and valuable alternatives to statutory health or social interventions.</p> <p>Where services are required they will be readily accessible and responsively matched to people's level of need. Services will be delivered within settings appropriate to need and based on a least restrictive environment. Where a person is in mental health crisis then "crisis" will be defined by the individual in line with Crisis Care Concordat principles, unless otherwise determined by the Mental Health Act.</p> <ul style="list-style-type: none"> Develop proposals for the front end modernisation of Mental Health Access services that provide additional flexibility in the location of response, reliable access to crisis resolution and home treatment, and provide genuine alternatives to hospital admission and A&E presentation. Aligned with MH Access development, examine the case for mental health and alcohol misuse acute psychiatric liaison services within urgent and emergency care settings to reengage people with preventative or stabilisation programmes. Challenge and influence behaviour to improve individual outcomes and release unplanned system resource Improvement trajectory to eliminate inappropriate hospital Out of Area Placement for patients within Doncaster and the Integrated Care System (ICS) for South Yorkshire & Bassetlaw footprint. 	<p>DCCG / RDaSH / DBTH / SY Police / DMBC</p> <p>Public Health / DCCG / RDaSH / DBTH</p> <p>DCCG / RDaSH / ICS providers & commissioners</p>	<p>By 31 March 2019</p> <p>Consider proposals By Q2 2019</p> <p>Incremental through to 2021</p>

<ul style="list-style-type: none"> Recognising that people with a Severe Mental Illness have poorer physical health outcomes, they will be supported to live well outside of statutory services by enhanced liaison between health, social and community providers. Commission a new enhanced level of physical healthcare monitoring and mental health support to localities for people to receive the most appropriate level and setting of care. People with Mental Illness will have their social care needs assessed and access to support to promote their independence and well-being Acute psychiatric liaison (both functional and organic MH) will be developed to improve patient pathways by avoidance of unnecessary inpatient admission, earlier discharge from acute care, initiation of appropriate community care packages, and better patient engagement with preventative programmes Intermediate out of hospital pathways will be improved for people diagnosed with dementia. In particular, dementia patients with an urgent physical presentation will be supported by better integration of the intermediate and care home MH liaison offers Post Diagnostic Dementia Support (including Admiral Nursing) will be refined by an Accountable Care Partnership Approach to better focus available resource, improve access and service capacity, and better integration with the broader care system. People (and their carers) will be supported to live independently for longer Dementia Diagnosis pathway improvement will be undertaken to achieve the national target reduction in Referral To Treatment from 10 weeks to 6 40% of people with a physical Long Term Condition (LTC) are likely to have a co-morbid diagnosable mental health condition. Services will be developed to offer psychological “talking therapy” that is bespoke to the physical condition to improve symptoms of depression or anxiety that may impact on that person’s engagement with care planning or health advice 	<p>Primary Care / RDaSH / DCCG</p> <p>DMBC / RDaSH</p> <p>DCCG / RDaSH / DBTH / Public Health</p> <p>DCCG / RDaSH / DMBC / DBTH</p> <p>DMBC / DCCG / Accountable Care Partnership providers</p> <p>RDaSH / DCCG / Primary Care</p> <p>DCCG / RDaSH / DBTH / Primary Care / Social Care</p>	<p>Proposed model developed by March 2019</p> <p>Q4 2018/19</p> <p>Proposals by 31 March 2019</p> <p>Proposals by 31 March 2019</p> <p>By 31 March 2020</p> <p>By 2020</p> <p>Mobilisation by 31 December 2018. LTC condition evaluation & any expansion decision 2019/20</p>
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<ul style="list-style-type: none"> • Perinatal Mental Health. Develop and implement mental health services to support women during and after pregnancy on an ICS SYB footprint (Sheffield, Rotherham & Doncaster only). This will provide specialist MH advice and support as part of an integrated physical, health visitor function, and peer support network • There are significant local, regional and National resources to support Mental Health prevention, support and treatment for our Armed Forces and Veterans population. This plan will aim to consolidate and inform individuals, communities and service providers of these benefits. Expectation is to move to services towards recognition and commitment to the Veteran Friendly status and fully utilise these wider specialist services. 	<p>ICS Health and Public Health, providers & Commissioners</p> <p>Multi - Agency</p>	<p>Commence implementation December 2018</p> <p>By 31 March 2020</p>
<p>4. <u>People with complex/bespoke needs and their access to services</u></p> <p>Agencies will work together to further understand the needs and response to people that access services either through routes that are inappropriate, ineffective, excessively resource intensive or whose behaviour is risky to themselves or others, leading to outcomes that are not optimal for those involved. Similarly, agencies will work together to identify missed opportunities to engage with people who may have Mental Health needs that would otherwise be unmet. We aim to secure better user engagement with services and structured intervention to improve quality of life and better mental wellness.</p> <ul style="list-style-type: none"> • Implement the Serenity Integrated Mentoring (SIM) model initially for people detained under Section 136 powers of the Mental Health Act by South Yorkshire Police, and likely presenting additionally within other settings (e.g. A&E, primary care). This multi-disciplinary programme will seek to understand behavioural triggers and any unmet need before development of a plan with the individual to support improved outcomes and behavioural change on a consistent basis. • Agencies will develop a person centred support approach for people with substance misuse and / or mental health needs currently within supported accommodation, 	<p>SY Police, RDASH, Social Care, Public Health, DCCG</p> <p>DMBC / DCCG / Supported</p>	<p>Mobilisation August 2018 through April 2019</p> <p>Proposals by 31 March 2019</p>

<p>identifying needs, considering any provision gap and development of potential solutions in a more bespoke and effective way.</p> <ul style="list-style-type: none"> • Link learning from similar complex / bespoke client approaches e.g. the Complex Lives initiative, Veteran Care, Pop-up Hub delivery (street doctor approach) • The Community Multi Agency Risk Assessment Conference is a multi-agency meeting where information is shared, on complex cases regarding vulnerable persons. The primary focus of the CMARAC is to safeguard individuals, prevent victimisation, and reduce demand and risk. This will be achieved by; <ul style="list-style-type: none"> ○ improving agency accountability and improve support for staff involved in cases; ○ encouraging creativity and innovative ways of working; ○ accurately determining the risk of any particular individual on others or to the community; ○ identifying those at risk of falling into a negative revolving door cycle, especially those with mental health problems; ○ jointly constructing and implementing risk reduction plans or action plans that provides professional support to all those at risk of harm 	<p>Housing / RDaSH</p> <p>DMBC / DCCG / Aspire / RDaSH</p> <p>Police / DMBC / RDaSH / DBTH / Probation Service / St Leger Homes / DCCG</p>	<p>Through to 2021</p> <p>Commence November 2018</p>
<p>5. <u>Suicide Prevention</u></p> <p>Doncaster has a comprehensive local Suicide Action Plan in place in line with PHE guidance, with the aim of reducing the number of people taking their own lives. In 2018/19 there will be an opportunity to further strengthen our approach to suicide prevention, via the deployment of £85k (2018/19) additional funds available from NHS England at South Yorkshire and Bassetlaw ICS level. It has been announced that further funding will be available for 2019/20. There is a national aspiration of a 10% reduction in suicides by 2020/21, this has been adopted locally.</p> <ul style="list-style-type: none"> • Comprehensive programme of training for diverse groups of front line professionals to improve awareness confidence and skills to respond to self-harm and suicide (funded 	<p>Public Health with cross agency support</p>	<p>Training 2018/19</p>

<p>by ICS NHS England monies)</p> <ul style="list-style-type: none"> • Improvement of Support offer of a range of services and articulation to citizens of this and sustainability of any improvement • Further supported by the breadth of initiatives contained within this Better Mental Health improvement plan • As part of the community crisis support service provided by MIND, peer led Bereavement Support will be developed and co-produced with experts by experience • Targeted men’s suicide prevention campaign using a range of media • Peer assessment of local Suicide Prevention plan (and response to findings): Bradford and Doncaster have co-operated to assess each other’s plans using the Association of Directors of Public Health assessment framework and findings will be used in the next iteration of the local plan • Promote use of Zero Suicide Alliance e-learning for diverse groups of professionals https://www.zerosuicidealliance.com/training/ 		<p>2018/19 and ongoing</p> <p>2018/19 and ongoing</p> <p>By March 2019</p> <p>2018/19</p>
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Outcomes, Governance, Needs & Assets

<h2 style="margin: 0;">Outcomes, Governance, Needs & Assets</h2>		
<p>6. <u>Outcomes & Success</u></p> <p>We will identify 5-10 measures from already available data sources which most closely resemble what success looks like.</p> <ul style="list-style-type: none"> • Process of defining and monitoring success outcomes shared with all those with a role in influencing those outcomes • Chosen outcomes reflect the issues which are most pertinent to the local system • Outcomes are measured through a mix of sources and methods 	<p>Multi-agency group involved in development of this plan</p>	<p>Initial outcome set by 30 June 2019 and proposals for monitoring / review</p>

<p>7. <u>Partnerships & Governance</u></p> <p>Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work.</p> <ul style="list-style-type: none"> • Develop oversight of improvement programmes via the Mental Wellbeing Alliance and Dementia Strategic Partnership Board • Health and Wellbeing Board to assume overview and sponsorship role • Core group of officers from across Health and Social Care to act as a task and finish oversight group for this improvement plan, with a focus on progress review, further opportunity / influence / engagement, and maintenance of this document 	<p>Mental Wellbeing Alliance & Dementia SPD</p> <p>Health and Wellbeing Board</p> <p>Core officer's group</p>	<p>2018/19 onward</p> <p>2018-2021</p> <p>2018/19 onward</p>
<p>8. <u>Needs and asset assessment</u></p> <p>Constructing effective arrangements for better mental health requires a thorough understanding of the local context, including both needs and assets.</p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment (JSNA) chapter on Mental Health to take place • Triangulation of JSNA findings and direction / content of this Mental Health Improvement Plan with lived experience perspectives as an ongoing process 	<p>Doncaster Council Strategy and Performance unit</p> <p>Mental Wellbeing Alliance & Dementia Strategic Partnership Board</p>	<p>December 2018</p> <p>Post JSNA completion December 2018</p>

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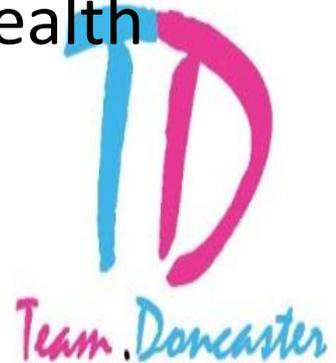
Prevention Concordat and the Better Mental Health (Adults) Improvement Plan 2018/21

Health and Social Care Overview and
Scrutiny Committee
March 2019



Strategic Context

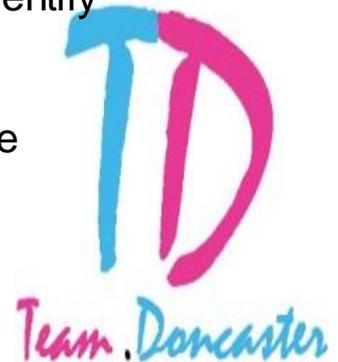
- Consolidation of national thinking and guidance
 - Five Year Forward View for Mental Health & Crisis Care Concordat
 - Prevention Concordat for Better Mental Health



Prevention Concordat for Better Mental Health (1)

- **Consensus Statement**

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focussed leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.
2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.



Prevention Concordat for Better Mental Health (2)

4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action¹.
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach



Better Mental Health (Adult) Improvement Plan

- How we got here:
 - Process mapping with stakeholders to identify gaps in pathway
 - Reviewed content of local individual plans (suicide prevention plan, mental health & dementia delivery plans, previous crisis care concordat)
 - Developed themed approach and identified draft action plan
 - Health and Wellbeing Board workshop 4th October 2018
- Recognise linkage to wider Borough Strategies
- Live document for use by professionals and stakeholders



Themes of the Plan (1)

- Living Well – community led support and low level early intervention
- Access to Appropriate Services
- Caring Well – Holistic Care and Support
- People with Complex / Bespoke Needs and their access to services
- Suicide Prevention



Themes of the Plan (2)

- Outcomes and Success
- Partnerships and Governance
- Needs and Asset Management



Living Well – community led support and low level early intervention

“People are encouraged to engage with community neighbourhood support to manage aspects of their mental health wellbeing or long term MH condition through shared experience, improved understanding, and peer support. Maximising individual responsibility and empowering people to make positive choices about their health. Lower level intervention services will dovetail as an integrated voluntary and statutory offer. Neighbourhood needs will be identified as a true collaboration across statutory / voluntary / community / faith sectors.”

Access to Appropriate Services

“Where services are required they will be readily accessible and responsively matched to people’s level of need. Services will be delivered within settings appropriate to need and based on a least restrictive environment. Where a person is in mental health crisis then “crisis” will be defined by the individual in line with Crisis Care Concordat principles, unless otherwise determined by the Mental Health Act.”

Caring Well – holistic care and support

“Pathways will be developed to consider the holistic “whole” needs of the individual in the context of their family and community, giving due regard and focus to equity of outcome regardless of any underlying mental health condition. This will include access and integration of a broader informal support network in addition to any formally commissioned health and social provision.”

People with Complex / Bespoke Needs – and their access to services

“Agencies will work together to further understand the needs and response to people that access services either through routes that are inappropriate, ineffective, excessively resource intensive or whose behaviour is risky to themselves or others, leading to outcomes that are not optimal for those involved. Similarly, agencies will work together to identify missed opportunities to engage with people who may have Mental Health needs that would otherwise be unmet. We aim to secure better user engagement with services and structured intervention to improve quality of life and better mental wellness.”

Suicide Prevention

“Doncaster has a comprehensive local Suicide Action Plan in place in line with PHE guidance, with the aim of reducing the number of people taking their own lives. In 2018/19 there will be an opportunity to further strengthen our approach to suicide prevention, via the deployment of £85k (2018/19) additional funds available from NHS England at South Yorkshire and Bassetlaw ICS level. It has been announced that further funding will be available for 2019/20. There is a national aspiration of a 10% reduction in suicides by 2020/21, this has been adopted locally.”

One Joint Plan for Doncaster

- Bring together areas of action
- Cohesive commissioning and delivery
- Better reach and outcome
- Simplify / consolidate for impact
- User friendly
- Sets direction of travel



Next Steps

- Endorsed by the Health and Wellbeing Board – January 2019
 - Better Mental Health (Adults) Improvement Plan
- Submitted to Public Health England
 - Signatory to the Prevent Concordat for Better Mental Health
- Continued Engagement & Development
 - Mentally Well Alliance
 - Dementia Strategic Partnership Board
 - Multi-agency core officers group as system leaders to drive improvement
- Develop public facing version of the improvement plan – Spring 2019





Doncaster Council

21st March 2019

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

OVERVIEW OF DEMENTIA COMMISSIONING IN DONCASTER

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care		All	None

EXECUTIVE SUMMARY

1. At the request of the Overview and Scrutiny Panel this report is intended to provide an overview of Dementia Commissioning in Doncaster. The format of the report is principally in the form of a presentation with pertinent background contained to this report document.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to consider and comment on the information provided.

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. The Prime Ministers Challenge on Dementia 2020 set out areas where the government believes it will be necessary for society to take sustained action in order to deliver this vision and to truly transform dementia care, support and research by 2020.
6. The government's key aspirations are that by 2020 we would wish to see:
 - Improved public awareness and understanding of the factors, which increase the risk of developing dementia and how people can reduce their risk by living more healthily. This should include a new healthy ageing campaign and access to tools such as a personalised risk assessment calculator as part of the NHS Health Check.
 - In every part of the country people with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be 6 weeks following a referral from a GP (where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia.
 - GPs playing a leading role in ensuring coordination and continuity of care for people with dementia, as part of the existing commitment that from 1 April 2015 everyone will have access to a named GP with overall responsibility and oversight for their care.
 - Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards. Effective metrics across the health and care system, including feedback from people with dementia and carers, will enable progress against the standards to be tracked and for information to be made publicly available.

The National Picture

7. The UK's population of older people is increasing; since 2008, the number of people aged over 85 has increased by nearly a fifth and, according to current estimates, the population of 65-84 year olds is likely to be 40% larger by the early 2030s.
8. 850, 000 people are estimated to be living with dementia in the UK. 24.6 million people in the UK – **38% of the population** – know a family member or close friend living with dementia. Dementia is the most feared health condition for people over the age of 55, but touches people of all ages. Dementia costs the UK economy over £26 billion per year – higher than cancer, heart disease or diabetes¹ in 3 people born in the UK this year will develop dementia in their

lifetime. One in 14 people over 65 have dementia in the UK and **one in 79 of the whole population.**

9. Dementia is now the leading cause of death in women and the third leading cause of death in men (ONS, Oct 2014)
10. An estimated 670,000 people in the UK act as primary carers for people with dementia, saving the state £11 billion per year. Two-thirds of people with dementia live in the community. Of these, one-third live alone in their own homes. One-third of people with dementia live in care homes and up to 70% of care home residents in the UK have dementia or significant memory problems.

The Doncaster picture

11. As of end January 2019 there are estimated to be 4050 people with dementia in Doncaster. Of these 2700 have a formal diagnosis giving Doncaster a Diagnostic rate of 73.5%.
12. There were 2493 admissions of people with dementia admitted to acute beds (Doncaster Royal Infirmary) in 2017/18. This figure has reduced for 18/19.
13. It is anticipated of the 2100 residential beds in Doncaster as much as 75% of will be occupied with someone with cognitive impairment/dementia.
14. According to the Census of 2011, there are 33,150 carers providing unpaid care in Doncaster, 9,383 of which are providing 50 hours or more a week. There are 7,301 carers over the age of 65.
15. A presentation in Appendix A supports this report and provides an overview of the current situation in Doncaster.

OPTIONS CONSIDERED

16. There are no specific options to consider within this report as it provides an opportunity for the Committee to receive an update on Dementia and agree themes to consider as part of the 2019/20 workplan.

REASONS FOR RECOMMENDED OPTION

17. This report provides the Panel with an opportunity to understand the impact on local service improvement.

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;	No implications in view of subject area.

	<ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	
2.	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Living well with dementia is important to both the person with dementia and their carers/families. We aim to improve patient pathways, patient experience and improve accessibility of dementia services across Doncaster and improve resilience.</p>
3.	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Extension of Dementia Friends into schools which will improve awareness and reduce stigma of dementia.</p> <p>Continue to work with local schools on the Cognitive Stimulation Therapy programme which brings young children and people with dementia together in setting which enables them to gain knowledge and understanding of the disease whilst providing the opportunity to build relationships.</p>
4.	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Service improvements continue to be developed which support carers/families of people with dementia. Continue to develop dementia post diagnostic services across Doncaster.</p> <p>Continue to ensure that carers can access all the statutory/non statutory and voluntary, community and faith services</p>

		across Doncaster.
5.	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>Continue awareness raising, reducing stigma and promoting prevention across Doncaster.</p> <p>Promotion of a Doncaster Dementia Action Alliance which is the vehicle for creating Dementia Friendly Communities which generates a neighbourhood which is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them.</p>

RISKS AND ASSUMPTIONS

18. There are no specific risks relating to this report.

LEGAL IMPLICATIONS (OFFICER INITIAL: SF..DATE: 12.03.19)

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

FINANCIAL IMPLICATIONS (OFFICER INITIAL: HR..DATE: 11.03.19)

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 INITIAL: HR..DATE: 11.03.19)

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 PW DATE 07.03.19]

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

HEALTH IMPLICATIONS (Officer Initials: RS Date: 07/03/2019)

23. The approach to Dementia improvement should improve and protect health and reduce inequalities. Decision makers will want to be aware of the impact and how measuring improvements could be strengthened; therefore, ongoing impact monitoring is recommended.

EQUALITY IMPLICATIONS [Officer Initials SE Date 06.03.19]

24. Our workplan includes a focus on raised understanding of dementia across a wide population with a view to reduce stigma and promote dementia friendly approaches within a broad range of public and privately provided services.

CONSULTATION

25. Not applicable

BACKGROUND PAPERS

26. None

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

Dementia

Health and Adult Social Care Scrutiny Panel
21 March 2019

Stephen Emmerson

Head of Strategy and Delivery MH and Dementia, DCCG

Louise Robson

Public Health Theme Lead (Working Age and Healthy Lives), PH, DMBC

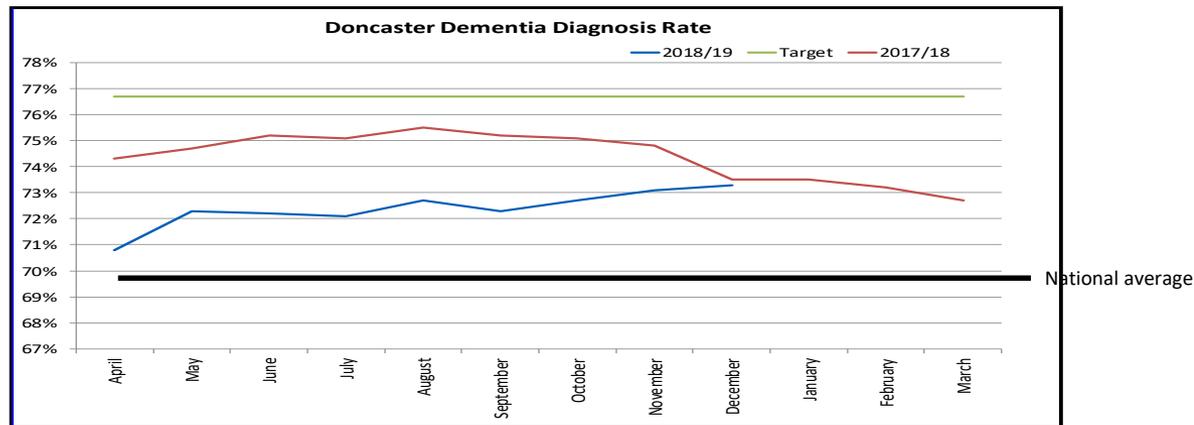
Areas of focus

- Diagnosing, Referral Pathways & Care Planning
- Post Diagnostic Care and Support
- Urgent and Emergency Care
- Raise awareness, reduce stigma and proactively promote prevention

Diagnosis, Referral Pathways & Care Planning

Diagnosis

Current Performance



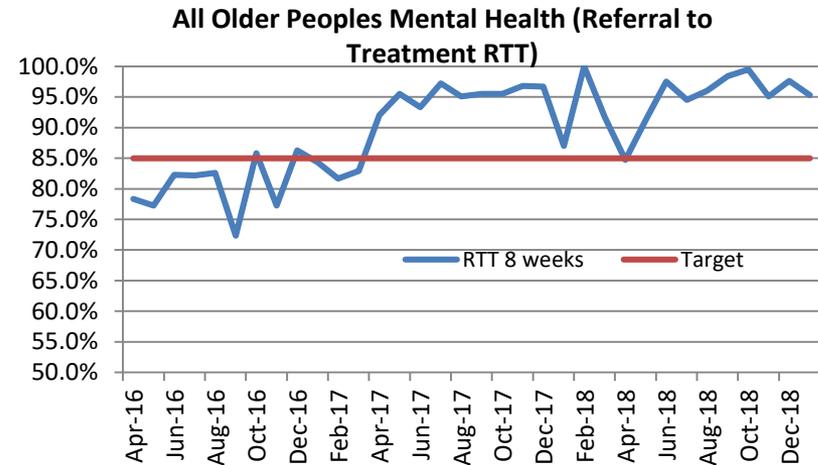
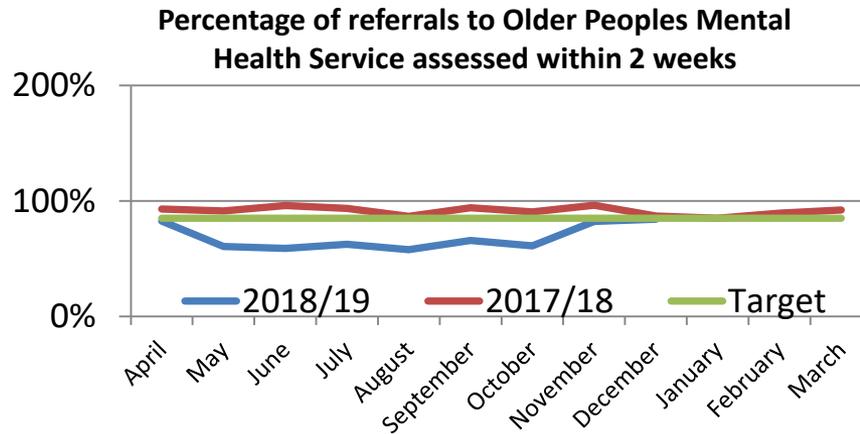
- Doncaster currently **72.7%** (National target 66.6%)

Development

- Engagement with stakeholders
- Recording issues
- Case finding
- Improve pathway referral

Referral Pathways

Current Performance



Development

- Referral to treatment (RTT) 2020/21 reduction 10 to 6 week diagnosis
- Primary / secondary care interface (fast, efficient and supporting people during referral)
- Focus on whole pathway review – joint work with primary & secondary care, users and carers co-production
- Thresholds for care & clarity of the support offer
- Access (and need) to imaging diagnostic

Care Planning

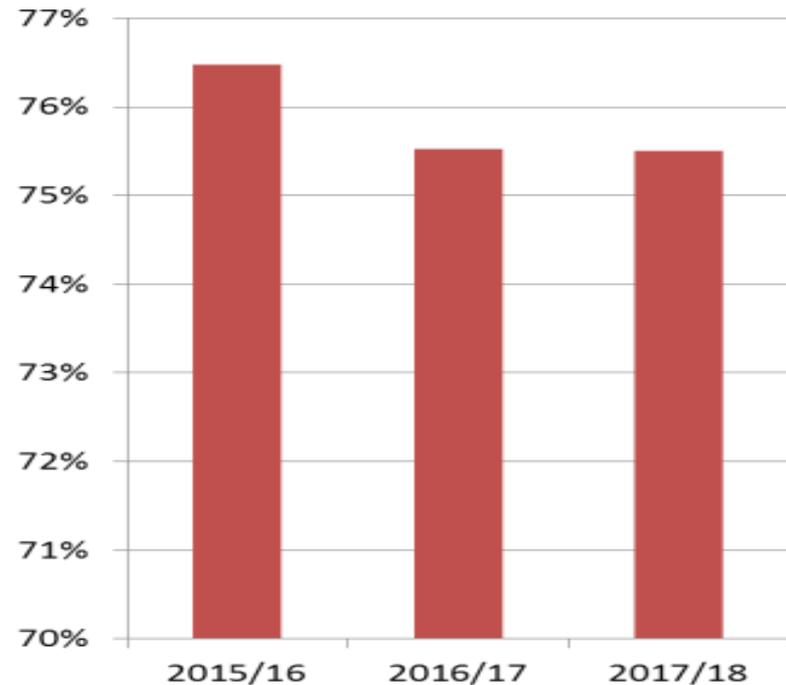
Current performance

- Poor level of recorded care planning within primary care – face to face
- Poor definition of care plan
- Significant variance across Doncaster

Development

- Co-production with stakeholders
- Define care plan
- Opportunistic review
- Explore links with Admiral Service
- Promoting best practice

Dementia Patients with an Agreed Care Plan



Post Diagnostic Care and Support

- Accountable Care Partnership (ACP) - RDaSH, Making Space, Alzheimer's Society, Age UK, Dementia UK, DCCG, DMBC
- Additional organisations recently joined the ACP – providing Dementia Family Support (befriending, respite, group support, support to activities etc)
- Partnership working cohesively, overcoming cultural barriers
- Pathway reform continues – service model development
- Recurrent funding solution found by the partnership
- Outcome Framework agreed to include more qualitative measures
- Define VCF sector support offer and integrated delivery with statutory services
- Expect evaluation during summer 2019



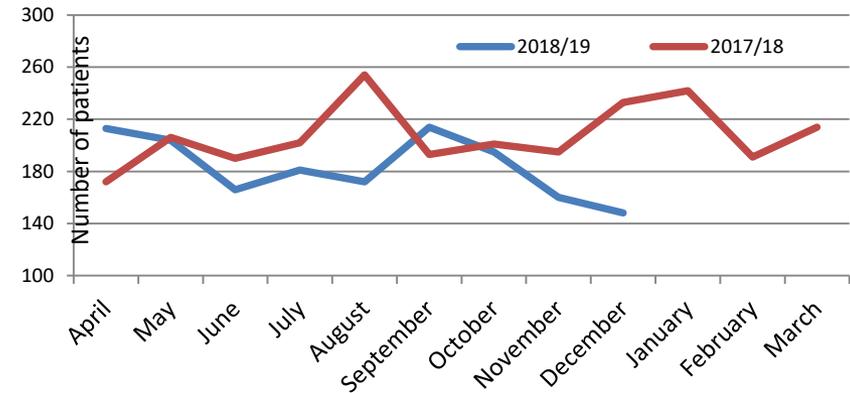
Physical Urgent & Emergency Care

Current Performance

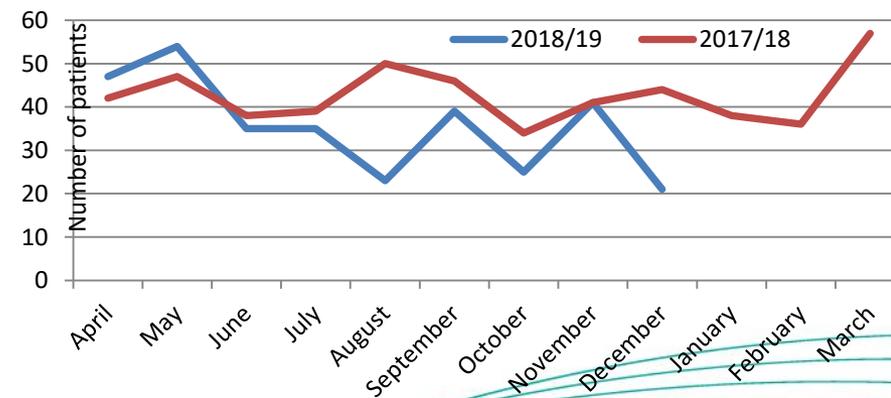
- Continued focus on liaison between physical and mental health professionals within the acute trust

- Using Existing resource:
 - short trend, but encouraging
 - 30% reduction deaths within 3 days
 - 16% reduction in readmission
 - improvement across range of metrics
 - multiple factors
 - 10% reduction on NEL admission £

Non-Elective Admissions into DRI



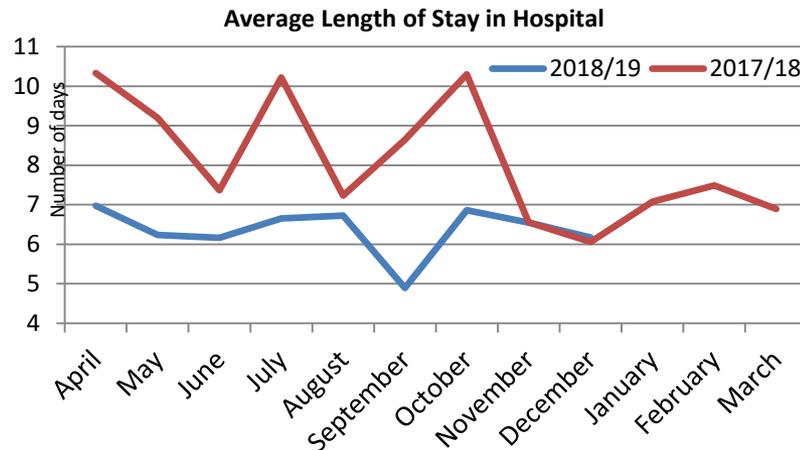
Re-admissions into DRI



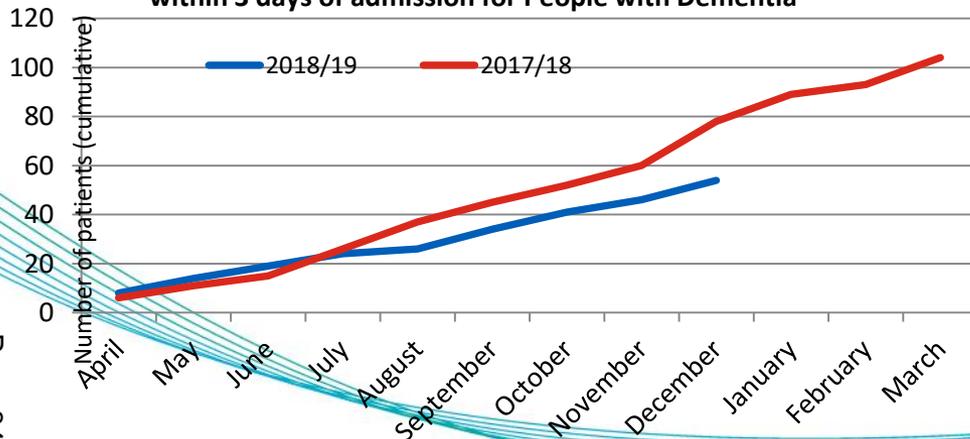
Physical Urgent & Emergency Care continued

Development

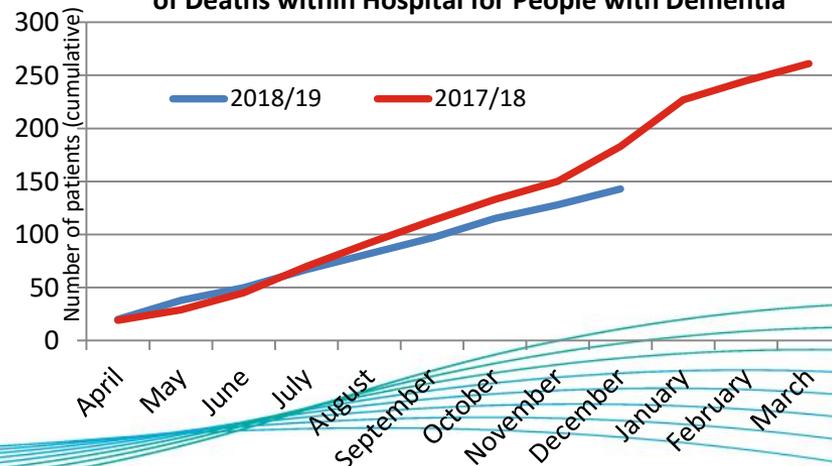
- Care Home Liaison / Intermediate Care
- Acute and community pathway review
- Inform potential shifts of funding around the system to better support patient need



Reduction in Year to Date Activity for Number of Deaths within 3 days of admission for People with Dementia



Reduction in Year to Date Activity of Total Number of Deaths within Hospital for People with Dementia



Raise awareness, reduce stigma and proactively promote prevention

Public Health :Preventing Well actions....

- Embedded dementia prevention messages in local NHS Health checks programme (training and resources)
- Co-ordinating dementia awareness campaigns throughout the year and the annual dementia awareness week (May)
- Maintaining and developing local resources ie Dementia directory and Reduce your Risk leaflet and the dementia website (Road map)

Diagnosis Rate Awareness Campaign

- Areas targeted; Mexborough, Thorne, Bawtry and Askern
- Poster and flyer produced under the Your Life Doncaster brand, highlighting the signs and symptoms of dementia
- A targeted Facebook advertising ran from 26 September - 5 October. A total of 21,352 people across Doncaster were reached, resulting in the advert appearing on screen 40,493 times and 826 people clicking the link
- The Public Health Twitter account #WellWednesday thread on 12 September achieved 2,967 on screen impressions (screenshot of the message thread attached).

SIGNS & SYMPTOMS OF DEMENTIA

Recognising the following signs of Dementia in yourself or a loved one can mean earlier diagnosis and better management of the condition.

Forgetfulness that affects daily life

Problems following conversations and finding the right words

Changes in mood or personality

Confusion with dates, time and disorientation even in familiar places

Difficulty performing everyday tasks

Trouble judging distances and seeing objects in three dimensions

Misplacing things and losing the ability to retrace steps

Difficulty planning, making decisions and solving problems

If you or someone you know is experiencing any of these warning signs or if you have concerns about Dementia, speak to your GP.

Find more support and advice at:
www.YourLifeDoncaster.co.uk/Dementia



Resource distribution/promotion was replicated again in January in the following areas; Scawthorpe, Auckley, Barnburgh and Intake

Resources



**Do you need any information about Dementia or
Dementia Services in Doncaster?**



**Visit the Doncaster Dementia Roadmap at
<http://dementiaroadmap.info/doncaster>**

Follow us at

- twitter.com/dementiaroadmap
- facebook.com/dementiaroadmap
- youtube.com/user/dementiaroadmap

Doncaster's one stop website for information about dementia

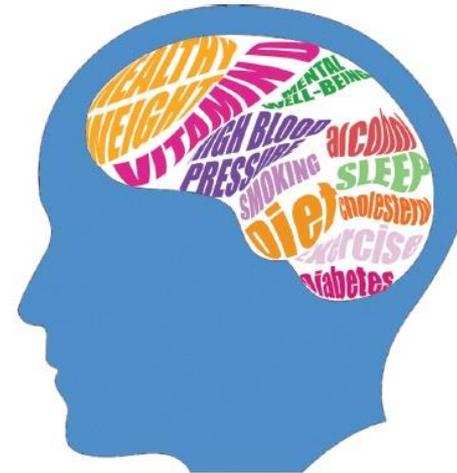


Doncaster Directory of Dementia Services

Helping you to access services in Doncaster
April 2018



How can I reduce my risk of dementia?



Many people worry about developing dementia.

This leaflet provides advice on the steps you can take to keep your brain healthy and reduce your risk of developing dementia.

Public Health Preventing Well actions.....

- Working with Home Instead around the Dementia Alliance (local businesses), dementia awards and engagement with the local dementia forum (Donmentia)
- Promoting the Dementia Friends initiative and supporting the Darts 'In the Moment ' dementia bid

Next Steps/Developments

- Review Public Health dementia prevention plan for 2019/20
- Relaunch and co-ordinate Dementia friends initiative across Doncaster
- Ongoing awareness campaigns and maintenance of resources
- Co-ordinate Dementia Action week (20th -26th May 2019)
- 'Grandma Remember Me' production in Autumn 2019

Questions ?

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Doncaster Council

Report

Date: 21st March 2019

TO THE CHAIR AND MEMBERS OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

END OF LIFE CARE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
<p>Councillor Rachael Blake - Adult Social Care</p> <p>Councillor Nigel Ball - Public Health, Leisure and Culture</p>	All	No

EXECUTIVE SUMMARY

1. The purpose of this update is for Doncaster Clinical Commissioning Group (CCG) to provide an opportunity to Scrutiny members to have an overview and consider End of Life Care.
2. The CCG's direction of travel is based on the progress of discussions both internally and with stakeholders, patient stories, what the local data is telling us and national best practice and guidance. Our planning and subsequent work on priority areas have started to improve outcomes and our nationally reported metrics
 - Percentage of people who had 3 or more emergency hospital admissions during the last 90 days of life
 - Percentage of people dying in their preferred place of death

EXEMPT REPORT

3. There is no exempt information contained within this report

RECOMMENDATIONS

4. The Panel is asked to consider the information provided.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. The overview and scrutiny function has the potential 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

7. This update is at the request of panel members who wished to consider current provision for End of Life Care. The planned presentation provides detailed information for member's discussion and information

OPTIONS CONSIDERED

8. There are no specific options to consider within this report as it provides an opportunity to receive and update on EOL care.

REASON FOR RECOMMENDED OPTION

9. There are no specific options to consider within this report as it provides an opportunity to receive and update on EOL care.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

10. The following table summarises the key outcomes in the Doncaster Growing Together Programme and Corporate Plan 2017-18. Implications on each one should be included in each box. Full details are available by following these links: [Corporate Plan](#) and [Doncaster Growing Together](#).

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are	None

	<p>supported to flourish</p> <ul style="list-style-type: none"> • Inward Investment 	
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	None
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	None
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	Care as we approach the end of our life has to matter to everyone as ultimately we all die. The ethos of the work and improvements to date is that patients, carers and families should be supported with a package of care which supports individual patient bequests in terms of preferred priorities for care and place of death. For 81% of the population they state their preferred place of death is home.
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer 	NHS Doncaster CCG and Doncaster Metropolitan Borough Council are developing and consulting on a Joint commissioning Strategy which is

	<p>interactions</p> <ul style="list-style-type: none"> • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>split into life stages. Continued improvement in EOL care is captured within the “Ageing Well” section.</p>
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RISKS & ASSUMPTIONS

11. There are no specific risks relating to this report

LEGAL IMPLICATIONS [OFFICER’S INITIALS: SRF DATE: 12.03.19]

12. There are no specific legal implications arising from this report

FINANCIAL IMPLICATIONS [OFFICER’S INITIALS: PW DATE 12.03.19]

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

HUMAN RESOURCE IMPLICATIONS [OFFICER’S INITIALS: AT DATE: 11:03.19]

14. There are no HR implications associated to this particular report.

TECHNOLOGY IMPLICATIONS [OFFICER’S INITIALS:PW DATE 07.03.19]

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

HEALTH IMPLICATIONS [OFFICER’S INITIALS: LR & DATE: 08.03.2019]

16. There are no specific health implications as these will be picked up through the prevention element of the Joint Ageing well plan. All individual’s health needs should be considered at the end of life as at any other stage of the life course as this impacts on the individual and their wider family

EQUALITY IMPLICATIONS

17. As this is an update and no changes will be made to policies or procedures this is not applicable

CONSULTATION

18. Not applicable

BACKGROUND PAPERS

19. [HTTPS://WWW.RESPECTPROCESS.ORG.UK/](https://www.respectprocess.org.uk/)

REPORT AUTHOR & CONTRIBUTORS

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NHS Doncaster CCG approach to End of Life Care

Jo Forrestall

Head of Strategy and Delivery-Community Services

Background

Around 3,000 people die each year in Doncaster

- Higher deaths in hospital than national average
- Lower deaths in Care Homes than national average
- Higher deaths in hospice than national average
- Average number of deaths at home

National Survey of Bereaved people (VOICES) 2016

81% of responders stated that their loved one wanted to die at Home

Ethos is that patients, carers and families should be supported with a care package which supports individuals in terms of preferred priorities for care and preferred place of death.

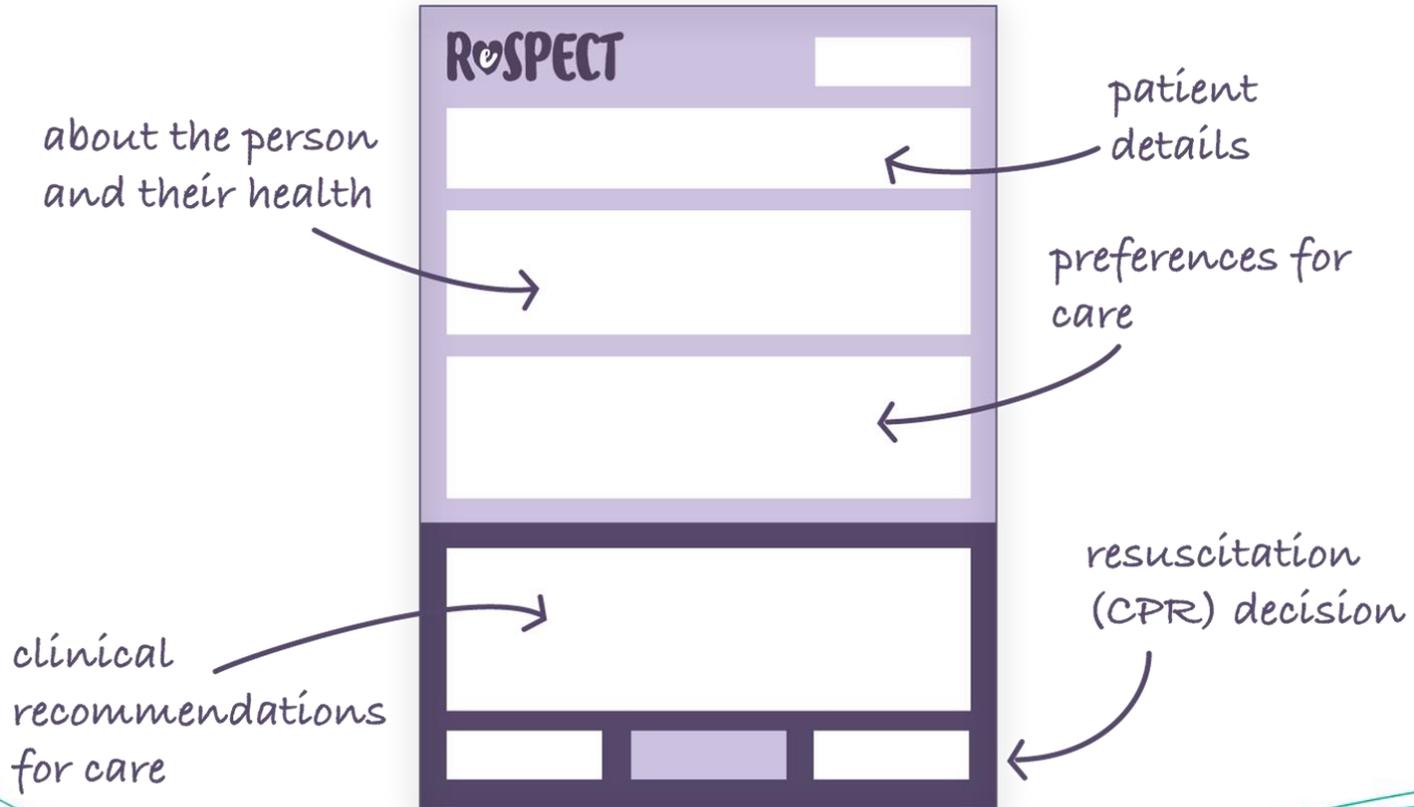
Progress to date

- **Strategic**
 - Still a priority area for the CCG, and included in Joint Commissioning Strategy as party of “Ageing Well”
- **Service Developments**
 - Woodfield 24
 - Community Nursing
 - Specialist Palliative care inc. Hospice
 - Community equipment
 - Access to medicine
 - Spirituality

Progress to date

- Education and awareness
 - Primary Care
 - Acute Provider
 - Community services
 - Care Homes
 - Death Cafes
- Documentation
 - Advanced Care plan
 - iDCR
 - ReSPECT- Recommended Summary Plan for Emergency Care and Treatment

ReSPECT



ReSPECT



Aims

- More conversations between people and clinicians
- More planning in advance
- Good communication
- Good decision making
- Shared decision making whenever possible
- Good documentation
- Better care

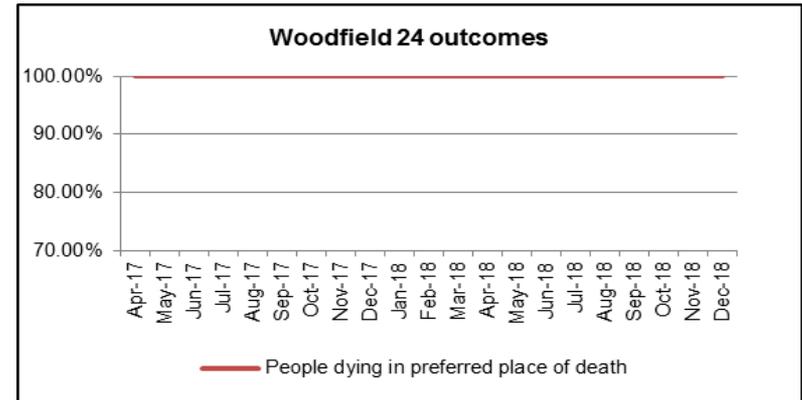
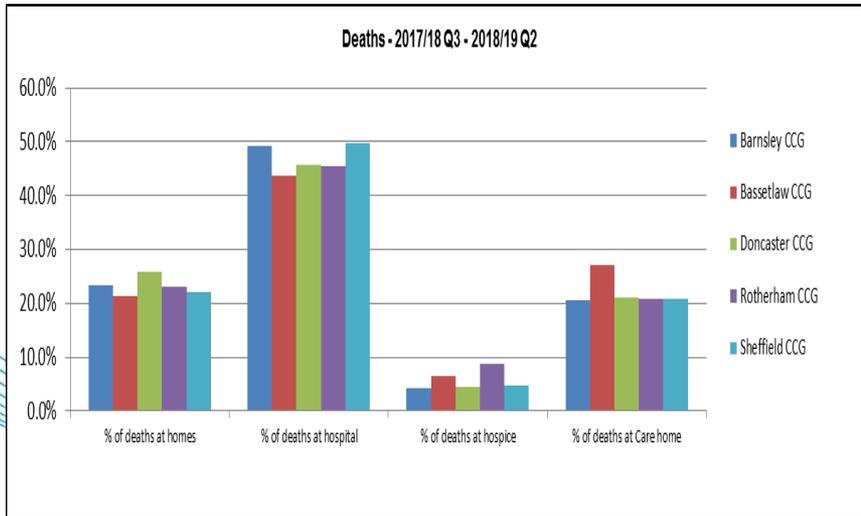
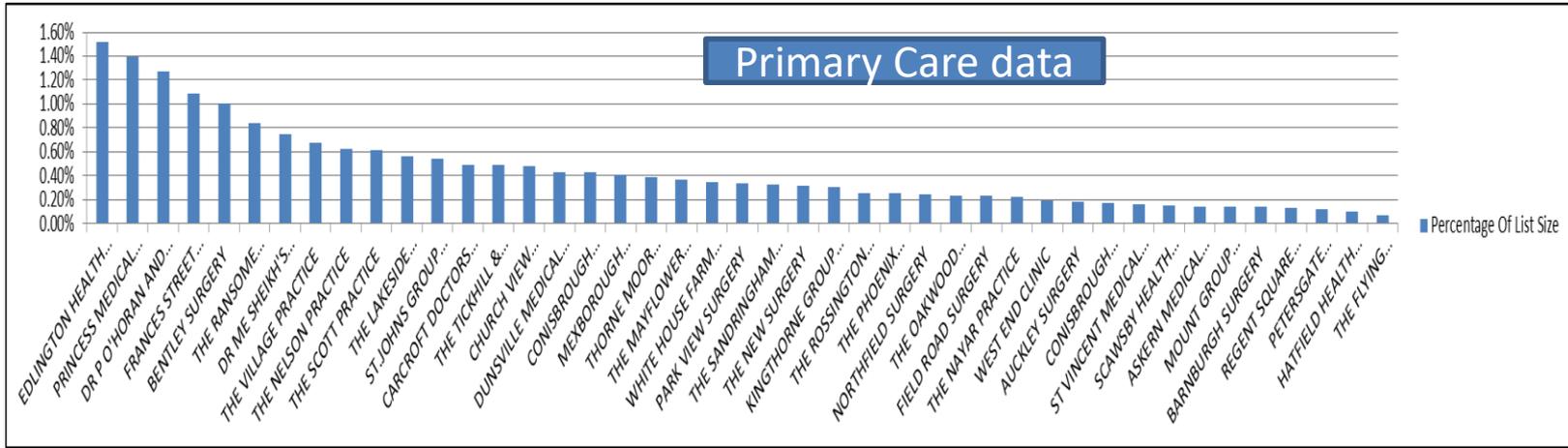
Who is it for?

- Anyone, with increasing relevance for those:
 - With particular healthcare needs
 - Nearing the end of their lives or at risk of cardiac arrest
 - Who want to record their preferences for any reason
- A ReSPECT form is best completed when a person is relatively well, so that their preferences and agreed clinical recommendations are known if a crisis occurs.
- ReSPECT can be used for people of any age.
- ReSPECT can compliment other documents such as Advance Care Plans but does not replace them
- **If a person has a completed ReSPECT form there should be no need for a separate CPR decision form**

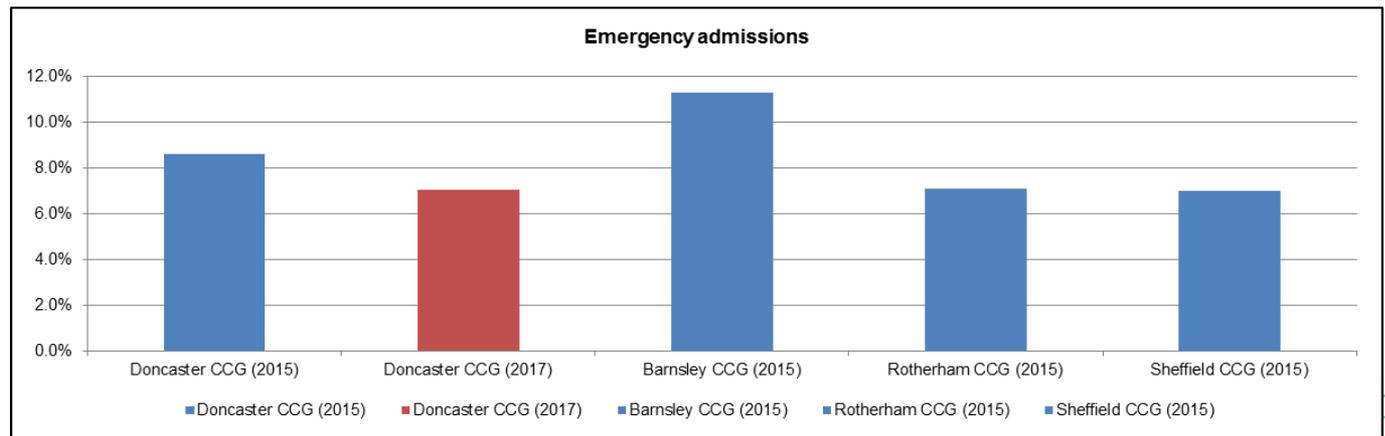
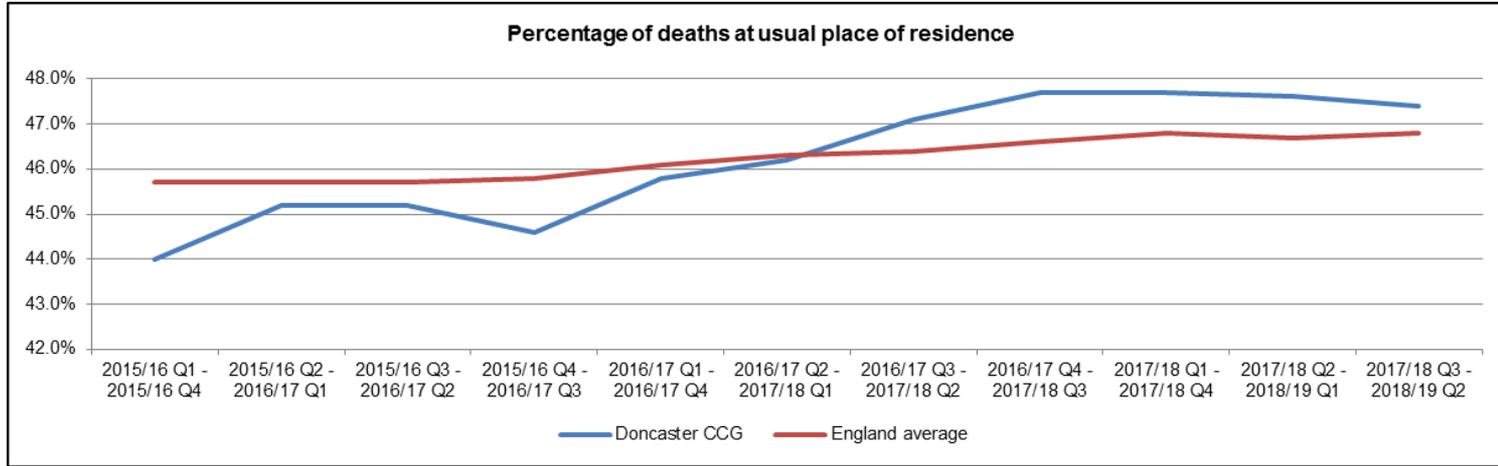
Monitoring & Assurance- Local



Doncaster
Clinical Commissioning Group



Monitoring & Assurance- National



Percentage of people who had 3 or more emergency hospital admissions during the last 90 days of life

Next Steps

- Education and Awareness
 - Care Homes & Domiciliary Care training
 - Public awareness
 - Increase identification to achieve 1% within Primary Care
- Service Delivery
 - Simplifying community Access
 - Develop links to Rapid Response & Intermediate Care
 - Continue to support all providers with the implementation of ReSPECT.

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Doncaster Council

21st March, 2019

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

OVERVIEW AND SCRUTINY WORK PLAN 2018/2019 – March 2019

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

EXECUTIVE SUMMARY

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

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to:
 - a. Review the Overview and Scrutiny Management Committee work plan attached at Appendix A;
 - b. Agree when items be programmed for consideration or removed from the work plan; and
 - c. Consider the Council's Forward Plan of key decisions attached at Appendix B.

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 has 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); and
 - Considering issues of wider public concern.
6. An updated version of the work plan is regularly presented to the Overview and Scrutiny Management Committee and Panels for consideration. The Panel is asked to consider the unresolved issues in Appendix A and agree when items should be programmed or removed from the list. It should be noted that the work plan highlights those items that have been considered and those that are planned at the time this agenda is published.

Council's Forward Plan of Key Decisions

7. Attached at Appendix B is the Council's Forward Plan of key decisions for consideration by the Panel.

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

8. The next meeting is scheduled for Monday 18th March, 2019 when Members will be giving consideration to the items detailed below. The minutes from that meeting will not be available when this Panel meets, therefore a verbal report will be provided to Members.
 - A. Integrated Care System Governance Arrangements;
 - B. NHS Long Term Plan;
 - C. Transformation Workstream Programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care system.

OPTIONS CONSIDERED

9. There are no specific options to consider within this report as it provides an opportunity for the Committee to comment on and update its work plan for 2018/19.

REASONS FOR RECOMMENDED OPTION

10. There is no recommended option, the report provides the Panel with an opportunity to review its work.

IMPACT ON COUNCIL'S KEY OBJECTIVES

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

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

RISKS AND ASSUMPTIONS

11. 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 (SF – 27/02/19)

12. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those bodies, Overview and Scrutiny Management Committee and its Panels will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).
13. Specific legal implications and advice will be provided as required on matters brought to the panel.

FINANCIAL IMPLICATIONS (PW 080319)

16. There are no specific financial implications arising from this report however, the delivery of the work plan will need to take place within agreed budgets. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES (AT 280219)

17. There are no HR implications specific to the Overview and Scrutiny panel work plan. Any matters that emerge from the committee that impact on the workforce would require HR engagement at the appropriate time and would be subject to separate approval.

TECHNOLOGY IMPLICATIONS (PW 27/02/19)

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

HEALTH IMPLICATIONS (RS 27/02/2019)

19. 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 not cause or worsen health inequalities.

EQUALITY IMPLICATIONS (CDR 270219)

20. 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

21. During May and June 2018, OSMC and the Panel held a work planning session to identify issues for consideration during 2018/2019.

BACKGROUND PAPERS

22. None

REPORT AUTHOR & CONTRIBUTORS

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

** 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		<p>Mon, 11th June, 2018 at 1pm 12noon pre meeting Rm 413 CR</p> <ul style="list-style-type: none"> Work planning – HASC O&S 	<p>Wed, 23rd May 2018, 3 pm CR</p> <ul style="list-style-type: none"> Work planning – CYP O&S 		<p>Thurs, 31st May 2018, 3:30 pm – CR</p> <ul style="list-style-type: none"> Work planning C&E O&S
June	<p>Wed, 6th June 2018, 10 am – CM</p> <ul style="list-style-type: none"> Work planning – OSMC 	<p>Tues 12th June 2018, JHOSC Representative Only CR</p> <p>JHOSC - South Yorkshire, Derbyshire, Nottinghamshire and Wakefield</p> <p>10.30am - Members Briefing 1.00pm – Formal Meeting</p>	<p>Tues 12th June 2018, 5:30 pm – Council Chamber CM</p> <ul style="list-style-type: none"> Children and Young People’s Plan - Annual Impact Report Child Poverty Overview Youth Parliament Scrutiny Work Plan 	<p>Wed, 13th June 2018, 11am CM</p> <ul style="list-style-type: none"> Work planning – R&H O&S 	
	<p>Thurs, 28th June 2018, 10 am – Council Chamber CM</p> <ul style="list-style-type: none"> Youth Justice Plan Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC - to include; SLHD Scrutiny Work Plan 	<p>Mon, 25th June 2018, 10am Council Chamber CR</p> <ul style="list-style-type: none"> Resources Allocations Process 			
July	<p>Thurs, 19th July 2018, 12noon – Council Chamber CR</p> <ul style="list-style-type: none"> State of the Borough Assessment/DGT – Data Analysis – Briefing session <p>To follow meeting:</p>	<p>Mon, 2nd July 2018, 10am – Council Chamber CM</p> <ul style="list-style-type: none"> Doncaster’s strategic health and social care plans – to include information on alternative service delivery models and Place Plan (CCG Jackie Pederson/Cath 	<p>Tues, 24th July 2018, 9am – Council Chamber CR</p> <ul style="list-style-type: none"> Doncaster Children’s Trust (split screen) Children’s Trust and DMBC Update on Learning Provision Organisation 		<p>Fri, 27th July at 9.30am – Council Chamber CM</p> <ul style="list-style-type: none"> Flood Overview <ul style="list-style-type: none"> Overview of drainage Boards – structure and their operation Audit case studies

FP – Forward Plan Decision
 CR, CM or AS – Officer Responsible

** 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
	<ul style="list-style-type: none"> Community Engagement Strategy workshop following OSMC 2pm 	Doman) <ul style="list-style-type: none"> Public Health Protection Assurance Report Health inequalities – BME Health Needs Assessment Scrutiny Work Plan 	Board and Learning Provision Strategy – Overview of relationships with Academies and LA Schools <ul style="list-style-type: none"> Scrutiny Work Plan 		
Aug		Mon, 6th August, 2018 10am – site visit (CR)			
		Smile Day Centre Visits as part of the Alternative Service Delivery Models Project			
Sept	Thurs, 13th Sept. 2018, 10am – Council Chamber (CM)	Thurs, 27th Sept 2018, 10am – Council Chamber (CM)	Wed, 5th Sept 2018, 10am – Council Chamber (CR)	Wed, 19th Sept. 2018, 10am – Council Chamber (CM)	
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 4 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan 	<ul style="list-style-type: none"> Your Life Doncaster (Adults Transformation) Mental Health – Overview, Strategy and Delivery Plan (CCG) Scrutiny Work Plan 	<ul style="list-style-type: none"> Annual Complaints (DCST) Doncaster Children’s Safeguarding Board Annual Report “Storing up Trouble” – Produced by the National Children’s Bureau Education and Skills thematic update Schools Performance tables Scrutiny Work Plan 	<ul style="list-style-type: none"> Members Briefing - Update on Hatfield Headstocks. 	
Oct	Thurs, 4th Oct 2018 – 10am Council Chamber (CR)	Mon, 22nd October – Full Day – Barnsley MBC (CM)		Mon, 15th October 2018, 1pm – Council Chamber (CM)	Tues, 23rd Oct 2018 – 10am – 3.30pm, Council Chamber (CR)
	<ul style="list-style-type: none"> Gambling Policy Scrutiny Work Plan 	Regional Joint Health Overview and Scrutiny Committee – <ul style="list-style-type: none"> Hospital Services Review Integrated Care System 		<ul style="list-style-type: none"> Doncaster Inclusive Growth Plan Wool Market – Update Scrutiny Work Plan 	<ul style="list-style-type: none"> Flood Review- improvements since 2007 Floods – Evidence gathering from partners.

** 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
				<p>Mon, 22nd October 2018, 1pm Site visit Corn Exchange/Wool Market</p>	
Nov	<p>Fri, 2nd Nov 2018, 10am – Council Chamber (CR)</p>	<p>Thurs, 29th Nov 2018, 10am – Council Chamber (CM)</p>			<p>Wed, 28th Nov 2018 - 12:30pm to approx. 2:00pm, 007A (CM)</p> <ul style="list-style-type: none"> Social Isolation & Loneliness
	<ul style="list-style-type: none"> Community Safety Strategy Brexit Scrutiny Work Plan 	<ul style="list-style-type: none"> Carers Charter Mental Health theme – Prevention (DMBC) Suicide Prevention – (Public Health) Update on Inspection and Regulation Scrutiny Work Plan 			<p>Wed, 28th Nov 2018 – 3pm, 007A (CR)</p> <ul style="list-style-type: none"> Waste - An update on the new contract Tree Policy Scrutiny Work Plan
Dec	<p>Thurs, 6th Dec 2018, 10am – Council Chamber (AS)</p>		<p>Tues, 4th December, 4pm – Discussion with Children in Care (CR)</p>		
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 DMBC SLHD Complaints and Compliments Annual Report Scrutiny Work Plan 		<p>Tues, 11th Dec 2018, 5pm - Council Chamber (CM)</p> <ul style="list-style-type: none"> New Make Your Mark presentation – Youth Council Doncaster Children’s Trust (split screen) Children’s Trust and DMBC Attendance – Impact on Strategy and Performance update and Inclusion Plan (SEND) Scrutiny Work Plan 		

** 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
	<p>Thurs, 18th Dec 2018, 10am – Council Chamber (CR)</p> <ul style="list-style-type: none"> Budget Briefing 				
Jan	<p>Mon, 21st Jan 2019, 10am – Room 209 (CM)</p> <ul style="list-style-type: none"> DCST Financial Overview Report Scrutiny Work Plan 	<p>Thurs, 31st Jan 2019, 2pm Council Chamber (CR)</p> <ul style="list-style-type: none"> Doncaster Adult’s Safeguarding Board Annual Report Veteran Plan (to include a reference to mental health agenda) (DMBC and NHS CCG). Scrutiny Work Plan 	<p>Tues, 29th Jan 2019, 5 pm Council Chamber (CM)</p> <ul style="list-style-type: none"> Child Poverty 		
Feb	<p>Fri, 1st Feb 2019, 10am Council Chamber (CM)</p> <ul style="list-style-type: none"> Budget Briefing <p>Thurs, 7th Feb 2019, 10am Council Chamber (CM)</p> <ul style="list-style-type: none"> Budget Corporate Plan 				<p>Wed, 13th Feb 2019, 10am (CR)</p> <p>Crime and Disorder</p> <ul style="list-style-type: none"> Community Safety Priorities Update CCTV impact of Strategy Update following Domestic Abuse Strategy Modern Slavery Complex Lives to include Amber Project Scrutiny Work Plan

** 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
	<p>Wed, 27th Feb 2019, 10:30am Council Chamber (CR)</p> <ul style="list-style-type: none"> Brexit Update <p>Thurs, 28th Feb 2019, 10am Council Chamber (AS)</p> <ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan 				
Mar	<p>Thurs, 28th Mar 2019, 10am Council Chamber (CM)</p> <ul style="list-style-type: none"> Scrutiny Work Plan 	<p>Mon, 18th Mar 2019, 1pm Council Chamber (CM)</p> <p>Joint Health Overview and Scrutiny Committee South Yorkshire, Derbyshire, Nottinghamshire and Wakefield</p> <p>Thurs, 21st Mar 2019, 10am Council Chamber (CR)</p> <ul style="list-style-type: none"> Mental Health Theme – Dementia (NHS CCG) Better Mental Health Plan End of Life Plan Your Life Doncaster Update Public Health Protection Scrutiny Work Plan 	<p>Tues, 5th Mar 2019, 5 pm Council Chamber (CR)</p> <ul style="list-style-type: none"> Youth Council – Update Children’s Mental Health Reconfigure the Doncaster Childrens Services Trust as an Arms Length Management Company Social Mobility Opportunity Area Update Behaviour Transformation Programme Scrutiny Work Plan 	<p>Wed, 13th Mar 2019, 10am Council Chamber (CM)</p> <ul style="list-style-type: none"> Housing Need Study – presentation (TBC) Affordable Housing Delivery Programme Homelessness – Update on position and recs from 16/17 Panel review and impact of PSPO Support in Doncaster Scrutiny Work Plan 	
April					

FP – Forward Plan Decision
 CR, CM or AS – Officer Responsible

** 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
May					Date TBA (CM)
					Social Isolation & Loneliness (TBC)

DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST APRIL 2019 TO 31ST JULY 2019

The Forward Plan sets out details of all Key Decisions expected to be taken during the next four months by either the Cabinet collectively, The Mayor, Deputy Mayor, Portfolio Holders or Officers and is updated and republished each month.

A Key Decision is an executive decision which is likely:-

- (a) to result in the Local Authority incurring expenditure which is, or the making of savings which are, significant having regard to the Local Authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Local Authority;
- (c) any decision related to the approval or variation of the Policy and budget Framework that is reserved to the Full Council.

The level of expenditure/savings which this Authority has adopted as being financially significant is £250,000.

Please note in addition to the documents identified in the plan, other documents relevant to a decision may be submitted to the Decision Maker. Details of any additional documents submitted can be obtained from the Contact Officer listed against each decision identified in this plan.

In respect of exempt items, if you would like to make written representations as to why a report should be considered in public, please send these to the contact officer responsible for that particular decision. Unless otherwise stated, representations should be made at least 14 days before the expected date of the decision.

KEY

Those items in **BOLD** are **NEW**

Those items in **ITALICS** have been **RESCHEDULED** following issue of the last plan

Prepared on: Friday 1st March, 2019 and superseding all previous Forward Plans with effect from the period identified above.

Jo Miller
Chief Executive

MEMBERS OF THE CABINET

Cabinet Member For:

Mayor - Ros Jones
Deputy Mayor - Councillor Glyn Jones

Councillor Nigel Ball
Councillor Joe Blackham
Councillor Rachael Blake
Councillor Nuala Fennelly
Councillor Chris McGuinness
Councillor Bill Mordue
Councillor Jane Nightingale

- Housing and Equalities
- Public Health, Leisure and Culture
- Highways, Street Scene and Trading Services
- Adult Social Care
- Children, Young People and Schools
- Communities, Voluntary Sector and the Environment
- Business, Skills and Economic Development
- Customer and Corporate Resources.

Some Decisions listed in the Forward Plan are to be taken by Full Council

Members of the Full Council are:-

Councillors Nick Allen, Duncan Anderson, Lani-Mae Ball, Nigel Ball, Iris Beech, Joe Blackham, Rachael Blake, Nigel Cannings, Bev Chapman, Phil Cole, John Cooke, Mick Cooper, Jane Cox, Steve Cox, Linda Curran, George Derx, Susan Durant, Nuala Fennelly, Neil Gethin, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, John Healy, Rachel Hodson, Charlie Hogarth, Mark Houlbrook, David Hughes, Eva Hughes, Glyn Jones, R. Allan Jones, Ros Jones, Ken Keegan, Majid Khan, Jane Kidd, Nikki McDonald, Tosh McDonald, Chris McGuinness, Sue McGuinness, Bill Mordue, John Mounsey, David Nevett, Jane Nightingale, Ian Pearson, Andy Pickering, Cynthia Ransome, Tina Reid, Andrea Robinson, Kevin Rodgers, Dave Shaw, Derek Smith, Frank Tyas, Austen White, Sue Wilkinson, Jonathan Wood, Paul Wray.

WHEN DECISION IS EXPECTED TO BE TAKEN	KEY DECISION TO BE TAKEN	RELEVANT CABINET MEMBER	DECISION TO BE TAKEN BY	CONTACT OFFICER(S)	DOCUMENTS TO BE CONSIDERED BY DECISION MAKER	REASON FOR EXEMPTION – LOCAL GOVERNMENT ACT 1972 SCHEDULE 12A
<i>Not before 1st Apr 2019</i>	<i>Approval of Heritage Doncaster's Collections Development Policy to fulfil Accreditation Requirements (Non-key)</i>	<i>Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture</i>	<i>Portfolio Holder for Public Health, Leisure and Culture</i>	<i>Nick Stopforth, Head of Libraries & Culture nick.stopforth@doncaster.gov.uk</i>	<i>Heritage Doncaster's Collections Development Policy</i>	<i>Open</i>
<i>9 Apr 2019</i>	<i>Disposal of the former Truman Street depot and Cooke Street office site, Bentley for the development of affordable housing specifically for older people via the Housing Association Programme.</i>	<i>Portfolio Holder for Housing and Equalities</i>	<i>Cabinet</i>	<i>Ruth Winter ruth.winter@doncaster.gov.uk</i>		<i>Open</i>
9 Apr 2019	Approval of a Borough wide Flytipping Strategy	Councillor Chris McGuinness, Communities, Voluntary Sector and Environment, Councillor Joe Blackham, Highways, Street Scene and Trading Services	Cabinet	Tracey Harwood, Head of Service Regulation & Enforcement tracey.harwood@doncaster.gov.uk, Andy Rutherford, Head of Street Scene and Highways Operations andy.rutherford@doncaster.gov.uk		

9 Apr 2019	To agree a Joint Health and Care Commissioning Strategy with Doncaster Clinical Commissioning Group and operational infrastructure for delivery in 2019	Councillor Nuala Fennelly, Children, Young People and Schools, Councillor Nigel Ball, Public Health, Leisure and Culture, Councillor Rachael Blake, Adult Social Care	Cabinet	Denise Bann, Strategic lead Commissioning denise.bann@doncaster.gov.uk		Open
23 Apr 2019	Approval of Visitor Economy Strategy	Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Scott Cardwell, Assistant Director of Development scott.cardwell@doncaster.gov.uk	Visitor Economy Strategy	Open
23 Apr 2019	To agree the acceptance of external funding of up to £3m from Sport England's Local Delivery Pilot Programme to address Doncaster inactivity levels.	Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Clare Henry clare.henry@doncaster.gov.uk		Open

7 May 2019	Pathways to Progression (Ambition 2)	Councillor Nigel Ball, Public Health, Leisure and Culture, Councillor Nuala Fennelly, Children, Young People and Schools	Cabinet	Dawn Hall, Local Office of the Children's Commissioning Manager, Email: Dawn.Hall@doncaster.gov.uk		Open
21 May 2019	Adult Social Care - Fees and Charges	Councillor Rachael Blake, Adult Social Care	Cabinet	Debbie John-Lewis, debbie.john-lewis@doncaster.gov.uk, Howard Monk Howard.Monk@doncaster.gov.uk		Open
4 Jun 2019	To Review and approval of the future provision of day opportunities for people with Learning Disabilities and highest level of complex needs.	Councillor Rachael Blake, Adult Social Care	Cabinet	Julia King julia.king@doncaster.gov.uk		Part exempt
4 Jun 2019	Approval to enter into Funding Agreement with Sheffield City Region to be able to draw down SCRIF approved funding for the delivery of the A630 West Moor Link Improvement Scheme.	Portfolio Holder for Business, Skills and Economic Development	Cabinet	Michael Eardley, Stronger Communities Co-ordinator Tel: 01302 735916 michael.eardley@doncaster.gov.uk		Open

18 Jun 2019	St Leger Homes Performance Report 2018/19 Quarter 4	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities	Cabinet	Paul Tanney, Chief Executive, St Leger Homes of Doncaster paul.tanney@ stlegerhomes.co.uk Stephen Thorlby- Coy, Head of Business Excellence, St Leger Homes Stephen.Thorlby- Coy@stlegerhomes .co.uk	SLHD Quarterly Performance Report	Open
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