



## Agenda

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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, 19th March, 2020

**Time:** 1.00 pm

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### Item

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 30th January 2020 (*Pages 1 - 10*).

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**Damian Allen  
Chief Executive**

Issued on: Wednesday 11<sup>th</sup> March 2020

**Governance Services Officer for this  
meeting**

Caroline Martin  
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. "Safe Space" Mental Health Service (*Pages 11 - 14*).
7. Progress Overview - Dementia Post Diagnostic Services (*Pages 15 – 32.*)
8. Encouraging A Smoke-Free Generation in Doncaster.
9. Health Protection Assurance Annual Report for 2019/20.
10. Overview and Scrutiny Workplan and the Council's Forward Plan of Key Decisions (*Pages 33 - 48*).

**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, Rachel Hodson and Derek Smith

Invitee: Jim Board (UNISON)

# Public Document Pack Agenda Item 4

## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 30TH JANUARY, 2020

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 30TH JANUARY, 2020 at 1.00 PM

#### PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, Martin Greenhalgh and Derek Smith

#### ALSO IN ATTENDANCE:

##### **NHS Doncaster Clinical Commissioning Group**

- Anthony Fitzgerald - Director of Strategy and Delivery
- Jo Forrestall - Head of Strategy and Delivery-Community Services

##### **Yorkshire Ambulance Service NHS Trust**

- Stephen Segasby, Deputy Director of Operations; and
- Beth Vernon, Locality Manager
- Elaine Gibson, Head of Corporate Communications (Yorkshire Ambulance Service NHS Trust)

##### **Safeguarding Adults Board**

- John Woodhouse - Independent Chair of the Safeguarding Adults Board

##### **DMBC**

- Phil Holmes - Director of Adults Health and Wellbeing
- Chris Marsh, Project Lead – Strategy Performance Unit
- Shabnum Amin - Safeguarding Adults Board Manager

		<u>ACTION</u>
24	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Sean Gibbons, Rachel Hodson and John Gilliver.	
25	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	

26	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 28TH NOVEMBER 2019</u>	
	The minutes were agreed as a correct record.	
27	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
28	<u>PRIMARY CARE NETWORKS (NHS CCG) AND INTEGRATED AREA BASED WORKING</u>	
	<p>The Panel was provided with a presentation from the Director of Strategy and Delivery and Head of Strategy and Delivery of Community Services (Doncaster NHS CCG) in conjunction with the Project Lead, Strategic Policy Unit (DMBC) on the following areas;</p> <ul style="list-style-type: none"> <li>• Primary Care Networks (PCNs)</li> <li>• Investment 19/20</li> <li>• New Services</li> <li>• Commissioning Intentions</li> <li>• 2020/21 onwards</li> <li>• PCNs and Neighbourhoods are the footprints</li> <li>• Integrated</li> <li>• Locality Working Prototypes</li> <li>• New Practice Model – built on relationships and the assets of people and communities</li> <li>• Neighbourhood Frailty – Thorne</li> <li>• Elizabeth’s Story – Case Study</li> <li>• What have we got? A new model of preventative, local partnership working.</li> <li>• Timescales, Phasing and Scaling – outline view</li> </ul> <p>There was a discussion held and the following issues were raised;</p> <p><b>Model</b> - A Member welcomed the principles of the model and suggested that they could be delivered through effective joint working and improvements being undertaken.</p> <p>It was acknowledged that these principles had been around for some time. It was acknowledged that it was the way the system had been created that had made achieving those principles more difficult. It was noted how in the past, those services that had been contracted and commissioned had been isolated and therefore prevented cross boundary working.</p> <p>Members were assured that this new way of working was key in addressing increasing populations and therefore growing demands through a multi-discipline approach.</p>	

It was further explained that adequate systems with schools and health depended upon having the ability to spot issues at a very early stage, develop better connections and provide more effective joined up support.

Concerns were raised around whether current levels of funding were adequate to meet increased needs (as a result of higher levels of population). It was explained that it was about ensuring that the person was at the right place at the right time although it was acknowledged that there was an issue in some places with access to social care.

**Delivery of New Services** - It was questioned whether delivering new services such as the Structured Medication Review and Medicines Optimisation (to be delivered in full 20/21) had realistic timescales. Members were informed that when the specification was first published, consultation with GPs and Primary Care Networks (PCNs) were in their infancy and it was now felt that on reflection those timescales were too ambitious. It was hoped that there would be further clarification around those timescales further down the line.

**Resources** - In terms of providing sufficient GP resources, the Panel was informed that fellow practices were considering how those resources could be shared. It was noted that this was what Primary Care Networks were about, for example, when expertise could be pooled across practices. It was recognised that this may result in additional travel for certain individuals and therefore further consideration maybe needed. It was continued that additional work was being undertaken in extended GP access encouraging further take-up. It was added that a significant piece of communication and engagement had recently been undertaken.

Members were informed that the core Multi-Discipline Teams included therapy, a Physical Health Nurse, pharmacy, community pharmacy, Social Worker and a Health and Wellbeing Officer. It was continued that the wider team consisted of a GP to GP practice, Older People's Mental Health, speech and language and Parkinson's nurses. It was recognised that the system needed to be changed to be able to work in a different way.

It was concluded that services had attempted to work in this way for some time. It was recognised that there needed to be a change of mind-set and culture that would develop better links through a neighbourhood based.

Members welcomed the update and expressed their wish that this model has future success.

RESOLVED to note the report

YORKSHIRE AMBULANCE SERVICE NHS TRUST - NEW DONCASTER HUB

The Panel was provided with a report and brief presentation that updated them on the new Hub and Spoke model of the Yorkshire Ambulance Service NHS Trust. The report and presentation covered the following areas;

- The new hub and spoke model.
- What future impact/benefits the new model will have.
- Information on handovers of patients from ambulances to emergency departments.

The Panel requested that the presentation be circulated to Panel Members following the meeting.

There was a discussion held and the following issues were raised;

**New Hub and Spoke Model** – A Member commented that the new model looked workable and practical. It was noted that response times were good and with further investment into the new Hub and Spoke model, there would be additional staffing and vehicles.

**Recruitment and Staffing** – Members were advised that the challenge when recruiting staff, was being reliant on individuals being educated to degree level through the University. Members were assured that this was being addressed by developing an internal programme to upskill staff already recruited into positions within the service. It was recognised that recruiting staff was therefore a challenge and efforts were being made to attract people into ambulance assistant roles through to paramedic and specialist paramedic and finally advanced practitioners. It was explained that 192 paramedics were required across Yorkshire and the Humber, in order to reach the desired level of staffing.

Members were advised that, at present, the use of prescribing paramedics was in its infancy. It was explained that there was a great deal of work taking place to broaden the scope of the role to ensure that patients were in the right place at the right time and receiving appropriate care.

It was noted that the Yorkshire Ambulance Service had previously worked with the armed forces (Catterick Garrison) although acknowledged that the skill set of military medics was slightly different between the roles (although the level of care was still there).

**Resources** - Members were informed that resources were often despatched outside of the area when work was dynamically deployed. It was explained that the new operating model and investment made, would enable the service to have the right level of resource in the right

	<p>place with better planning, in particular, with more specialised types of care for patients suffering from conditions such as stroke and heart attacks.</p> <p><b>Use of Ambulances</b> - It was clarified that there could be up to 10 ambulances waiting outside Doncaster Royal Infirmary (DRI) although not all were necessarily Doncaster-based ambulances. It was explained that some ambulance were from other areas which was unavoidable (with up to 16 ambulances during the day). It was recognised that this figure had increased over the last 12 months, with 3 additional ambulances compared to a year ago.</p> <p><b>Hyper Acute Stroke</b> - In terms of Hyper Acute Stroke, it was explained that there were pathways that provided direct access into specific hospital services. It was explained that access was in the right areas and the direct line facility in place was good.</p> <p><b>Hospital Turnaround at DRI</b> – Members expressed deep concerns in the information presented which included:</p> <ul style="list-style-type: none"> <li>• Conveyance Demand</li> <li>• Average Turnaround</li> <li>• % handovers under 15 minutes</li> </ul> <p>As part of the discussion, it was recognised that similar issues were being faced nationally, and that Doncaster Royal Infirmary (DRI) was not alone in this. It was explained how delays were a symptom of a wider system issue that could potentially work more effectively. It was added that a greater understanding of that system was needed and specific challenges were being faced by DRI. It was hoped that more could be done to identify and influence a more effective way of working with system partners to resolve those issues faced. It was commented that some hospitals were able to deal with this issue better than others.</p> <p>Members agreed to write a letter of concern to Jackie Pederson, Chief Officer of the Doncaster Clinical Commissioning Group in her capacity as co-chair of the Accident and Emergency Delivery Board.</p> <p>RESOLVED that the Panel;</p> <ol style="list-style-type: none"> <li>i. Note the report; and</li> <li>ii. Send a letter expressing their concern Hospital Turnaround at Doncaster Royal Infirmary (DRI) to Jackie Pederson, Chief Officer of the Doncaster Clinical Commissioning Group in her capacity as Co-Chair of the Doncaster and Bassetlaw Accident and Emergency Delivery Board</li> </ol>	
30	<p><u>DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/2019</u></p>	

The Panel was provided with an annual report developed by the Doncaster Safeguarding Adults Board in video format. It detailed what had been done during the year 2018/2019, in order to achieve the Boards strategic objectives, and consider how its partners safeguarded adults at risk.

It was noted that it was the first time the report had been presented in video format and that feedback so far had been positive.

Members were told how more joint work had been undertaken with children's and adults.

As part of a discussion about safeguarding being everyone's responsibility, it was recognised that it needed to go wider, for example, to faith groups. It was explained that it was not about scrutinising the policies of such groups but about forming a better understanding of safeguarding.

There was a discussion held and the following issues were raised;

**Communication and Engagement** – Members were informed that the 'Doncaster Keeping Safe Forum' event had been opened up to children's services and had proved successful with good attendance,

It was commented that it had been a positive year with partnerships working well at a strategic level. It was also noted that work had been promoted further upstream and although that approach was proving difficult to measure, indications were showing that it had been worthwhile.

**Performance** - Reference was made to the performance section of the report, which stated that 290+ S42 Enquiries Undertaken had been made during the 2018-2019 period.

It was commented that there had been one safeguarding adult review in 2018 and one in 2017, with an increasing number of requests to look into more.

In reference to response times to initial referral data, it was explained that there would be an acknowledgement made within 24 hours of the individual being referred. It was acknowledged that safeguarding was not always the best form of response in some instances, as it would depend on the abuse and level of concern under investigation.

Reference was made to the locality work being undertaken across different disciplines ensuring that nobody was missed.

Members welcomed the information provided and the new format of the annual report.

	RESOLVED that the Panel note the Annual Report and information presented.	
31	<u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE</u>	
	<p>The Panel was provided with a report on a range of areas that included;</p> <ul style="list-style-type: none"> <li>• The published Care Quality Commissions (CQC) ratings for Care Homes and Community Services as at 9th January 2020.</li> <li>• The local authority area data profile, regarding Doncaster’s provider performance (that included breaches to regulations across South Yorkshire Adult Social Care Services.</li> <li>• An overview of the learning and development in Adult Health and Wellbeing (AH&amp;WB).</li> <li>• An analysis of the training offered by Doncaster Council Workforce team to external and internal providers, demonstrating how Doncaster supported providers in upskilling and retaining its workforce.</li> <li>• An outline of the current contract monitoring activity that supports providers in improving their performance</li> </ul> <p><b>Breaches</b> – It was reported that Doncaster had the second highest number of providers yet the lowest number of breaches. The main areas of breaches for Doncaster were in respect of good governance and safe care and treatment, as well as person-centred care.</p> <p>It was explained that work was undertaken with homes to ensure that they were of a good quality through providing them with adequate support. Reference was made to the level of support and work undertaken with providers as part of a rigorous approach.</p> <p><b>Training and Development</b> – Members were advised that there was a proactive approach in respect of support, training and development when working with a workforce that included frontline staff. This approach included access to different training courses from an extensive list that providers could access through classroom based sessions as well as through E-learning courses. It was noted that certain elements of training were mandatory (as required by CQC and others) and were in place to support the delivery of a quality service.</p> <p>It was explained that a strong training approach had been achieved through having a good infrastructure in place and with a focus on continual improvement. It was noted that providers might also choose to use their own approach in quality as appropriate.</p> <p><b>Performance</b> – It was reported that the Commissioning and Contracts team had worked jointly with other professionals and used the available information and data to identify who and how the authority could</p>	

support those services that had acquired an 'Inadequate' and 'Requires Improvement' rating.

In terms of those identified as having 'Inadequate Services', it was noted that both cases had mirrored each other in that they were new providers into Doncaster, who had purchased existing services with lessons being learnt. It was explained that efforts had been made to engage with providers earlier to identify those governance issues, support information and appropriate signposting.

Members were assured that further work was being undertaken jointly with a link nurse, nursing homes and domiciliary care. It was stated that feedback from the monitoring team had been very positive around feeling more supported from the clinical input in a wide range of areas, for example, medication. It was also confirmed that working was also taking place with Public Health colleagues around infection and prevention.

Concerns were raised by a Member of the Panel that staff were low paid, that there was an ongoing turnover of employment within residential homes and also challenges in recruiting quality and trained individuals.

**Role of DMBC** - Members were advised how the authorities' role was separate to that of the CQC although maintaining a strong relationship with them was recognised as important. It was commented that the authority's role was to support and improve the quality of providers as much as possible.

**Localities** - Reference was made to the work being undertaken within localities and the potential benefits through care homes being located alongside its residents. It was commented that this approach would present an opportunity to wrap around support for care homes through better engagement and locality working.

**Resources** - Members were informed that there were sufficient resources within the team that included experienced monitoring officers. It was explained that those officers each had an allocation of work in their portfolio and had developed positive relationships with providers ensuring that they were available if needed. It was noted that it was a continuously changing picture and a case would be put forward if it was deemed that further resources were required. It was also commented that resources in Doncaster were adequate when benchmarking against others local authorities.

**Current Market** - A query was raised about the impact on the market through the prevention agenda when supporting individuals to remain in their own homes. It was explained that at present, the market was relatively stable with a similar level of vacancies within care homes regionally and nationally.

	<p><b>Unannounced Visits</b> – It was explained that unannounced visits only took place when a safeguarding or serious concern had been raised and provided an opportunity to observe what was happening at that point in time. It was added that announced monitoring visits formed part of an improvement plan</p> <p>RESOLVED that the Panel note the report and the information provided.</p>	
32	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN AND KEY DECISIONS.</u></p>	
	<p>The Senior Governance Officer presented the 2019/20 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>There was a brief discussion around future items for the Overview and Scrutiny workplans following the meeting's discussions.</p> <p>RESOLVED that the Overview and Scrutiny Work Plan 2019/20 and Forward Plan of key decisions be noted.</p>	

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## Doncaster Council

19<sup>th</sup> March, 2020

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

#### “Safe Space” Mental Health Service

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care and Chair of Health and Wellbeing Board	All	No

#### EXECUTIVE SUMMARY

The Panel is asked to give consideration to information provided at the meeting by way of presentation from the People Focused Group (PFG).

#### EXEMPT REPORT

2. The report is not exempt.

#### RECOMMENDATIONS

3. The Panel is asked to consider and provide feedback on the information provided by the People Focused Group (PFG).

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

4. Reviewing such issues ensures the Panel is responding to important issues, which ultimately have an impact on residents across the borough.

#### BACKGROUND

5. Kelly Hicks from the People Focused Group will provide an outline of the New “Safe Space” mental health service that has recently been launched in Doncaster.

6. Safe Space is a new service based at the Wellness Centre in Intake and is the only peer-led crisis support service running in England. Using peer and voluntary support, the service is aimed at helping those suffering from a mental health crisis and aims to provide each individual with wrap around support and a living well plan.
7. Prior to this meeting the Panel visited the service on 2<sup>nd</sup> March, 2020 to gain an insight into to how the service is run and to provide feedback at this meeting.

### OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

8. There are no specific options to consider within this report. It provides an opportunity for the Panel to consider the information provided in the presentation and provide feedback and comments.

### IMPACT ON THE COUNCIL'S KEY OUTCOMES

9.

	<b>Outcomes</b>	<b>Implications</b>
	<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<p>The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.</p>
	<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children,</p>	

	<p>young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	

## RISKS AND ASSUMPTIONS

10. There are no risk and assumptions associated with this report.

## LEGAL IMPLICATIONS (HP 26/2/20)

11. There are no specific legal implications. If any legal advice is needed following the presentation this can be sought from legal services.

## **FINANCIAL IMPLICATIONS (NC 27/2/20)**

12. There are no financial implications associated with this report.

## **HUMAN RESOURCES (AT 02/03/20)**

13. There are no human resources implications relating to this report.

## **TECHNOLOGY IMPLICATIONS (PW 26/02/20)**

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

## **HEALTH IMPLICATIONS (HC 26 02 20)**

15. People with mental ill health experience health inequalities, and this development provides an alternative to statutory services, to provide a range of more appropriate interventions and support. It will therefore have a positive effect on health for those affected. The development is a key part of the Better Mental Health Improvement Plan for Doncaster.

## **EQUALITY IMPLICATIONS (CR 26.02.20)**

16. Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

## **CONSULTATION**

17. No specific consultation has been undertaken in respect of this report.

## **BACKGROUND PAPERS**

18. There are no background papers.

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

People Focused Group (PFG)

## **REPORT AUTHOR & CONTRIBUTORS**

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Rupert Suckling  
Director of Public Health



## Doncaster Council

19th March 2020

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

#### Progress Overview – Dementia Post Diagnostic Services

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

#### EXECUTIVE SUMMARY

1. At the request of the Health and Adult Social Care Overview and Scrutiny Panel this report is intended to provide a progress overview of Doncaster Clinical Commissioning Group (DCCG)/Doncaster MBC commissioned post diagnostic support services. These services are pooled and contracted by DCCG on behalf of joint commissioners from an Accountable Care Partnership made up of 7 organisations operating under one Alliance agreement.

The format of the report is in the form of a presentation with pertinent background information contained within this 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 Health and Adult Social Care 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

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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.

5. Transparency of service development will promote the function of this panel and member insight is welcomed to help further shape service reach and development.

## BACKGROUND

6. Historically both Doncaster Council and Doncaster Clinical Commissioning Group both separately commissioned a range of services aimed at supporting people diagnosed with dementia. Key aims included i) an holistic focus on the whole need of the person diagnosed with dementia, ii) including the needs of the family / carer, iii) promote independence within our communities, iv) develop and support resilience within family and support networks, and v) better connect statutory and third sector advice / information / support / and care when appropriate.
7. Doncaster Council and DCCG have moved to a single commissioned framework that connects the range of services and providers under one Alliance Agreement umbrella, albeit with separate contract arrangements. The purpose of the approach is to better connect both commissioners and providers on a unified development purpose that is owned and driven by all alliance members.

## OPTIONS CONSIDERED

8. There are no specific options to consider within this report as it provides an opportunity for the Panel to both receive an update and contribute thoughts toward service development.

## REASONS FOR RECOMMENDED OPTION

9. Not applicable.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 10.

	<b>Outcomes</b>	<b>Implications</b>
	<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<p>No direct implication although carer and family resilience are themes that have a cross-cutting impact.</p>

	<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	<p>Broader community involvement and connection of a wider range of neighbourhood assets will promote independence for people living with dementia and enable them to be supported as part of diverse and rich neighbourhoods.</p>
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	<p>Prevention and reduction of stigma are important public health objectives for this Long Term Condition.</p>
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	<p>As mentioned, these connected services aim to promote independence and build resilience to enable people to live well within their own communities for longer and better.</p>
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and</li> </ul>	<p>As part of the Ageing Well Theme, these services will connect with a broad range of assets and further develop routes promoting neighbourhood resilience and support for people diagnosed with dementia and their carers / families.</p>

	aspirations of residents <ul style="list-style-type: none"> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	
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## **RISKS AND ASSUMPTIONS**

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

## **LEGAL IMPLICATIONS [SRF DMBC 10.03.20]**

12. There are no specific legal implications relating to this report. Specific legal advice can be required as necessary in relation to questions from the panel.

## **FINANCIAL IMPLICATIONS [HR DMBC 09/03/20]**

13. There are no financial implications arising as a result of this report.
14. A report was presented to the Joint Commissioning Operational Group on 27<sup>th</sup> August 2019 followed by Joint Commissioning Management board on the 19<sup>th</sup> September 2019 where it was agreed to continue with the joint commission arrangements and extend the contract duration to the 31<sup>st</sup> March 2022.

## **HUMAN RESOURCES IMPLICATIONS [KM DMBC 09/03/20]**

15. There are no specific risks relating to this report

## **TECHNOLOGY IMPLICATIONS [PW DMBC 06/03/20]**

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

## **HEALTH IMPLICATIONS [SE CCG 6/3/20/LR DMBC 9/3/20]**

17. The alliance / co-production approach to dementia care should develop better and fuller improvement solutions and help reduce inequality for people living with Dementia.

The dementia deep dive work has been an excellent piece of work and demonstrates all health implications throughout the dementia pathway and is also a great example of a co-production approach.

## **EQUALITY IMPLICATIONS [SE CCG 6/3/20]**

18. The Alliance partners are committed to promotion of dementia awareness and reduction in stigma. Working through the Ageing Well Board will better connect this partnership with holistic approaches and recognising that dementia rarely travels alone as a diagnosis. Holistic care and approaches are paramount.

## **CONSULTATION**

19. Not applicable

## **BACKGROUND PAPERS**

20. None

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

Doncaster Clinical Commissioning Group (DCCG)/

## **REPORT AUTHOR & CONTRIBUTORS**

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# Health and Adult Social Care Overview and Scrutiny Panel

19 March 2020

## **Dementia Post Diagnostic Services**

Stephen Emmerson (Doncaster Clinical Commissioning Group)

Fay Wood (Doncaster Council)

Steph Johansen (Making Space)

# History

- DCCG and DMBC previously commissioned separate post diagnostic services which created a fragmented market and poor development alignment
- Unified commissioning consolidated assets and provides a better platform for development
- The provider alliance has developed / delivered a tiered model of care and will further develop wider aspects of the post diagnostic model

# The Post Diagnostic Service Model

- Accountable Care Partnership in place since 2017
- Partnership – includes statutory, non statutory, VCF sector agencies
- Referral via Single point access (including self referral) with direct access back into service when the need arises
- 3 tiered approach – step up, step down - based on need
- Provides choice and control
- Borough wide service
- Performance framework developed to measure qualitative and quantitative
- Contract extended to 31 March 2022

# The Accountable Care Partnership Model

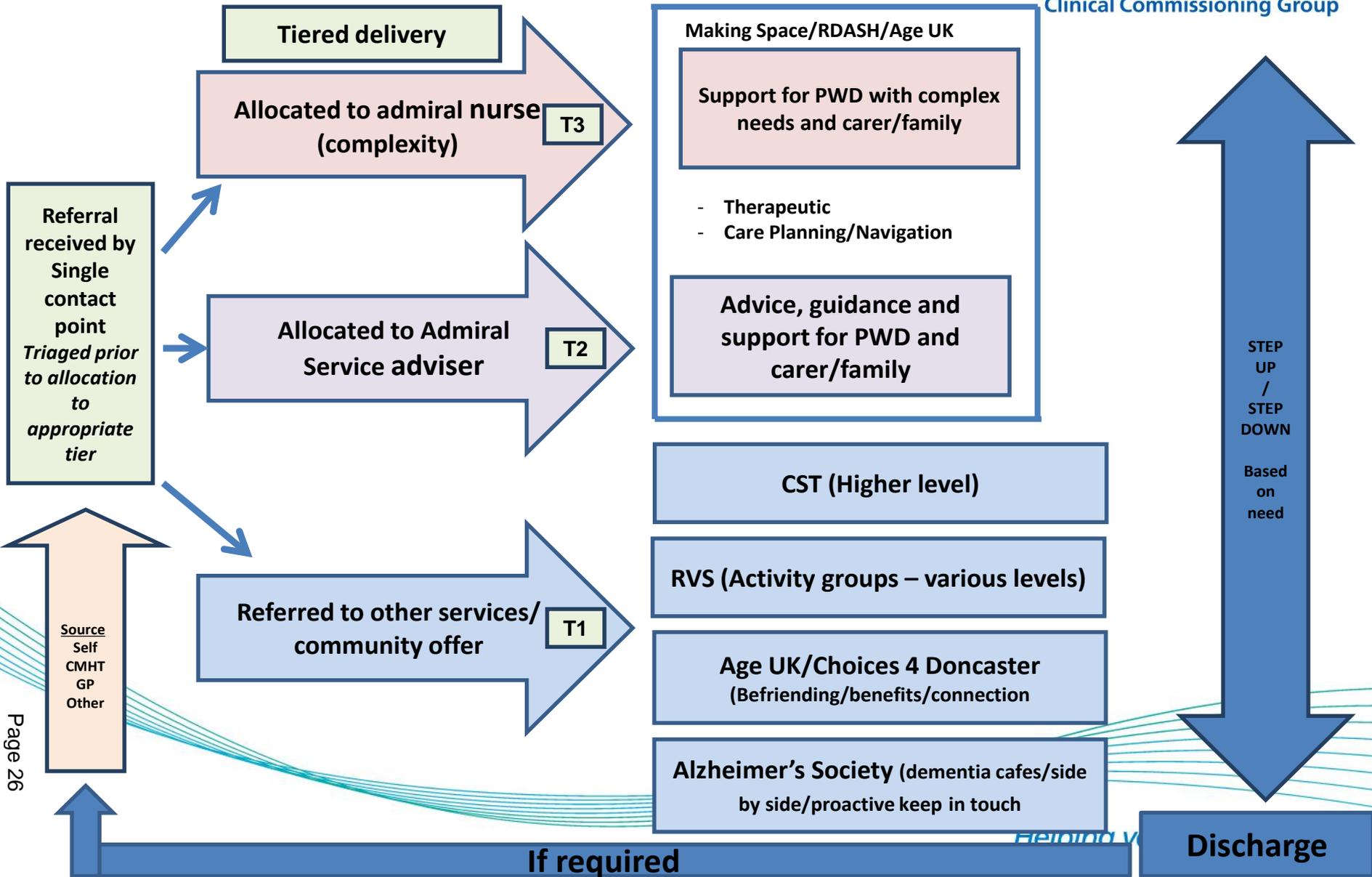
- Partners operate under an Alliance agreement



# Post Diagnostic Services

- ✓ **Admiral Nursing – complex**
- ✓ **Dementia Advisers – advice, guidance, support**
- ✓ **Community Offer**
  - ✓ **Cognitive Stimulation Therapy**
  - ✓ **Befriending**
  - ✓ **Dementia café's**
  - ✓ **Activity groups**
  - ✓ **Proactive keep in touch**
  - ✓ **Side by side**
  - ✓ **Connectivity service**
  - ✓ **Benefits advice**

# Dementia Post Diagnostic Pathway



# Three tiered approach

The three tiered approach was an achievement as this has demonstrated:

- Better use of appropriate resources
- Quicker access to the lower community offers
- Effective discharge pathway supported by rapid referral back into the service if required
- Strong partnership cohesion

# Statistics for the Service

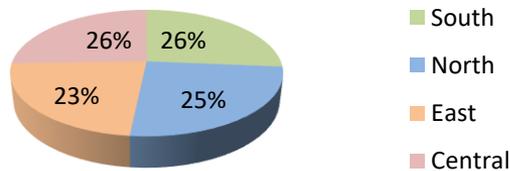
Statistics TOTALS - April 2018 - March 2019

	South	North	East	Central	Total
Total carers using the service	121	116	105	117	459
Total people with dementia using the service	120	115	104	116	455
<b>Total people using the service *</b>	<b>241</b>	<b>231</b>	<b>209</b>	<b>233</b>	<b>914</b>

\* Some people with dementia do not have a carer.

\* Some people with dementia have more than one carer

**Number using the service**



# Future Developments

- Further embed the service model
- Design a Best Practice procedure/protocol
- Implement outcomes which will improve access and service capacity and pilot models of integration for single MDT care planning between the Admiral Service and Primary Care
- Further explore elements in the model which could be delivered more effectively including Cognitive Stimulation Therapy and Young Onset Dementia Services
- Further explore complex day care in the Post Diagnostic Offer and resilience training for patient and family

***Identified as part of the Dementia Deep Dive undertaken in 2019***

# Dementia Deep Dive

- Dementia Deep Dive undertaken during September/October 2019
- Series of workshops involving a diverse range of stakeholders – statutory, non-statutory including primary care, care homes, service users and carers
- Purpose – To explore all elements of the pathway and identify best practice to ensure:
  - people with dementia and their carers/families receive a timely diagnosis
  - people are supported throughout the whole process from pre diagnosis stage to the post diagnostic/care planning stages, care homes and end of life

## Further Key Findings

**Awareness and prevention** – Further promote dementia awareness and prevention initiatives

**Primary Care Development** - co produce best practice to aid diagnosis, embed across networks, eliminate diagnosis rate variance within PCN's

**Secondary Care Development** -- co-produce referral guidance to primary care, undertake structural review of community integrated organic and functional MH team and explore opportunity for diagnosis within PCN and direct routes to CT imaging

Thank You  
Any Questions

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## Doncaster Council

### Report

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**Date:** 19 March 2020

**To the Chair and Members of the**

**HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL**

**Encouraging A Smoke-free Generation in Doncaster**

<b>Relevant Cabinet Member(s)</b>	<b>Wards Affected</b>	<b>Key Decision</b>
Councillor Nigel Ball Councillor Rachael Blake	All	Yes

### **EXECUTIVE SUMMARY**

1. This report outlines an approach to inspire a smoke-free generation in Doncaster. This includes initial proposals to trial some voluntary (not enforced) smoke-free spaces as part of our overall programme of work.
2. This is part of our comprehensive approach to Tobacco Control in Doncaster, led by the Tobacco Control Alliance (TCA). It supports the revised strategic approach, approved by the Health & Wellbeing Board on the 5<sup>th</sup> September 2019, which includes a goal for children and young people to grow up in a city where smoking is not visible and future generations are smoke-free. A smoke-free generation means smoking is no longer normalised in society and prevalence rates are 5% or less in all population groups.

### **EXEMPT INFORMATION**

3. None

## RECOMMENDATIONS

4. The Scrutiny Panel will be asked to give consideration to and be informed about a decision that is due to be taken by Cabinet on 10<sup>th</sup> March.

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

5. This proposal will mean we request that people in Doncaster refrain from smoking in specific areas, initially focusing on spaces mainly used by families and for health services.
6. This is in line with public support for outdoor areas not covered by the legislation to become smoke-free and with our consultation with Doncaster residents.
7. This approach will support Doncaster to implement our revised strategic approach to Tobacco Control and reduce the ill-health, death and inequalities caused by tobacco.

## BACKGROUND

8. Around half of all life-long smokers will die prematurely<sup>1</sup>. Smoking is a major factor in illnesses that limit daily life such as COPD (chronic obstructive pulmonary disease), heart attacks and lung cancer<sup>2</sup>.
9. 19.7% (48,000) of the Doncaster population smoke (CI: 17.1-22.4)<sup>3</sup>, this is the fourth highest within Yorkshire & Humber.
10. An estimated 1,300 children and young people start smoking every year in Doncaster<sup>4</sup>. Three-quarters of smokers aged 16-24 in 2014 said they began smoking before the age of 18. Children who live with parents or siblings who smoke are up to three times more likely to become smokers themselves than children of non-smoking households<sup>5</sup>.
11. Evidence suggests a population-wide approach is most effective, within a comprehensive tobacco control programme, to 'decrease tobacco use,

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<sup>1</sup> Doll et al. Mortality in relation to smoking: 50 years' observations on male British doctors. *Bmj*. 2004 Jun 24;328(7455):1519.

<sup>2</sup> ASH, Facts at a Glance, 2018

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

<sup>4</sup> Hopkinson NS, Lester-George A, Ormiston-Smith N, et al Child uptake of smoking by area across the UK *Thorax* 2014;69:873-875

<sup>5</sup> ASH, Young People & Smoking, 2015

reframe social norms and cultural acceptance, increase quit attempts and promote use of stop smoking tools and services<sup>6</sup>

12. Since 2007, it has been against the law to smoke in most enclosed and substantially enclosed public places and workplaces. Our proposal is to introduce voluntary smoke free spaces. This was supported in our consultation.
13. This approach to inspire a smoke free generation aims to de-normalise smoking, thereby reducing the number of children and young people who start. A smoke free generation means the population level of prevalence of smoking is 5% or less in all groups.
14. In February 2020, Smokefree Action, produced Roadmap to a Smokefree 2030<sup>7</sup>, which sets out what the UK Government must do in order to achieve a Smokefree 2030. The proposed actions include the following:
  - Legislate to require tobacco manufacturers to finance a smokefree 2030 Fund. This will initiatives such as multi-channel public education campaigns at national and regional levels; regional and local tobacco control programmes; and universal access to support for smokers to quit;
  - Commit the UK Government to consult on the policy proposals for strict regulation of tobacco, its sale, marketing and use;
  - Ensure the NHS Long Term Plan commitments to provide smoking cessation in the NHS in England;
  - Review the revise e-cigarette regulation;
  - Implement greater reductions in affordability through increased taxation;
  - Update the Tobacco Control Plan for England in line with the Smokefree 2030 ambition;
  - Renew and refresh the Government’s strategy to control illicit trade in tobacco; and
  - Sustain Government commitment to support the World Health Organisation (WHO) Framework Convention on Tobacco control, both internationally and at home.

## PROPOSAL

### 14. Aims:

- i. **Reduce smoking prevalence** – in particular as part of the smoke-free generation – stopping starting.
- ii. **Decreasing the opportunity for children to see adults smoking around them** – children more likely to start smoking if they see

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<sup>6</sup> Towards a Smoke-free Generation, National Tobacco Control Strategy, 2017

<sup>7</sup> <http://smokefreeaction.org.uk/wp-content/uploads/2020/01/Roadmap-to-a-Smokefree-2030-FINAL.pdf>

- smoking around them and tend to overestimate the proportion of people who smoke.
- iii. **Making smoke-free the social norm** - potentially reducing the likelihood for young people to start smoking and motivating smokers to cut down or to quit.
  - iv. Protecting the environment and saving money by **reducing tobacco-related litter**.
  - v. Provide opportunity for **public acceptance of voluntary smoke-free locations**.
15. We have identified a range of ways in which to inspire a smoke-free generation through de-normalising smoking and making it less visible, thereby reducing the number of children and young people who decide to start.
16. Develop a strong coordinated communications campaign to inspire a smoke-free generation in Doncaster.
17. Trial and develop smoke-free spaces in a staged way, beginning with those areas that already have strong public support (play parks and park events, schools and school gates, hospital grounds and family-friendly council events).

There will be a review at each stage of implementation.

***The stages are:***

**Ongoing:** develop and implement communications plan

**Stage 1:** play parks and park events, schools and school gates, hospital grounds and family-friendly council events

**Stage 2:** Outdoor eating and drinking areas, Pedestrianised areas in town centre, Parks – not just play areas, Smoke-free side-lines

**Stage 3:** Other council events

Other stages will be considered after undertaking the above three stages and carrying out due consultation. Future developments will come back to the Cabinet for approval.

18. Following learning from each stage and further public consultation, develop further proposals to cover other smoke-free spaces such as outdoor eating and drinking areas, pedestrianised areas in town centre, parks – not just play areas, children’s sporting events, other council events, public realm connected to public transport (e.g. bus stops), high streets markets.

**Consultation**

19. Doncaster's Smoke-free Task Group ran a consultation around people's attitudes towards smoking and smoking in public places. The consultation was launched on the 17th November 2018 at the "Count Down to Christmas" event, continuing into the remainder of November and closing in late December 2018.
20. Methods of consultation included:
  - Inviting attendees at "Countdown to Christmas" to fill out the questionnaire (either on-line or a paper copy).
  - Face to face consultations in eight different locations, supported by the Public Health Team.
  - Questionnaires were also handed out to members of the community throughout Doncaster by the Stronger Community Officers of Doncaster Council.
  - The online questionnaire was developed using Survey Monkey and was available to complete from week commencing 19 November 2018 for 4 weeks.
21. The full findings are available if requested. In summary:
  - The majority of participants agreed with the proposal for designated voluntary smoke-free spaces especially areas where there are children present.
  - People who smoke and vape were generally positive about the proposal. Nevertheless both smokers and non-smokers believe that there should be an alternative location for people who smoke or vape to go to either in the town centre/public places or at events.
  - Regardless of this, there were people - both smokers and non-smokers - who thought that a ban in certain places would stop people from attending events and going into Doncaster so therefore effecting businesses in the town.

## **Proposal**

22. We have identified a range of ways in which we could encourage smoke-free spaces to inspire a smoke-free generation through de-normalising smoking and making it less visible, thereby reducing the number of children and young people who decide to start.
23. Our proposal is based on experience from other local authorities, academic evidence and our local consultation. We propose to combine a strong coordinated communication campaigns with a big launch, followed by a staged approach to smoke-free spaces. We suggest that we start with trialling and developing smoke-free spaces in a staged way as follows:
  - i. Ongoing: develop and implement communications plan
  - ii. Stage 1: play parks and park events, schools and school gates, hospital grounds and family-friendly council events
24. Following learning from each stage and further public consultation, develop further proposals to cover other smoke-free spaces such as:

- iii. Stage 2: Outdoor eating and drinking areas, Pedestrianised areas in town centre, Parks – not just play areas, Smoke-free side-lines
- iv. Stage 3: Other council events

**25.** Other stages will be considered after undertaking the above three stages and carrying out due consultation. Future developments will come back to the Cabinet for approval.

- 26.** This staged approach is based on experience from elsewhere and the following reasoning:
- To allow the campaign to develop over time so that we can continue to publicise the messages
  - To work within the resources and capacity we have
  - To learn as we go
  - To start with the elements that are most likely to be acceptable to Doncaster residents and continue to consult and engage with them as we develop the work further
- 27.** Throughout all stages, the communication campaigns will:
- Provide additional opportunities for getting the smoke-free messages across
  - Support the specific stage by amplifying the messages for that space
  - Get the offer of support to quit out to more of the population
  - Change the social norms around smoking to support our aims for a smoke-free generation

## **OPTIONS CONSIDERED**

- 28.** Do nothing different – this will not help us to narrow health inequalities or reduce smoking-related harm and death to the extent we have set out in our strategy and targets.
- 29.** To combine a strong coordinated communication campaigns with a big launch, followed by a staged approach to smoke-free spaces.  
**(Recommended Option, as described above in Section 5.3)**

- 30. Start with a different type of smoke-free space – the order has been suggested based on experience from other areas and levels of public support in Doncaster but could be altered.
- 31. Do the whole programme at once – we do not have the capacity to do all of this at once, we are likely not to get public support for too many changes at once. Also, by running a staged approach, the communications lasts longer and therefore has more impact.

## REASONS FOR RECOMMENDED OPTION

- 32. Smoking is still the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week<sup>8</sup>.
- 33. Smoking prevalence in Doncaster is flat-lining: after dropping steadily until 2015, for the last four years, smoking prevalence has stayed the same at around 19.5% - in other places smoking has continued to fall<sup>9</sup>.
- 34. Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016<sup>10</sup>.
- 35. To reverse these worrying trends, we need to reduce the number of people who start smoking as well as helping existing smokers to quit.
- 36. Based on current research evidence, experience and consultation with stakeholders, this is an important part of our comprehensive evidence-based Tobacco Control Strategy. We will continue to review and make improvements as we go. The benefits expected are de-normalisation of smoking so that children and young people are less likely to start and their health is protected as well as an environment that supports people who have stopped smoking to stay smoke-free.

## IMPACT ON THE COUNCIL’S KEY OUTCOMES

	Outcomes	Implications
	<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are</li> </ul>	<p>If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster £50.7m in lost productivity.</p> <p>In addition, the local population in Doncaster spend £99.5m on tobacco related products.</p>

<sup>8</sup> CLear Peer Assessment report for Doncaster 2019

<sup>9</sup> PHE Fingertips, 2017 data, accessed October 2018

<sup>10</sup> PHE Fingertips, 2017 data, accessed October 2018

	<p>supported to flourish</p> <ul style="list-style-type: none"> <li>• Inward Investment</li> </ul>	<p>(Approximately £2,050 per smoker; and there are 48,000 smokers in Doncaster). As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Doncaster's poorest citizens and communities. If this money was spent on other things instead of smoking the effect would be to create jobs in the local economy.</p> <p>Reducing smoking prevalence will support Doncaster Working ambitions through reducing this lost productivity.</p>
	<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	<p>It is estimated that South Yorkshire Fire and Rescue Service will attend 11 smoking related house fires with a cost to the Borough of around £2m.</p> <p>Smokers in Doncaster consume around 396,660 cigarettes each day resulting in approximately 57kg of waste daily.</p> <p>Reducing smoking will contribute to a clean vibrant Doncaster.</p>
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	<p>Smoke free schools will protect the health of everyone in schools, especially initiatives at stage 1 related to schools and school gates. Therefore, schools have an important role to play in the implementation of this initiative to realise a smoke free generation in Doncaster.</p>

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

## RISKS AND ASSUMPTIONS

37. Doing nothing will see the smoking prevalence in Doncaster continuing to plateau, and possibly even increase. Smoking is one of the major public health challenges in Doncaster and in England. A risk management log will be developed for this project. All risks are considered low, especially when

compared with the risk of not taking action.

#### **LEGAL IMPLICATIONS [Officer Initials HMP Date...12.12.19.....]**

38. Under the Health and Social Care Act 2012, Local Authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services.

Regulations brought a smoking ban into force in England in July 2007 including enclosed and substantially enclosed public places and workplaces, public transport and most work vehicles and company cars. Further regulations in 2015 prohibited smoking in a private vehicle when children are present. The proposals recommended in this report are legitimate steps for the Council to take in furtherance of its public health duties, but as set out in the report, they would not be legally enforceable and would rely on voluntary compliance.

#### **FINANCIAL IMPLICATIONS HR 19/12/19**

39. There are no specific financial implications associated with this decision. Should any costs arise with regard to a communications campaign this will be met from within the Public Health budget.

#### **HUMAN RESOURCES IMPLICATIONS [Officer Initials: EL 24/01/2020]**

40. There are no immediate and obvious HR implications associated with this Report.

#### **TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 12/12/2019]**

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

#### **HEALTH IMPLICATIONS [Officer Initials: VJ..Date: 09/12/2019]**

42. Smoking is the single largest cause of preventable deaths. The proposal outlined in this report is aimed at addressing smoking prevalence in Doncaster, drawing on lessons from a wide range of initiatives from public consultation on smoke-free environments. If implemented, the actions are likely to reduce smoking prevalence, thus improving the health of the people of Doncaster by normalising a smoke-free environment for children and young people to grow up.

#### **EQUALITY IMPLICATIONS [Officer Initials: VJ... Date: 09/12/2019]**

43. Evidence shows that the impact of smoking is disproportionately high among

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

## CONSULTATION

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

## BACKGROUND PAPERS

- 46. **Appendix 1:** Summary of consultation responses
- 47. **Appendix 2:** Doncaster Tobacco Control Strategy

## GLOSSARY

CI	95% Confidence Interval (statistical measure)
COPD	Chronic Obstructive Pulmonary Disease
TCA	Tobacco Control Alliance
WHO	World Health Organisation

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

# **Public Health Doncaster Smoke-free Spaces Consultation Results**

**December 2018**

Title	Public Health Doncaster Smoke-free Spaces Consultation results 2018
Authors	Victoria Shackleton/Carys Williams/Emma Brown
Publication date	January 2019
Contact Details	

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## **Introduction/Background**

By the year 2022, Doncaster Tobacco Alliance strategically aims to (in relation to smoking):

- Reduce the prevalence of 15 year olds who regularly smoke from 10.1% in 2017 to 3.0% by 2022 (England's target: 8% in 2017 to 3% or less by 2022);
- Reduce smoking prevalence amongst adults in Doncaster from 19.8% in 2017 to 10% or less by 2022 (England's target 15.5% in 2017 to 12% or less by 2022);

Doncaster's Smoke-free task group are in the pilot stages of working to reduce smoking prevalence in Doncaster as well as creating a smoke-free generation in the Borough (as part of Breathe 2025).

The main aim of this work is to stop people from starting smoking in the first place especially children and young people, by decreasing the opportunity for children to see adults smoking around them. Evidence suggests that children are more likely to start smoking if they see people smoking around them such as family and friends. Children who live in a smoking household are also up to 3 times more likely to become smokers themselves compared to children who live in a non-smoking household.

Therefore making smoke-free the social norm has the potential to reduce the likelihood of young people starting smoking as well as being a way to attempt to motivate current smokers to cut down or to eventually quit.

As a result of this vision Doncaster's Smoke-free task group agreed to run a consultation around people's attitudes towards smoking and smoking in public places, with the outcomes of the survey hopefully helping to shape smoke-free spaces and family events at future Doncaster events. The consultation was launched on the 17<sup>th</sup> November 2018 at the "Count Down to Christmas" event, continuing into the remainder of November and closing in late December 2018.

"Count Down to Christmas" was an all-day event family event aimed at every age group – offering children the chance to meet Santa, food and drink stalls, fairground rides, entertainment, concluding in a firework display in the evening. It was decided that this event would be an ideal opportunity to pilot a voluntary smoke-free event with the consultation around smoke-free spaces running alongside it. Approval for the consultation was given by Dr Rupert Suckling and Cllr Nigel Ball.

Attendees at "Countdown to Christmas" were asked not to smoke or vape at the event in order to create a family-friendly environment, show a positive approach/example by not smoking especially in front of children and young people so as to protect them from the influence of visible smoking. As well as protecting children and young people, asking people not to smoke or vape at the event was a way of encouraging smokers to think about their own smoking habits and attitudes towards smoking therefore improving the health of themselves and others.

## **Mode of consultation**

A questionnaire was developed with a foreword explaining to respondents the purpose of the consultation and what Doncaster Council are considering in relation to trialling smoke-free family events in Doncaster. (Appendix A).

As well as asking attendees at "Countdown to Christmas" to fill out the questionnaire (either on-line or a paper copy), 8 consultations took place in the following areas:

- St James Church Hall, St Sepulchre Gate West, Doncaster, DN1;
- Ivanhoe Centre, Conisbrough;
- Bentley Library;
- Bullcroft Memorial Hall, Carcroft;
- Stainforth Library;
- Sprotbrough Library;
- The Junction, Hexthorpe (Church group).

Members of the Public Health team attended the venues with paper copies of the questionnaire and invited members of the public attending these establishments to fill out the survey.

Questionnaires were also handed out to members of the community throughout Doncaster by the Stronger Community Officers.

The online questionnaire was developed using Survey Monkey and was available to complete from week commencing 19 November 2018 for 4 weeks.

### **Findings Summary**

The majority of participants agreed that all of the areas identified in the consultation should become designated voluntary smoke-free spaces especially areas where there are children present such as school gates, school grounds and council run family events. The majority of participants also said they would visit certain areas more frequently if they became designated voluntary smoke-free spaces such as outside seating areas where people eat and drink, public buildings and other specific places in Doncaster town centre.

People who smoke and vape were generally positive of a ban in public places stating that it would not stop them from going to events and that they would respect any ban at events and other smoke-free places. Nevertheless both smokers and non-smokers believe that there should be an alternative location for people who smoke or vape to go to either in the town centre/public places or at events.

Regardless of this there were people - both smokers and non-smokers - who thought that a ban in certain places would stop people from attending events and going into Doncaster so therefore effecting businesses in the town.

Respondents felt Education in schools regarding smoking and its effects on health should also start early and is seen as alternative way of encouraging young people not to start smoking or vaping in the first place.

There were also arguments around personal choice and that it should be left to the individual to decide where and when they smoke and not be “dictated to by council/government”. Some felt that smokers are being negatively targeted where other issues such as the spice problem and begging should be looked at first.

There was a feeling that smoke-free initiatives would force smokers out of town centres and exclude them socially.

There were also strong opinions regarding the smoking/vaping of Local Authority staff outside council buildings such as the Civic Office and “we should practice what we preach” and set a good example to the public. There were also concerns around how a ban would be policed/enforced. It was suggested that patrols instead of signage might be a better idea as well as tougher penalties on people who break the rules.

In principle people seem to support smoke-free spaces but want equality for smokers and non-smokers. Smoke-free spaces were seen as advantageous in the

consultation as a way of helping to create a smoke-free generation and making the community and environment a better place for residents and visitors.

### **Recommendations**

- 1 Develop a staged strategic action plan based on the results of this consultation which will be presented to cabinet for approval and then methodically worked through by Public Health and partner organisations;
- 2 To produce a comprehensive communications plan to engage with local media and the public.

### **Questionnaire Results**

In total, 343 people accessed the questionnaire. The majority of participants were female (61%), 111 were male (36%) and 9 preferred not to say (3%) The majority of participants were White British (96%), although other ethnicities were represented, see Table 2. The majority of participants defined their sexual orientation as heterosexual/straight (84%). Just over half of participants (56%) said they were either married or in a civil partnership.

**Table 1: Age of participants**

Answer Choices	Responses	
16 & under	0.32%	1
17 - 24	9.03%	28
25 - 34	20.97%	65
35 - 44	16.77%	52
45 - 54	19.35%	60
55 - 64	15.81%	49
65 - 74	9.03%	28
75 and over	6.77%	21
Prefer not to say	1.94%	6

**Table 2: Ethnicity of participants**

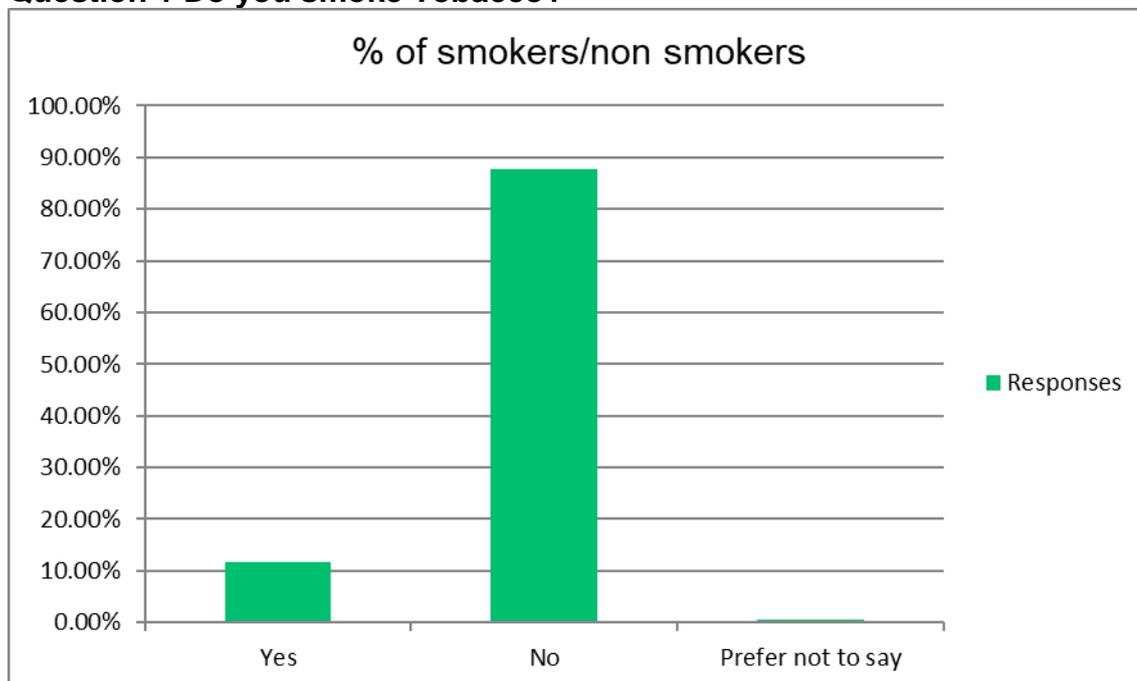
Asian/Asian British							
	BANGLADESHI	INDIAN	PAKISTANI	CHINESE	OTHER ASIAN BACKGROUND	TOTAL	
▼ Ethnic group	20.00% 2	10.00% 1	0.00% 0	10.00% 1	60.00% 6	10	
Black/African/Caribbean/Black British							
	AFRICAN	CARIBBEAN	OTHER BLACK BACKGROUND	TOTAL			
▼ Ethnic group	8.33% 1	91.67% 11	0.00% 0	12			
Mixed/Multiple Ethnic Groups							
	WHITE & BLACK AFRICAN	WHITE & ASIAN	WHITE & BLACK CARIBBEAN	OTHER MIXED BACKGROUND	TOTAL		
▼ Ethnic group	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5		
White							
	BRITISH	IRISH	OTHER WHITE BACKGROUND	TOTAL			
▼ Ethnic group	96.30% 260	0.74% 2	2.96% 8	270			
Other Ethnic Groups							
	TRAVELLER	IRISH TRAVELLER	GYPSY	EU MIGRANT	ASYLUM SEEKER	REFUGEE	TOTAL
▼ Ethnic group	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0

The majority of participants did not identify themselves as disabled (82%). Of those who did, their conditions are presented in Table 3.

Table 3: Impairments of participants who identified as disabled

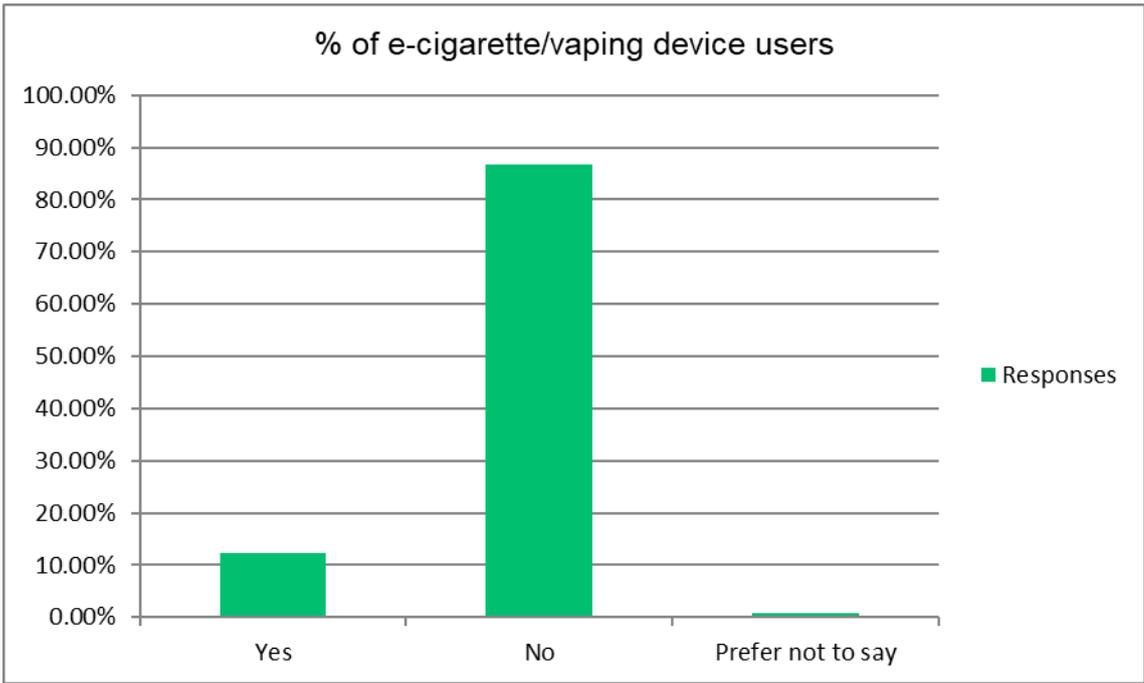
Mobility (getting around)	35.71%	25
Visual impairment	11.43%	8
Deaf/hearing impairment	18.57%	13
Using hand/fingers	2.86%	2
Learning difficulty	12.86%	9
mental health	24.29%	17
Other (please specify)	31.43%	22

**Question 1 Do you smoke Tobacco?**



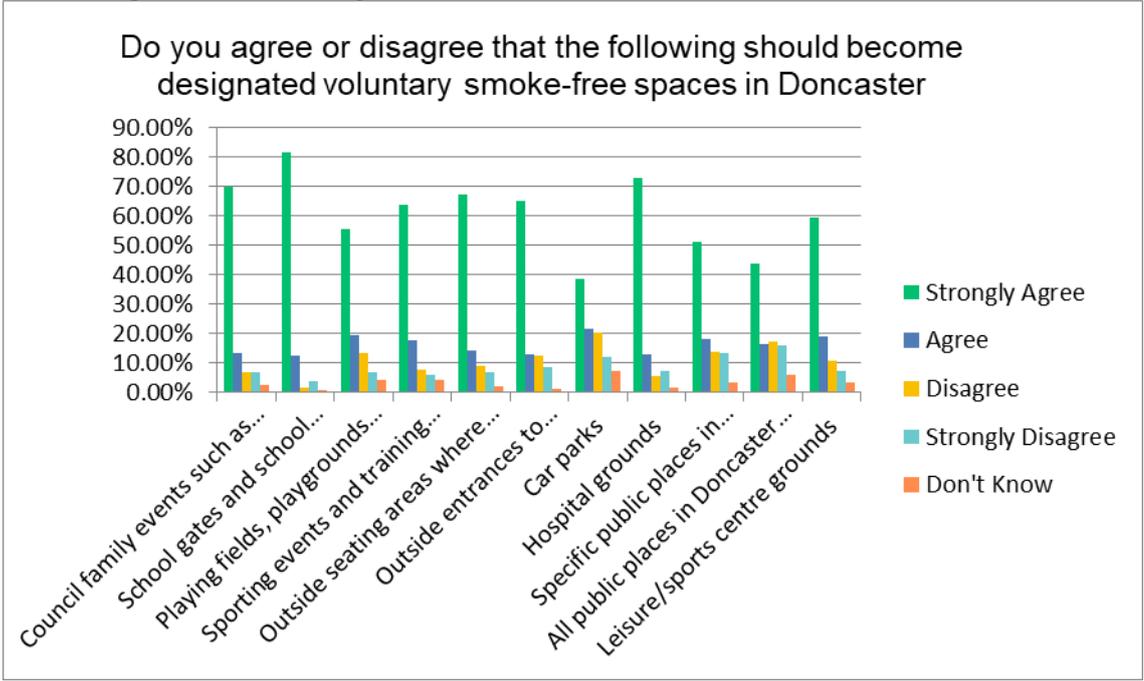
40 (11.8%) of respondents to this survey stated that they smoked tobacco.

**Question 2 Do you use e-cigarettes or vaping devices?**



42 respondents (12.35%) stated that they used e-cigarettes or vaping devices.

**Question 3 Do you agree or disagree that the following should become designated voluntary smoke-free spaces in Doncaster**

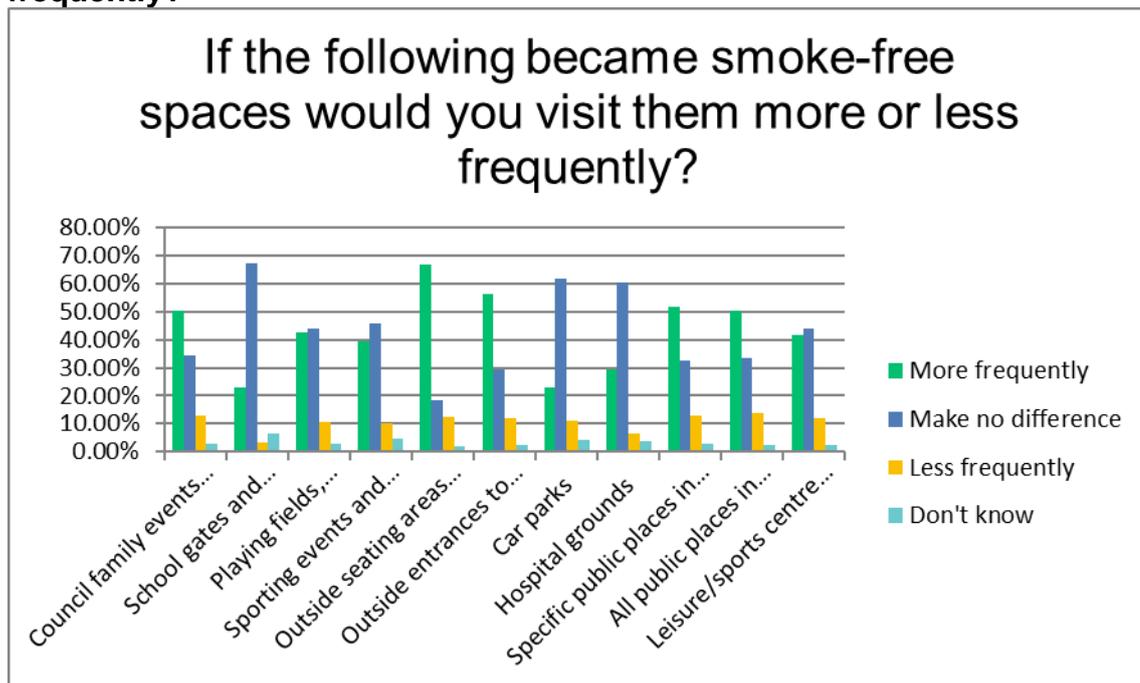


Overall, the majority of participants agreed or strongly agreed that all areas identified should become designated voluntary smokefree spaces. The most popular areas identified were; school gates and school grounds (94%), hospital grounds (85%) and council family events such as countdown to Christmas (82%).

Table 4: All responses to question 3: Do you agree or disagree that the following should become designated voluntary smoke-free spaces in Doncaster

	Strongly Agree		Agree		Disagree		Strongly Disagree		Don't Know		Total
<b>Council family events such as 'Countdown to Christmas'</b>	69.62%	236	13.57%	46	7.08%	24	7.08%	24	2.65%	9	339
<b>School gates and school grounds</b>	81.52%	278	12.32%	42	1.47%	5	3.81%	13	0.88%	3	341
<b>Playing fields, playgrounds and parks</b>	55.62%	188	19.53%	66	13.61%	46	6.80%	23	4.44%	15	338
<b>Sporting events and training sessions</b>	63.82%	217	17.94%	61	7.94%	27	5.88%	20	4.41%	15	340
<b>Outside seating areas where people eat and drink</b>	67.35%	229	14.41%	49	9.12%	31	7.06%	24	2.06%	7	340
<b>Outside entrances to shopping centres/public buildings</b>	64.81%	221	12.90%	44	12.61%	43	8.50%	29	1.17%	4	341
<b>Car parks</b>	38.35%	130	21.83%	74	20.35%	69	12.09%	41	7.37%	25	339
<b>Hospital grounds</b>	72.65%	247	12.94%	44	5.59%	19	7.35%	25	1.47%	5	340
<b>Specific public places in Doncaster town centre e.g. pedestrian areas</b>	51.18%	174	18.24%	62	13.82%	47	13.24%	45	3.53%	12	340
<b>All public places in Doncaster town centre</b>	43.82%	149	16.47%	56	17.35%	59	16.18%	55	6.18%	21	340
<b>Leisure/sports centre grounds</b>	59.41%	202	19.12%	65	10.59%	36	7.35%	25	3.53%	12	340

**Question 4 If the following became smoke-free spaces would you visit them more or less frequently?**



The majority of participants said they would visit more frequently the following areas if they were designated voluntary smokefree spaces; outside seating areas where people eat and drink, outside entrances to shopping centres and public buildings, specific places in Doncaster town centre eg. pedestrian areas . Half of the participants said they would visit Council family events such as countdown to Christmas and all public places in Doncaster town centre more frequently. Of those participants that responded they would “visit more frequently” or “make no difference”, the most popular combined responses were; school gates and school grounds (225), hospital grounds (202), playing fields, playgrounds and parks (148),

**Table 2:**

	More frequently		Make no difference		Less frequently		Don't know		Total
Council family events such as 'Countdown to Christmas'	50.44%	171	34.22%	116	12.68%	43	2.65%	9	339
School gates and school grounds	23.05%	77	67.37%	225	3.29%	11	6.29%	21	334
Playing fields, playgrounds and parks	42.56%	143	44.05%	148	10.42%	35	2.98%	10	336
Sporting events and training sessions	39.58%	133	45.83%	154	10.12%	34	4.46%	15	336
Outside seating areas where people eat and drink	66.96%	227	18.58%	63	12.39%	42	2.06%	7	339
Outside entrances to shopping centres/public buildings	56.05%	190	29.50%	100	12.09%	41	2.36%	8	339
Car parks	23.15%	78	61.72%	208	10.98%	37	4.15%	14	337
Hospital grounds	29.34%	98	60.48%	202	6.29%	21	3.89%	13	334
Specific public places in Doncaster town centre e.g. pedestrian areas	51.48%	174	32.54%	110	13.02%	44	2.96%	10	338
All public places in Doncaster town centre	50.15%	169	33.53%	113	13.95%	47	2.37%	8	337
Leisure/sports centre grounds	41.44%	138	44.14%	147	12.01%	40	2.40%	8	333

**Question 5 Are there any other public areas not mentioned above that you would like to become smoke-free?**

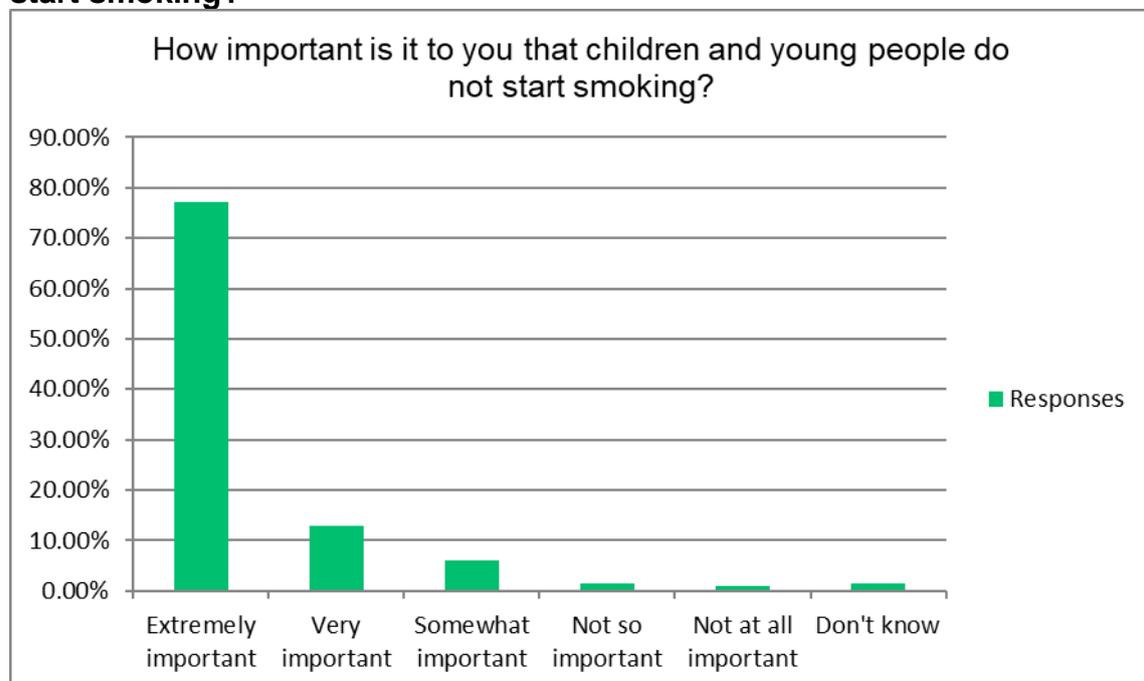
127 respondents answered this question. Commonly suggested additional smoke-free settings included:

- Outside council buildings
- Bus stops, train and bus station entrances
- Sunday league football grounds
- Entrances to workplaces
- Beer gardens and outdoor areas of cafes/restaurants
- Cemeteries and burial grounds
- Semi-covered shopping centres such as Waterdale and Colonnades.

7 respondents used this free text question as an opportunity to express concerns and their disagreement with the proposal of banning smoking in outdoor public areas.

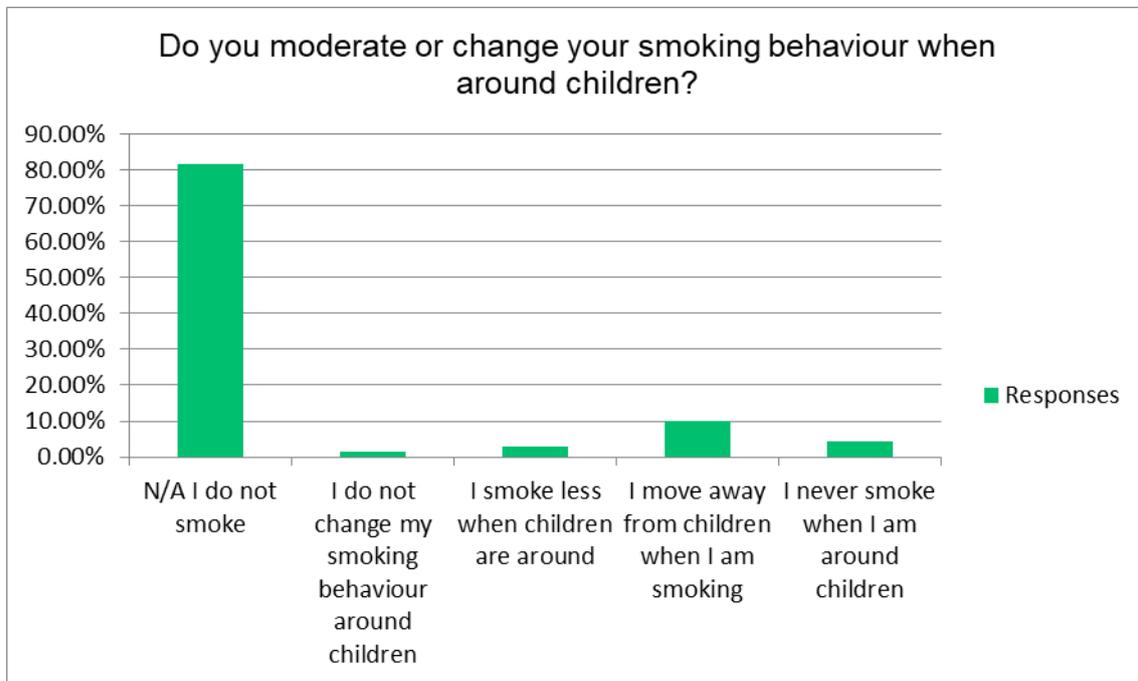
4 respondents also expressed their concern about vaping and tobacco smoking mutually being included in any bans due to the perceived difference in risk to both own health and the health of others through passive smoking.

**Question 6 How important is it to you that children and young people do not start smoking?**

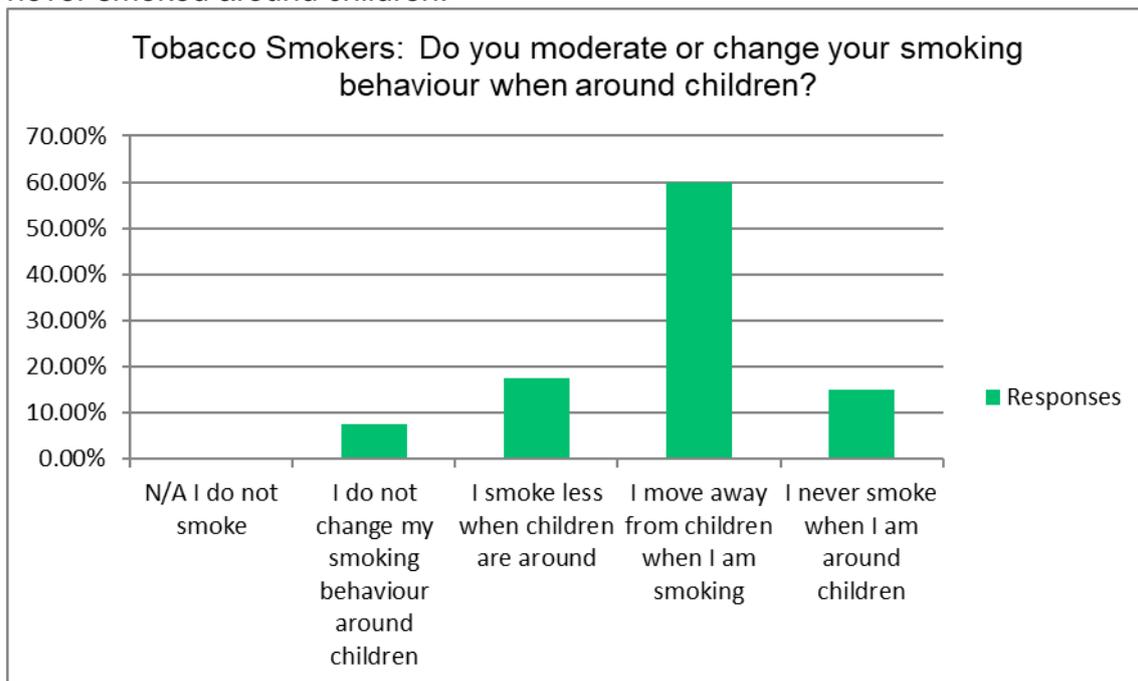


298 respondents (90%) agreed that it was extremely important or very important that children and young people do not start smoking.

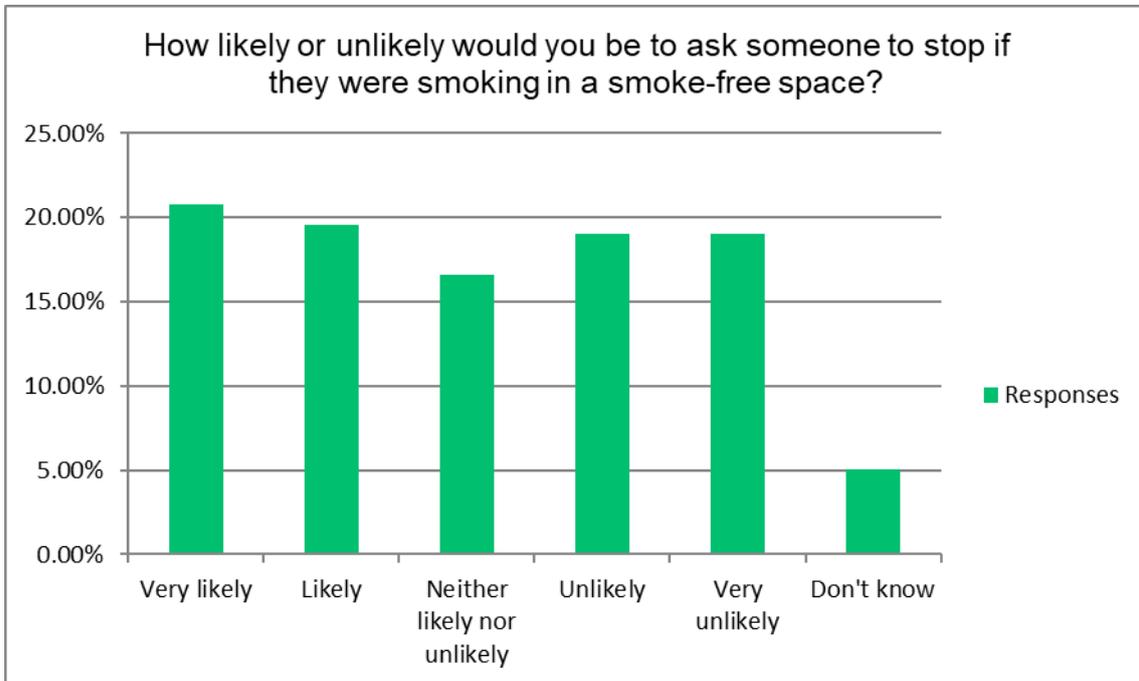
**Question 7 Do you moderate or change your smoking behaviour when around children?**



Of those participants that stated they smoked tobacco (40), 7 (17.5%) smoked less when children were around, 24 (60%) moved away from children and 5 (15%) never smoked around children.

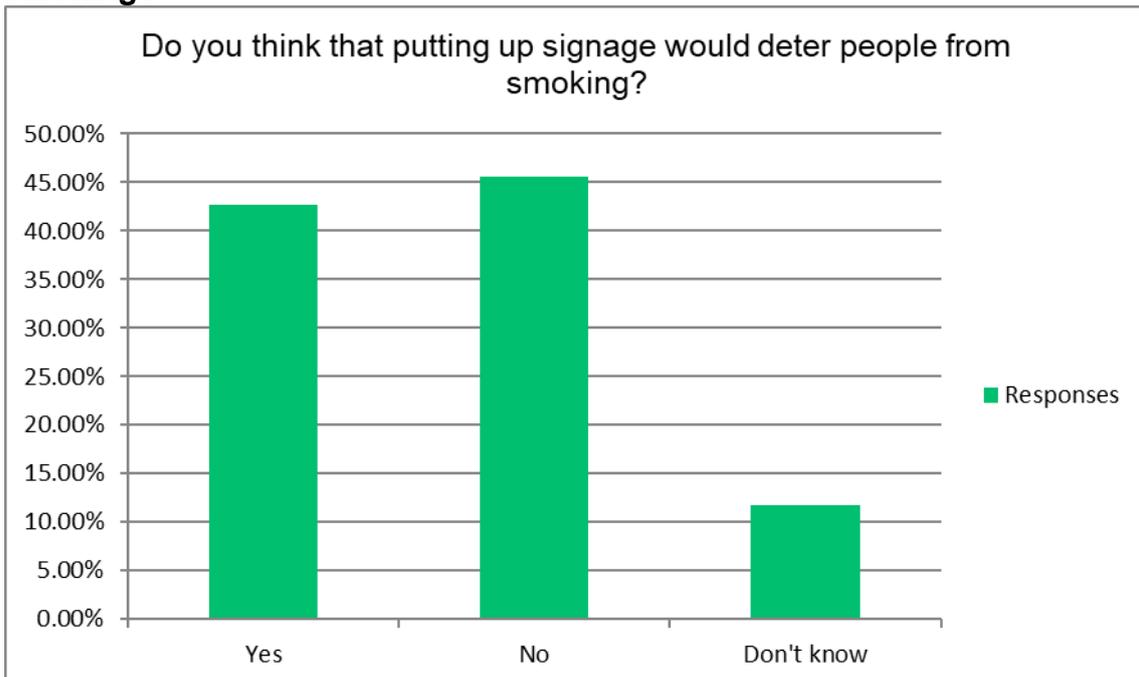


**Question 8 How likely or unlikely would you be to ask someone to stop if they were smoking in a smoke-free space?**



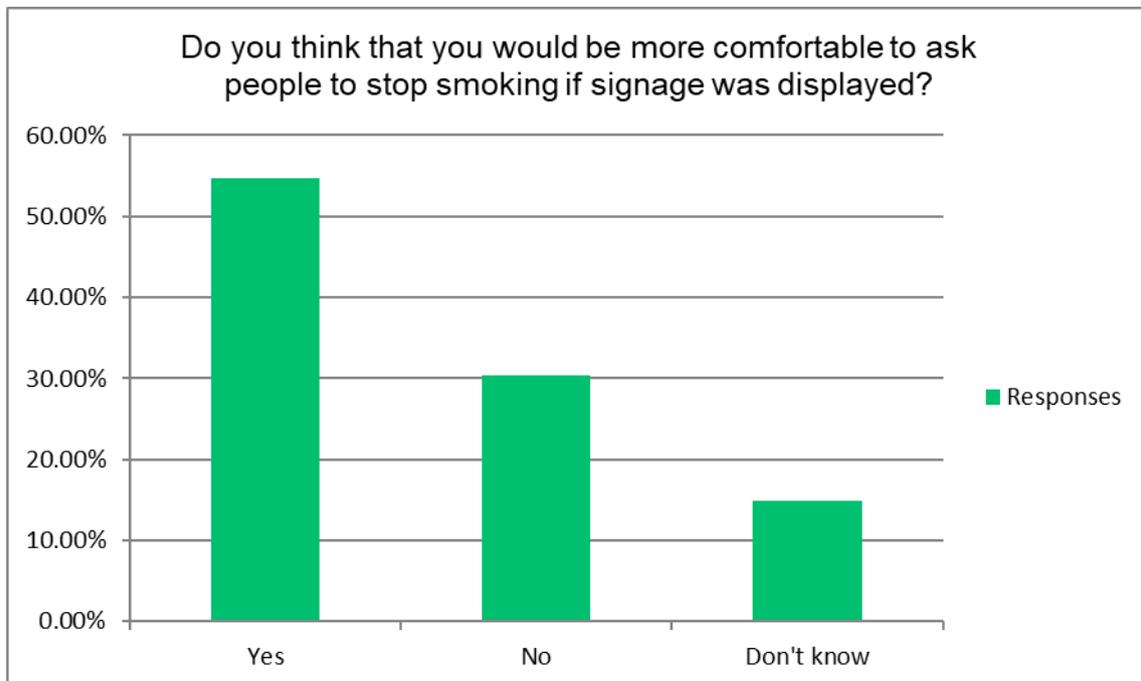
136 (40%) of respondents said they were either likely or very likely to ask someone to stop if they were smoking in a smoke-free space

**Question 9 Do you think that putting up signage would deter people from smoking?**



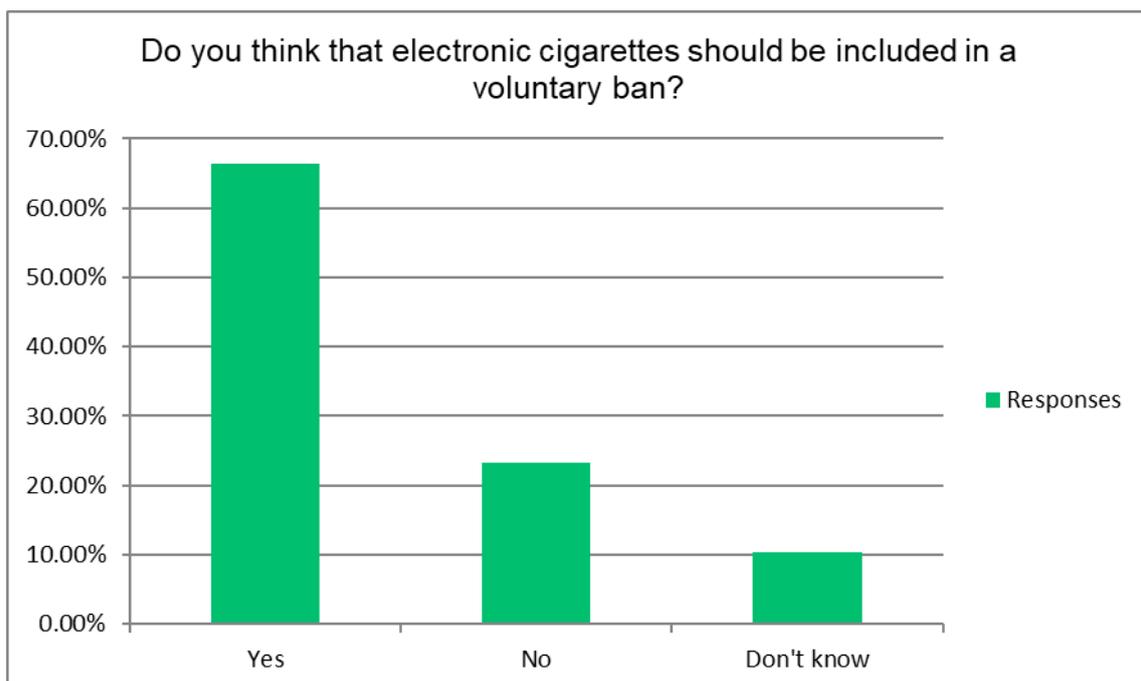
Just under half of all respondents (43%) thought that signage would deter people from smoking.

**Question 10 Do you think that you would be more comfortable to ask people to stop smoking if signage was displayed?**



184 respondents (55%) thought that they would be more comfortable to ask people to stop smoking if signage was displayed.

**Question 11 Do you think that electronic cigarettes should be included in a voluntary ban?**



225 respondents (66%) agreed that e-cigarettes should be included in a ban.

**Question 12 Do you have any further comments you would like to make about smoke-free spaces in Doncaster?**

The responses to the question 12 were analysed and the following themes emerged-

1. Banning smoking/vaping at events
  - There are various opinions around banning smoking and vaping at public events. Some smokers/people who vape say that a ban

would not stop them from going to public events – they would just move away and find somewhere else to smoke or vape;

- Others believe that there should be a complete ban at events;
- Whether a ban at events is either voluntary and mandatory people think that events should provide alternative location for smokers;
- There should be an area at events where people can vape “but not smoke as vaping is not as harmful as cigarette smoking”. “Banning e-cigs defeats the object as they are a way to help people stop smoking”. “Vaping is not smoking”.
- Some respondents believe that stopping people from smoking in outdoor areas would stop the public from attending events;
- Pro-vaping – due to scientific studies and lack of smell;
- People who vape should do so in moderation and consideration whilst in public spaces and events;
- “Think it’s a good idea, love the idea – needs monitoring though correctly so that people follow the “rules”;
- One respondent said that they would not go to events, as they would feel punished and unwelcome as a smoker - pushed out of Doncaster events such as football.

## 2. Smoking in public places such as hospital gates, certain areas in the town centre

- Positive reaction to the idea of developing smoke-free areas/zones;
- Some respondents think that E-cigs should be included in a ban in public places due to their distinctive vapour/smell and due to lack of evidence of their effects on health;
- There is a lot of concern around smoking in public places especially at hospitals entrances and gates. Suggestion of having designated smoking areas for patient’s away gates and entrances;
- Some respondents believe that stopping people from smoking in certain public areas will deter people from going there in the first place ie, the town centre;
- Stopping people from smoking at bus stops and the railway station was seen as a positive move;
- Should concentrate on making busy areas such as the market area smoke-free instead of less busy places such as car parks – car park not seen as an issue;
- People agreed with smoke-free places in areas such as children’s playgrounds, leisure centres, etc;
- Some respondents don’t agree with trying to ban people from smoking freely in public places – it should be up to them if they want to smoke or not;

- Smoking at cafes with outdoor seating should be banned as well as at pubs and restaurants and designated areas given to smokers away from non-smokers.
  - Hospital grounds need to be more heavily regulated;
  - Good idea – some people say that they avoid the town centre now because of smoking at entrances such as the Frenchgate;
3. Enforcement and signage
- A lot of respondents expressed doubts on how smoke-free spaces would be enforced. “Great initiative but not sure if people will listen”;
  - Needs to be some sort of enforcement/ fining system to prevent people smoking in “banned places”;
  - How will it be enforced when people still smoking now outside places where it states no smoking such as the train station;
  - Members of the public should not be expected to ask people not to smoke and vape. People wouldn't feel comfortable with telling a stranger to not smoke in case of reprisal;
  - Needs to be sanctions for people who refuse to choose to not follow the ban. Voluntary bans only go so far;
  - Signs do not work – needs patrolling. Signage does not make any difference especially at hospital;
  - Could display graphic images in public similar to images on cigarette packets;
  - “Loads of people were smoking at countdown to Christmas, needs better policing”;
  - Voluntary restrictions could be a problem – need to be enforced/made compulsory – but how would it be enforced?
4. Negative targeting of smokers
- Some smokers feel that the council is targeting smokers when they should be targeting groups such as drug users, beggars and the spice issues – not trying to stop people from smoking in town;
  - Some feel that smokers have already been pushed out into outdoor spaces (smoking ban) where it is cold and then are criticised in the summer when non-smokers visit pub beer gardens;
  - Some respondents feel that smokers are being pushed out of town centres;
  - The “demonisation” of smokers;
  - Worries about social exclusion and indirect discrimination against smokers.
5. Let people smoke!
- “Smoking should not be policed in outside areas”;

- “Get rid of none smokers!!!”;
  - One respondent thinks that it is unreasonable for the Local Authority to try and stop smoking in open spaces – people have a right to smoke if they wish to do so;
  - “Non–smokers should give smokers a wide berth”.
6. Education
- More education is needed in schools re: smoking and its effects on health – therefore would hopefully encourage children not to smoke;
  - If children have the correct guidance from parents and schools this should help deter them from starting smoking instead of stopping people from smoking in public areas;
  - Anti-smoking campaigns should start early in a child’s education and the impact of smoking on health and wealth should be part of the curriculum.
7. Practice what you preach as a Local Authority
- One respondent (member of LA staff?) mentioned members of council staff ignoring the smoke-free signs outside the council building not to smoke, therefore cigarette and vape smoke travels into the building through open windows;
  - Staff smoking outside council buildings (Civic) does nothing to encourage the public to take notice of signage;
  - “It’s a Joke that council staff smoke outside the brand new council building near the entrance – isn’t that a smoke free zone?”
8. Litter
- Litter caused by smokers needs sorting out.
9. Negative responses
- Seen as a way of imposing fines on people;
  - “Government is patronising and wish they would realise that people understand the dangers”.
  - Waste of taxpayer’s money.
10. Effect on the town centre
- Will drive people away from town by imposing ban;
  - Don’t think it is positive, takes away people’s choice;
  - Could destroy businesses – stop smokers going into town;
  - Banning smoking where food is served etc. will affect the town in a bad way and will stop people going into town;
  - “More costs to businesses as they would have to pay for a smoking area for if they ban smoking outside the Frenchgate”.

## Goals

## Objectives and key targets

## Our offer

**A balance of effort and resource across**

- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit
- W**arn about the dangers of tobacco
- E**nforce bans on advertising, promotion and sponsorship
- R**aise taxes / keep prices high

People in Doncaster live longer, healthier smoke-free lives

- Adult smoking prevalence is reduced to 10% or less by 2030 (c.0.5-1 percentage point per annum for 10 years)
- There are increasing quit attempts amongst the general population and more of these are successful

- Prevention: fewer people start smoking (see CYP aspects)
- Early intervention:
  - sub-regional and regional campaigns are amplified through alliance-wide campaigns approach, driving quit attempts and self-referral to support
  - Making Every Contact Count – continued work through communities and with partners including VCF to refer for support
- Support to quit and stay quit (see treatment and reducing inequalities aspects) plus improvements to approach to e-cigarettes and increased use of online / telephone

- Partnership and leadership**
- Health & Wellbeing Board to receive annual and exception reports on the Tobacco Control Dashboard and take quick responsive action in response, via revitalised Tobacco Control Alliance
  - Senior Sponsor for each element of the programme
  - Partners to sign up to: “Be Well @ Work” Charter

Children and Young People grow up in a city where smoking is not visible and future generations are smoke-free

- Prevalence of 15 year olds who regularly smoke reduced to 3.0% by 2030
- Prevalence of smoking in pregnancy reduced to 6.0% or less by 2030
- Smoke-free family-friendly events and spaces are the norm

- Development of Smoke-free Doncaster campaign
- Ongoing work on Smoke-free homes
- Ensuring every pregnancy gets high quality support to stop smoking (including ongoing commissioning and provision of specialist smoking in pregnancy service and trialling incentives scheme)
- Review and co-produce approaches that support reduced smoking in young people (including smoke-free College)
- Comprehensive zero-tolerance approach to regulation focused on young people (age of sale, point of sale, smoke-free vehicles, targeted at areas most at-risk)

- Resources**
- Declaration on Tobacco signed by organisations including consideration of how procurement policies may be used
  - Shift the balance of effort and resources gradually towards prevention / early intervention

Smoking is recognised as a chronic relapsing addiction and treatment is offered and provided at every contact

- It is routine practice to screen and offer VBA in health (including mental health) and social care appointments
- All acute and mental health services are smoke-free

- Continue to commission and provide excellent Smoking Cessation support, achieving >50% quit rates
- Explore a ‘single portal’ and other ways to increase use of online / telephone support offer in addition
- 95% Health appointments include:
  - screening (CO is gold standard)
  - Very Brief Advice (by trained staff)
  - Treatment is prescribed including an opt-out referral to Smoking Cessation Support (on-site in acute trusts and mental health and to community support for primary care). This includes implementation of the QUIT programme
- Work with Primary Care Networks to increase consistency and quality of

- Programme management, monitoring and co-ordination**
- Dashboard key performance targets to be included in Team Doncaster corporate exception reporting
  - Dashboard to include interim targets and goals as well as programme management (process measures)
  - Evaluation of new approaches built in from start
  - Co-ordinator role in Public Health

Health inequalities due to smoking reduce

- The inequality gap in smoking prevalence between the general population and those in routine and manual occupations and those with mental ill-health is reduced
- Cheap and illicit tobacco is not available in Doncaster

- Targeted support to quit for these populations (included in commissioned service)
- Work with local businesses to support their employees in R&M occupations (including supporting sign-up to Tobacco Declaration / Be Well @ Work charter)
- Smoking cessation support in local communities, (target the top 5 most deprived wards in Doncaster – part of Well Doncaster).
- Mental Health Trusts implement smoke-free sites and QUIT model
- Sub-regional enforcement work to seize and close down illicit tobacco sales
- Work to incorporate VBA into debt advice

## Evidence for reductions

- Modelling suggests a really comprehensive national approach could achieve max 3 percentage point reduction: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2962-8>
- In reality, 0.5-1 percentage point per year is what has been achieved with significant comprehensive action across the following (we can’t ‘purchase’ enough quits to reduce prevalence through cessation alone and it is unlikely to reduce inequalities as much as a comprehensive approach):
  - Mass media campaigns
  - Price increase
  - Smoke-free spaces
  - Advertising bans
  - Health warnings
  - Treatment
  - Targeting illicit tobacco and mass media are particularly important for reducing inequalities

## Needs addressed

- Smoking is the leading preventable cause of ill-health and premature deaths
- Smoking prevalence in Doncaster (19.6%) is higher than the regional and national average and, although it was falling in line with national and other areas, progress has stalled with no reduction for the past four years

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## Doncaster Council

Date: 19/03/2020

To the Chair and Members of the

**HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL**

**HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2019/20**

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

### EXECUTIVE SUMMARY

1. This is the annual report on health protection assurance in Doncaster covering the financial year up to 2019/20.
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 focuses on the following key areas of health protection:
  - Immunisation and Screening programme
  - Air quality
  - Emergency preparedness resilience and response (EPRR): Flood and coronavirus (COVID-19)
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

## RECOMMENDATIONS FOR 2019/2020

6. The Scrutiny Panel is asked to:

- Note the ongoing work with local partners in addressing immunisation update rates in Doncaster, in particular flu vaccinations and MMR.
- Note the progress made, and efforts to address the challenges in relation screening programmes.
- Note ongoing work to tackle air quality in Doncaster.
- Note the joint work in response to the flooding in Doncaster in November 2019; and the emergence of threats posed by Coronavirus (COVID-19)

### 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. The background papers consists of the following:

- A. Immunisation and Screening
- B. Air Quality
- C. Emergency preparedness, resilience and response.

### **(A) Immunisation and Screening Report for Scrutiny Panel 2020**

9. **Last year's Recommendation: Support recommendations to continue work with local partners to improve immunisation uptake and coverage, in particular childhood flu vaccination and MMR and Cervical Screening.**

#### **Background**

10. The National Screening and Immunisation Programmes are specified by Public Health England (PHE) and commissioned by NHS England and NHS Improvement under the Section 7a Agreement following advice and recommendations made to the Department for Health and Social Care by the Joint Committee for Vaccination and Immunisation and UK National Screening Committee. Delivery is supported by and assurance provided through the Doncaster Local Operational Group, which feeds into the respective South Yorkshire & Bassetlaw Programme Boards, subsequently reporting to the multiagency South Yorkshire & Bassetlaw Screening and Immunisation

Oversight Group (SY&B SIOG). The purpose of the programme boards is to ensure that programmes are of high quality, safe and equitable, whilst reducing inequalities through shared learning with other providers. SY&B SIOG brings together key stakeholders across SY&B including NHS England and NHS Improvement, Screening and Immunisation Team (SIT), PHE SQAS (Screening, Quality Assurance service), Local Authorities and CCG colleagues, the forum provides strategic system leadership ensuring quality assured, safe, effective and accessible commissioned screening services, supporting the inequality agenda and the sharing of best practice.

## Childhood Immunisation

11. Doncaster's vaccination and Immunisation work, driven via the local improvement plan, reflects the Yorkshire and Humber Measles and Rubella Elimination Strategy and Collaborative Delivery Plan. Having completed consultation, the strategy and the CDP will be shared with Y&H key stakeholders in due course. It is anticipated that this approach will drive an increase in uptake/coverage of first dose at 2 years to 95% from 89.4% and second dose of the MMR vaccine at 5 years to 95% from 84.9%.
12. Actions include:
  - Childhood Immunisation Audit
  - Locality Communications plan
  - Collaborative working with 0-19 service
  - Collaborative working with neighbourhood coordinators for Primary Care Networks (PCNs)
13. [The Yorkshire and Humber](#) Measles and Rubella Elimination Strategy is based on the national measles and rubella elimination strategy which can be found at the link below.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/769970/UK\\_measles\\_and\\_rubella\\_elimination\\_strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769970/UK_measles_and_rubella_elimination_strategy.pdf)
14. The local Vaccination and Immunisation Operational Group brings together the LA, CCG and Immunisation providers to review uptake/coverage, agree priorities and programmes of work along with key actions required to improve childhood immunisation rates in Doncaster.
15. Key Actions from October 2019:
  - Complete Childhood Immunisation Audit with all practices
  - Review data from audit
  - Identify low performing practices
  - Arrange visits to identified practices. The visits included representation from the LA Public Health Team, Child Health Information Service and the Screening and Immunisation Co-ordinator.
  - The Childhood Immunisation Audit was based upon the Y&H audit tool that was developed by the Y&H Screening and Immunisation Team. The audit was sent out to all 39 practices in in September 2019. The response rate

was disappointing at 28%, despite being circulated twice. Review of the completed audit together with analysis of the latest uptake Immform (PHE data collection platform) data identified eight practices that were felt would benefit from a practice visit. To date, visits have been completed to 6 practices.

Scope of practice discussions:

- Completed audit reviewed
  - In depth discussions with the practice team exploring what is working well/not working well, barriers to improving uptake, areas for improvement and agreed key actions.
  - Audit not planned to be repeated but will be reviewed at least yearly
16. A final report with key recommendations will be shared with practice managers across Doncaster with top tips then to be disseminated across primary care.

### **Flu Immunisation Programme**

17. The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant women, and those with certain underlying medical conditions. Since 2013, flu vaccination has been offered to children in a phased roll-out to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.
18. The table below describes flu uptake across the GP eligible cohorts in Doncaster

<b>Cohort</b>	<b>Standard</b>	<b>Uptake 17/18</b>	<b>Uptake 18/19</b>	<b>Uptake 19/20</b>
<a href="#">Aged 65 years and over</a>	<a href="#">75%</a>	<a href="#">73.5</a>	<a href="#">71.5</a>	<a href="#">71.8</a>
<a href="#">6 months to 65 at risk</a>	<a href="#">55%</a>	<a href="#">50.4</a>	<a href="#">47.5</a>	<a href="#">43.7</a>
<a href="#">Pregnant women (Immform)</a>	<a href="#">55%</a>	<a href="#">47.6</a>	<a href="#">42.5</a>	<a href="#">39.3</a>
<a href="#">Children aged 2 years</a>	<a href="#">48%</a>	<a href="#">54.6</a>	<a href="#">50.5</a>	<a href="#">38.7</a>
<a href="#">Children aged 3 years</a>	<a href="#">48%</a>	<a href="#">59.3</a>	<a href="#">52.8</a>	<a href="#">48.4</a>

**Table 1: Seasonal Flu Update / GP Cohorts % Vaccine Uptake from September to January.**

Source: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2019-to-2020>

### South Yorkshire and Bassetlaw %Uptake September 2019 to January 2020

Org Name (CCG= Clinical Commissioning Group)	65 and over			Under 65 (at-risk only)			Pregnant		
	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake
<b>NORTH OF ENGLAND</b>	3,032,765	2,225,422	73.4	#####	950,096	45.2	159,164	74,442	46.8
<b>NHS ENGLAND NORTH</b>	1,040,933	761,728	73.2	731,310	318,707	43.6	56,122	25,691	45.8
NHS BARNSELY CCG	49,793	36,131	72.6	32,947	15,559	47.2	2,409	1,092	45.3
NHS BASSETLAW CCG	25,760	18,354	71.3	15,514	6,014	38.8	912	350	38.4
NHS DONCASTER CCG	61,383	44,100	71.8	40,590	17,744	43.7	3,451	1,355	39.3
NHS ROTHERHAM CCG	51,122	38,501	75.3	36,903	16,801	45.5	3,529	1,553	44.0
NHS SHEFFIELD CCG	98,099	74,374	75.8	78,656	34,899	44.4	5,384	2,877	53.4

Org Code	Org Name (CCG= Clinical Commissioning Group)	Response Summary			Aged 2 and IN a clinical			Aged 3 and IN a clinical		
		No. of practices	No. of forms completed	% of practices responding	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake
Y54	NORTH OF ENGLAND COMMISSIONING REGION	2,052	2,049	99.9	5,939	2,890	48.7	8,269	4,215	51.0
Q72 Eng Team	NHS ENGLAND NORTH (YORKSHIRE AND HUMBER)	641	640	99.8	2,082	957	46.0	2,862	1,368	47.8
02P	NHS BARNESLEY CCG	33	33	100.0	91	46	50.5	117	62	53.0
02Q	NHS BASSETLAW	9	9	100.0	53	25	47.2	55	30	54.5
02X	NHS DONCASTER	39	39	100.0	142	55	38.7	190	92	48.4
03L	NHS ROTHERHAM	30	29	96.7	123	50	40.7	159	73	45.9
03N	NHS SHEFFIELD	79	79	100.0	305	141	46.2	401	192	47.9

19. Doncaster's seasonal influenza uptake between September 2019 and January 2020 has fallen behind the rest of South Yorkshire and Bassetlaw apart from the uptake of 3 year olds.
20. The flu vaccination uptake figure for 65s and over during 2019/20 (71.8%) is comparable to the figure for the previous 2018/19 season (71.5%), although this was below the national (WHO) target of 75%. This uptake rate does not portray the hard work of some practices to achieve the 75% target. However, practices where uptake is poorer have been identified as those with a transient population of travellers and also with a large cohort of eastern European immigrants, who are harder to engage regarding medical interventions.
21. The at-risk cohort (6months to under 65) uptake figure is lower than the previous year and below the national ambition of 55% at 43.7%. It is important to acknowledge that nationally, practices did have delays in vaccine deliveries which resulted in cancelled clinics and thus challenges in re-scheduling presented. In week 48 of the season the SY&B Screening and Immunisation Team analysed the uptake rates and 8 practices in Doncaster who were more than 20% behind with their uptake as compared to last season were identified. There was no response from the practices contacted. Subsequently, the practices were provided with an evidence based at-risk letter patient template, reflecting best practice, to be used for this cohort to improve uptake. Analysis by SIT team at week 2 of the season showed a marked improvement in all 8 practices.
22. The uptake figure for pregnant women has declined in the 2019/20 season (39.3%) as compared with the previous year (42.5%) and is significantly below the 55% national target. As the responsible commissioner for maternity

services, collaborative discussions have taken place with the CCG and it was agreed that delivery of the vaccine via the maternity care pathway be included as a contract variation for 2019/20. Unfortunately, this is yet to be implemented. Work is ongoing to ensure Doncaster and Bassetlaw NHS Foundation Trust - Maternity Services deliver flu vaccinations to their cohort in the next flu season.

23. The vaccine uptake figure for the 2year olds was below the 2018/19 season in week 2 of the season (38.7% compared to 50.5% in 18/19). In 3year olds it was less of a decline (48.4 % compared to 52.8% in 18/19). Recommendations were made on the clinical prioritisation for the use of LAIV within General Practice. GPs were advised to prioritise all those under 18 years of age who are in at-risk groups, followed by the younger children (aged two and three years). This was to ensure that the most vulnerable children were protected first. Uptake across Doncaster was affected by delays in vaccine delivery to primary care which affected the pre-arranged clinics/events.

### **School Immunisation programme**

24. Data for the annual 2019-20 childhood influenza vaccine uptake report was collected from 1 September 2019 to 31 January 2020 inclusive. The flu school flu programme is offered to all children in school years reception, 1,2,3,4,5 and 6. Children at risk were invited to access the vaccine by their GP also. Parents were clearly advised that they would have the option to have their child vaccinated in general practice.
25. RDASH delivered the vaccine and achieved an overall uptake of 69.6% over all year groups. With highest uptake in reception of 71.7%. Challenges over this season with vaccine delays and also flood affected areas and norovirus outbreaks meant the team had to cancel 16 sessions and rearrange in a very short time scale resulting in some schools being vaccinated in January 2020. However they continue to vaccinate and have effectively used the health bus at Lakeside centre to offer catch ups to any children who missed their session in school.
26. **Actions taken to support the 2019/20 Seasonal influenza Vaccination Programme:**
- A Multi-agency Seasonal Flu plan was developed to re-establish collaborative working between partner organisations to drive improvements in uptake in Doncaster and since December 2019 has included Bassetlaw CCG. Facilitated by the Screening and Immunisation Coordinator with escalation and support from the Doncaster and Bassetlaw (A&E) Delivery Board
  - Partnership working between the LA and CCG Communication Team to facilitate the distribution of resources and information out to practices
  - Collaborative working to ensure front line staff vaccination including DBTHFT , primary care, care homes and prison healthcare
  - Care home manager information days to cascade flu vaccination information and promote North of England Flu Award Scheme
  - Communications with maternity providers- All plans in place apart from sign off of PGD for commencement of vaccination delivery.

- Liaison with Primary care- through Flu lead at CCG to communicate messages and 'nudge' uptake
- Established communications routes with School Immunisation Team to support management of issues/incidents
- Discussions held with CCG colleagues to facilitate vaccination of homeless cohort in progress.
- Inclusion of Local Pharmaceutical Committee (LPC) to facilitate good communication with primary care regarding uptake in Community Pharmacies.
- 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 and NHS Improvement) was sent to all managers of care homes to promote flu vaccine uptake in both residents and staff.
- Doncaster LA also ran two consecutive information/training days to care home and domiciliary home managers to upskill them to cascade information to their staff and residents around the importance of receiving the flu vaccination and how to utilise pharmacies to help administer the vaccine to their residents and staff.
- Promotion and dissemination of information regarding the North of England, NHS England Improvement/Public Health England led award scheme to recognise the efforts made by the care sector; care homes, hospices and domiciliary care providers, who have achieved a high level of flu vaccine uptake for their staff. The award was given based on the percentage of staff in receipt of a flu vaccine before the end of March 2020. Awards were presented based upon an uptake as below:
  - 70% of staff or above - Gold accreditation
  - 60-69% of staff - Silver accreditation
  - 50-59% of staff - Bronze accreditation

#### 27. Key outcomes:

- Communications have improved with partners underpinned by strengthened partnership working
- Messages about front line staff vaccinations have been cascaded across the borough
- Maternity services have confirmed they will deliver flu vaccinations for 2020/21 flu programme
- School Immunisation teams have achieved a good uptake in all age cohorts
- Following lessons learned, advice to practices has been provided, emphasising the importance of ordering vaccines from different suppliers to avoid problems associated with possible ordering delays for 20/21 season
- Data up to the end of January 2020 reported that in Y&H, 36 care home organisations submitted applications in relation to the North of England Flu Award Scheme; 27 (gold), 7 (silver) and 2 (bronze). Two care home organisations in Doncaster have been awarded a silver and gold award and submissions are still being received. Local information will be shared with social care commissioning leads/CCG/care establishments to inform key areas of improvement and sharing of best practice.

- Identified the importance of progressing discussions a regarding targeting the homeless as part of 2020/21 planning, given complexities of delivery and commissioning arrangements

28. Performance of Immunisation programmes are summarised in the following tables:

## Quarterly Child Immunisations by Local Authority

Cohort	Indicator	Standard <sup>1</sup>	Area	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
<b>12 months</b>	12m Denominator	N/A	Doncaster England	893 -	941 168,144	850 162,015	856 151,782	860 157,740
	12m DTaP/IPV/Hib %	95	Doncaster England	92.7 -	93.9 91.6	91.9 92.1	92.5 91.9	91.2 92.0
	12m MenC %	95	Doncaster England					
	12m PCV %	95	Doncaster England	92.9 -	93.7 92.1	91.9 92.8	93.1 92.5	91.6 92.6
	12m Rota %	95	Doncaster England	92.7 -	93.0 89.1	92.0 90.0	92.2 90.1	90.7 90.0
	12m MenB %	#N/A	Doncaster England	92.7 -	93.5 91.9	91.9 92.3	93.0 92.0	91.6 92.2
<b>24 months</b>	24m Denominator	N/A	Doncaster England	897 -	933 173,769	884 165,413	850 158,088	896 163,858
	24m DTaP/IPV/Hib3 %	95	Doncaster England	94.4 -	94.4 94.4	94.2 94.2	94.6 94.0	94.3 94.2
	24m PCV Booster %	95	Doncaster England	93.1 -	90.1 90.0	88.3 90.1	89.3 90.1	89.1 90.3
	24m Hib/MenC booster %	95	Doncaster England	92.8 -	89.9 90.2	88.2 90.3	89.1 90.3	88.4 90.5
	24m MMR1 %	95	Doncaster England	92.6 -	90.0 89.9	88.2 90.0	89.2 90.0	89.4 90.3
<b>5 years</b>	5y denominator	N/A	Doncaster England	957 -	1,004 179,348	981 173,672	921 167,841	924 171,373
	5y DTaP/IPV/Hib %	95	Doncaster England	97.7 -	97.6 95.5	95.9 95.3	95.5 95.3	96.2 95.4
	5y MMR1 %	95	Doncaster England	96.9 -	96.7 94.7	96.1 94.6	94.5 94.7	95.8 94.7
	5y MMR2 %	95	Doncaster England	87.6 -	87.2 86.4	86.6 86.6	84.7 86.7	84.4 86.7

	5yDTaP/IPV Booster %	95	Doncaster	86.2	87.2	84.4	84.0	84.4
			England	-	85.0	85.3	85.1	85.3
	5y HibMenC Booster %	95	Doncaster	94.3	92.8	93.7	96.0	93.4
			England	-	92.7	92.6	92.7	92.6

Key:

	>= 95%
	90% to 95%
	< 90%

## (B) Screening programmes

### Support of Recommendations for Screening Programmes

<https://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf>

#### Screening Coverage Data % Uptake

Indicator	Period	Doncaster Value	England Value	Target
Cancer screening coverage-breast cancer-%	2017/18	76.0	75.4	70
	2018/19	76.3	74.9	
Cancer screening coverage-cervical cancer-%	2017/18	74.8	72.0	75
	2018/19	74.1	71.4	
Cancer screening coverage-bowel cancer-%	2017/18	61.0	58.8	55
	2018/19	60.3	59.0	
New born bloodspot screening coverage-%	2015/16	95.6	95.6	95
	2017/18		96.7	
New born hearing coverage-%	2016/17		98.4	98
	2017/18	98.0	98.9	

Abdominal aortic aneurysm screening -%	2016/17	83.8	83.6	45
	2017/18	80.9	80.8	

**Bowel Screening:**

- 29. Bowel screening is delivered by Doncaster Bassetlaw Hospital (DBHFT), supported by the SYB bowel cancer screening centre and NE bowel screening hub (Gateshead NHSFT). The greatest risk is capacity within the endoscopy unit to deliver both Bowel Scope and diagnostic colonoscopy following a positive FIT (Faecal Immunochemical Test) result. Issues include workforce (endoscopy, pathology, radiology) and training and accreditation for bowel screening endoscopists, particularly the lack of available dates for assessment, these concerns have been escalated regionally and nationally.
- 30. Pressure on the service has increased following the implementation of FIT due to increased uptake of the test Priority is being given to FIT and symptomatic patients over bowel scope screening. Issues continued to be reported to and monitored by the SYB programme board and YH bowel screening meetings.

**Breast Screening:**

- 31. Breast screening is delivered by DBHFT. Concerns have been noted with regards to staffing levels as a result of staff leaving and long-term sickness. In Q3 the provider was able to meet the KPI target for Screening Round Length (The percentage of women whose first offered appointment is within 36 months of their previous screen) achieving in Q3 98.95 against an acceptable target of  $\geq 90\%$ , but were unable to meet the KPI target for date of first offered appointment, achieving 93.75 against a target of  $>98\%$  - taking approximately 4 weeks to meet the required standard. Performance is monitored via the programme board, oversight group and managed via the routine contract monitoring meetings with the provider.

**Cervical Screening:**

- 32. Cervical screening is carried out in primary care, with sample testing now being carried out by Gateshead NHSFT, the transition from Sheffield Teaching Hospitals NHS Foundation Trust being completed in January 2020. Samples are firstly tested for HPV, with positive samples then being sent for cytology. Women whose samples have a positive cytology result are referred to the

colposcopy service at either DBHFT or Carcroft (community/GP based clinic). Concerns have been raised with regards to staffing/capacity within the lab at DBHFT following the loss of a histopathologist. The QA visit has been brought forward to June/July 2020 as a result of these concerns.

#### **Ante Natal and New Born:**

33. Majority of KPIs remain constant. NP1 (new born and infant examination) now achieved 97%. NB1 (new born test) remains 2.6 % Recently introduced coding has allowed for service to identify and demonstrate where the majority of errors are attributed to within the Trust. Further consultation with inpatient paediatric leads arranged to discuss support and further training.

#### **Diabetic Eye Screening Programme:**

34. Diabetic eye screening is undertaken by the DBHFT service with patients being referred in to the service automatically via an electronic search (GP2DRS). The SIT along with NHS England and NHS Improvement local team are working with providers to allow them to fulfil the service specification requirements around working towards the implementation of extended screening intervals for low risk individuals.
35. Incident assessment forms have been completed in relation to prisoners not attending Hospital Eye Services following a positive screen. This has also been escalated to the prison healthcare provider and health and justice commissioner.

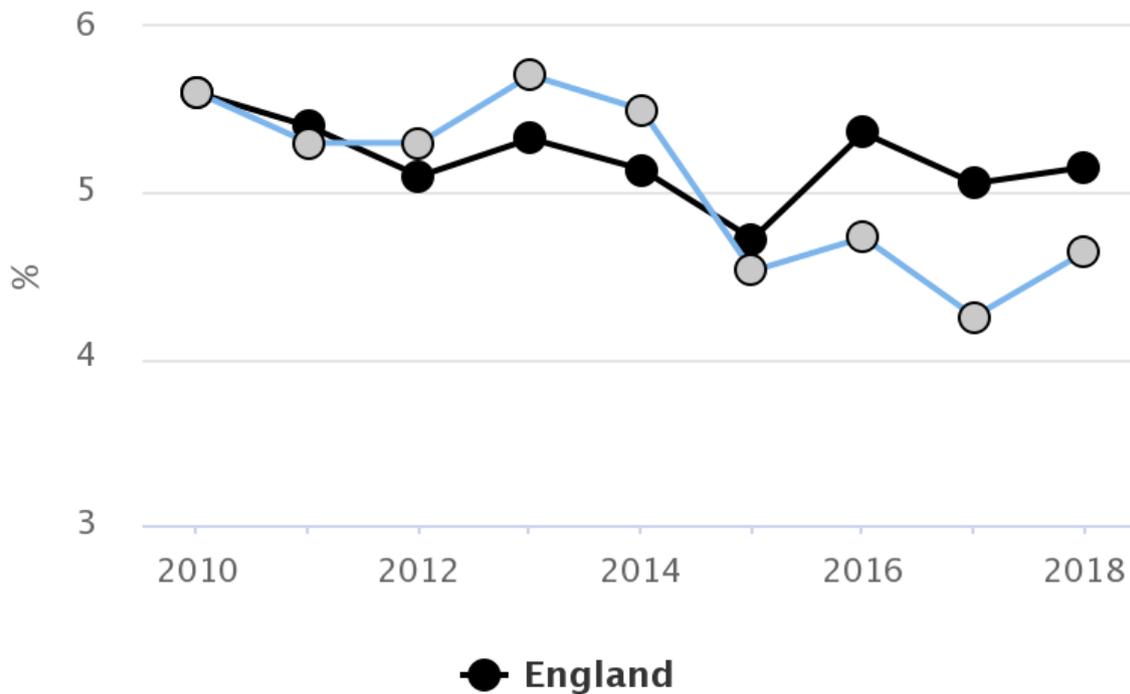
#### **AAA (Abdominal and Aortic Aneurism):**

36. The AAA screening programme aims to identify men in their 65<sup>th</sup> year with an aortic aneurysm, the service being provided by the SYB AAA screening service within DBHFT. Men are either placed in quarterly or annual surveillance or referred on to vascular services (at DBHFT or STHFT) depending on the size of the aneurysm detected. Those that receive a normal result will not be re-invited.
37. The Finger tips Dashboard data strategically help focus the Programme to improve areas that are not fully engaging in AAA screening, communities that under represented and to identify why and determine appropriate strategies to drive better uptake and coverage. Sheffield is the CCG of focus based on the current data (without losing sights of other CCGs).

**(B) Air Quality Update:**

38. Air pollution is considered to be the fourth largest risk to public health in England (PHE 2017). The evidence is clear on the scale of harm. It is the largest environmental risk to the public's health in the UK with:
- estimates of between 28,000 and 36,000 deaths each year attributed to human-made air pollution
  - a close association with cardiovascular and respiratory disease including lung
  - cancer
  - emerging evidence that other organs may also be affected, with possible effects
  - on dementia, low birth weight and diabetes
  - emerging evidence that children in their early years are especially at risk, including asthma and poorer lung development
39. When considering impact on health, there are no safe thresholds 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.
40. Fraction of mortality attributable to particulate air pollution 2018 (updated Feb 2020) showed the following outcomes:
- England 5.2
  - Yorkshire & the Humber 4.5
  - Doncaster 4.6 (No 5 out of 15 Y&H) (No 5 out of 16 CIPFA)
  - Sheffield 4.0
41. The updated PHE figure (2020) indicates that Doncaster rate has increased slightly from 4.3% in 2017 to 4.6% in 2018; Compared to England rate of 5.1% in 2017 and 5.2% in 2018.
42. Trend data should not be over-interpreted for a number of reasons:
- Concentrations of PM2.5 vary from year to year due to the weather. This variation due to weather is generally greater than the year-to-year variation from changes in emissions.
  - The data presented are of modelled concentrations of PM2.5 arising from human activities. There is some uncertainty associated with the apportionment of particles as human-made or naturally occurring.
  - The methods and data inputs for the pollution modelling are continually updated and improved.

D01 – Fraction of mortality attributable to particulate air pollution for Doncaster



43. The Council's 2019 Annual Status Report (ASR) for air quality stated that Doncaster Council has declared seven air quality management areas (AQMA) where the concentration of nitrogen dioxide (NO<sub>2</sub>) exceeds the limit within the Air Quality Regulations 2000 (as amended). These are attributed to emissions from traffic.
44. An additional area of exceedance along the A630 in the village of Marr is due to be declared an AQMA after due process.
45. A Map of Doncaster AQMA and an Action Plan are in Appendix 1.
46. Key activities and outcomes include:
  - One of the key activities in last year's Health Protection report was information on PM<sub>2.5</sub> using data from the Market Place monitoring unit. Unfortunately this unit was off line for several months of 2019 as part of the major redevelopment of the Wool Market area. As a consequence it is not possible to provide an update on PM<sub>2.5</sub> trends within this report. However on the plus side advantage was taken of the redevelopment to modernise the air quality unit including the installation of a PM 2.5 monitor; therefore real data can be included in future reports.

- Doncaster Council have partnered with Barnsley Council to deliver on Eco Business Driving for grey fleet users i.e. those companies that employ drivers who use their own vehicles for work purposes.
- An air quality monitoring unit has been procured for Hickleton and the civil pre-works have been completed.
- The Pollution Section have secured funding, albeit subject to annual review, for a four year project to refurbish and modernise the Council's estate of air quality units, including provision of PM2.5 monitors.
- Anti-idling messages are included into the Modeshift active travel programme available in schools.
- Activities for Clean Air Day 2019 took place on two days at two different locations. This was a joint Pollution Control and Public Health initiative centred on the synergies and benefits of Clean Air and a more active lifestyle
- Doncaster Active Travel Alliance – an approach to air quality with co-benefits Supporting active travel brings a number of co-benefits; helps to address our transport challenges, achieving our economic potential, help address air pollution, improve community connectedness and embeds physical activity into individuals' daily lives.



There is huge potential to increase the number of people embedding physical activity into their daily lives through active travel. Sheffield City Region data states that a quarter of SCR trips under 500m are by car, half of SCR trips under 2km are by car and that low traffic neighbourhoods decrease traffic by on average 11%.

In Doncaster, our Walking Strategy highlights that 12,000 residents live within 20 minute walk of their place of work but currently don't. In addition, Doncaster also

has a high propensity for cycling owing to its topography however we are hampered by some of the geographical spread of our communities and low density of population.

47. There has been a significant amount of work that has taken place coordinated via the Doncaster Active Travel Alliance in 2019 including:-

- £1.2 million funding secured from Transforming Cities Fund (TCF) for Active Travel Infrastructure.
- The approval of Doncaster's Walking Strategy and Doncaster's Cycling Strategy.
- The development of separate walking and cycling policies in our Local Plan.
- Appointment of a dedicated Walking Officer – supported 14 Community Street Audits providing community insight into local journeys made by residents, trained 38 volunteer health walk leaders and first aid.
- Active Travel Auditor –providing systematic process to highway and other infrastructure/ developments including TCF.

**Next steps for the Doncaster Active Travel Alliance include:-**

- Deliver the transformational package of active travel schemes 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.
- Redesign our current revenue funded active travel programmes to ensure that there is an approach that provides residents with the capabilities to utilise the opportunities that new active travel infrastructure will provide.
- Deliver a number of approaches and events planned to raise the awareness of the effect of traffic and congestion on activity levels linking to the health challenge of air pollution. This will include school road closures and awareness of the playing out toolkit enabling residents to temporarily close their street to traffic for children to play.
- Engage with residents on a low traffic neighbourhood model.

## **CASE STUDY Clean Air Day 2019**

Doncaster Active Travel Alliance held a Street Play Road Closure event outside West Road Primary, Moorends. The main aim was to promote changes families can make to mitigate against their exposure to car emissions during the journey to and from school, focusing on how leaving the car at home and choosing an active travel mode such as walking, cycling or scooting can make a big difference.

During the morning school drop off we saw many families walking, cycling or scooting to school with the added benefit of a quiet, traffic free road leading them in to the school gates. There was an overall sense of community spirit with many parents commenting positively to the head teacher about the road closure.

444 children at West Road Primary School took part in the activities throughout the day.

In order to bring to life the street play for pupils at West Road Primary several activities were arranged:

- Learn to ride
- Scooter Skills
- Smoothie Bike
- Virtual Veldrome
- Circus Skills

Dr Bike also attend to service the children's bikes and the Communities Team stamped 86 bikes with smart water.

In order for more families at West Road to choose Active Travel modes to travel to and from school, promotion will continue through the year utilising 5 and 10-minute zones mapped out by Modeshift Stars. These make handy prompts for how long it will take families to walk, cycle or scoot to school, which can take less time than they initially perceive.

In order to create permanent reminders for parents an aluminium map showing the 5 and 10-minute zone is to be displayed in the school entrance area.

Following the Clean Air Day event, a drone picture of the school children and staff marking out "we love clean air" was taken which is to be printed on to a banner alongside clean air related pictures the school children have drawn.



## **(C) Emergency Preparedness, Resilience and Response**

### **1. Flooding**

48. Public health formed part of the response to the flooding in November 2019 at all levels (Strategic, Tactical and Operational) and continue to support the recovery work across the borough. In response, team members provided tactical support to the tactical coordinating groups and ensured key communication links were maintained across the local health system, linking in with Public Health England to provide specialist advice on health related impacts.
49. Support on medium and long-term recovery continues through the Tactical Community engagement and Assistance Group and the Humanitarian and Health multi-agency group. These include considerations such as emotional and mental health support, physical health, access to services, ongoing surveillance and strength based community development amongst others.

### **2. Coronavirus (COVID-19)**

50. On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China.
51. The figures on cases of COVID-19 continue to change on daily basis in the UK. As of 9am on 5 March 2020, 18,083 people have been tested in the UK, of which 17,968 were confirmed negative and 115 were confirmed as positive.

#### **National Approach:**

52. The current approach is defined as **Detect and Assess**.
53. The initial detection is coordinated by NHS 111 and is based on travel history and symptoms. Local NHS services are currently providing testing at 'pods', with specialist NHS providers ready to care for anyone testing positive. Public Health England lead the contact tracing of any positive cases.
54. There is no specific treatment.
55. If there's person-to-person spread in UK we are likely to see an escalation phase.
  - The peak will be 8-12 weeks from person to person spread.

- COBRA (national emergency planning) met 02/03/2020 chaired by the Prime Minister and a range of possible actions were outlined should the situation escalate.

### **Regional Approach:**

56. Regionally the South Yorkshire Local Resilience Forum has held a Strategic Assessment Meeting with all multi-agency partners and continues to issue daily briefings and update. Weekly teleconference meetings are soon to be set up and will be reviewed on a regular basis.

### **Local approach:**

57. Local pandemic group (tactical coordinating group) is meeting and focussing on
- Business continuity
  - CCG led- Health cell
  - CYP led- Education cell
  - Contacts with Business

As a Council we are focussing on three issues

- Reinforcing hand hygiene and respiratory hygiene (catch it, bin it, kill it)
  - Updates and guidance for managers (available for partners)
  - Preparation for escalation
58. The evolving situation continues to be monitored and reviewed in line with established procedures and the framework set out in the Doncaster Council Pandemic Flu Contingency Plan.

## OPTIONS CONSIDERED

59. **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

60. 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

61.

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

	<b>Outcomes</b>	<b>Implications</b>
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	<p>Good health contributes to better children's education and learning. The actions set out in this report help to protect and promote the health of children in Doncaster, thus enabling them to learn and thrive.</p>
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	<p>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>
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	<p>Health Protection contributes to healthy families and their ability to thrive and realise their full potentials.</p>

## **RISKS AND ASSUMPTIONS**

62. 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 [NC: 06/03/2020]**

63. Section 1 Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.
64. 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.
65. 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....'
66. Further legal advice and assistance will be given, if required, to support effective health protection.

## **FINANCIAL IMPLICATIONS (Officer Initials: HR Date: 06/03/20)**

67. 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. Any additional costs arising over and above current budget arrangements will need to be subject to Key Decision rules as part of the Councils governance arrangements.

## **HUMAN RESOURCES IMPLICATION (Officer initials EL Date 06/03/20)**

68. There are no general HR implications in respect of this Report. However, HR are currently in contact and working with Public Health with regard to the potential impact COVID-19 could have on the workforce and will continue to work together regarding this to ensure communication and actions are taken as appropriate.

## **TECHNOLOGY IMPLICATIONS (Officers initials PW Date 06/03/20)**

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

## **HEALTH IMPLICATIONS (Officer initials: VJ; Date: 05/03/2020)**

70. 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**

71. 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**

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

## **BACKGROUND PAPERS**

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

## **GLOSSARY**

CCG	Clinical Commissioning Group
COVID-19	Coronavirus
DBTHFT	Doncaster Bassetlaw Teaching Hospital NHS Foundation Trust
EPRR	Emergency Preparedness Resilience and Response
FIT	Faecal Immunochemical Test
JCVI	Joint Committee on Vaccination and Immunisation
LAIV	Live Attenuated Influenza Vaccine
LPC	Local Pharmaceutical Committee
MMR	Measles Mumps and Rubella
PCN	Primary Care Network
PGD	Patients Group Directives
PHE	Public Health England
SIT	Screening Immunisation Team
SY & B SIOG	South Yorkshire and Bassetlaw Screening and Immunisation Overview Group
WHO	World Health Organisation

## **REPORT AUTHOR & CONTRIBUTORS**

### **Report Authors:**

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### **Contributors:**

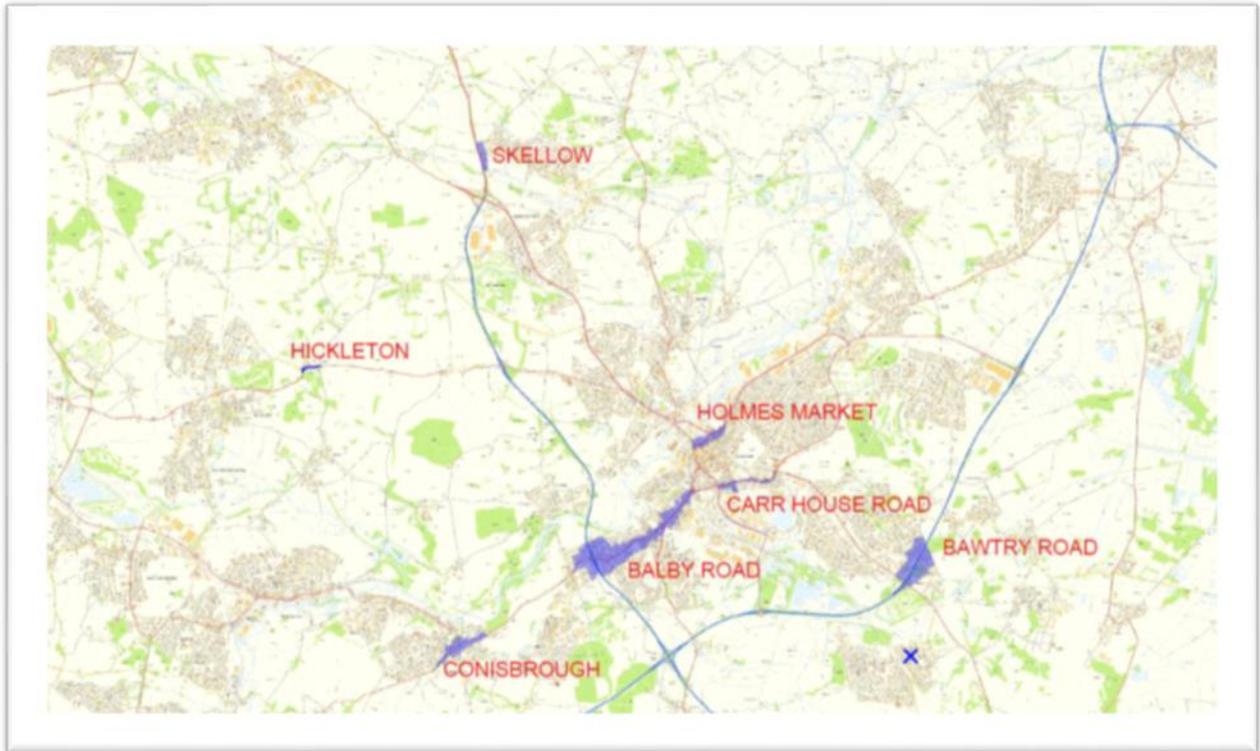
- Sarah Gill, Screening and Immunisation Coordinator (Clinical), Public Health England (Doncaster), Embedded in NHS England and NHS Improvement (Yorkshire & The Humber)
- Ian Kellett, Senior Pollution Control Officer, Directorate of Economy and Environment, Doncaster Council
- Clare Henry, Public Health Specialist, DMBC
- Carys Williams, Public Health Improvement Officer, Wider Determinants and Emergency Planning, DMBC

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

**Peter Dale**  
**Director of Regeneration and Environment**

**APPENDIX 1**  
**The Air Quality Management Areas (AQMA) across Doncaster, a summary of air quality data (2019/2020) and list of actions.**

**Map of Doncaster air quality management areas (AQMAs)**



Details of the AQMAs can be found at [https://ukair.defra.gov.uk/aqma/localauthorities?la\\_id=80](https://ukair.defra.gov.uk/aqma/localauthorities?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.

The key information, with respect to nitrogen dioxide, for each of these areas is displayed in diagrams below. The trends described are an average of a set of monitoring results obtained over time to give a general impression of increasing or decreasing levels of air quality. An increase describes a worsening of air quality while a decrease indicates an improvement in air quality.

## Key

	Decrease		Positive		Unknown
	Increase		Neutral		
	No change		Negative		

Much of the information has been averaged for presentation purposes

### AQMA1 Church Way, Town Centre, Doncaster

	 	 
Size & Population	2017 to 2018 Trend	10 Year Trend
183,000 square metres	2% reduction	11% reduction
474 people in the AQMA		

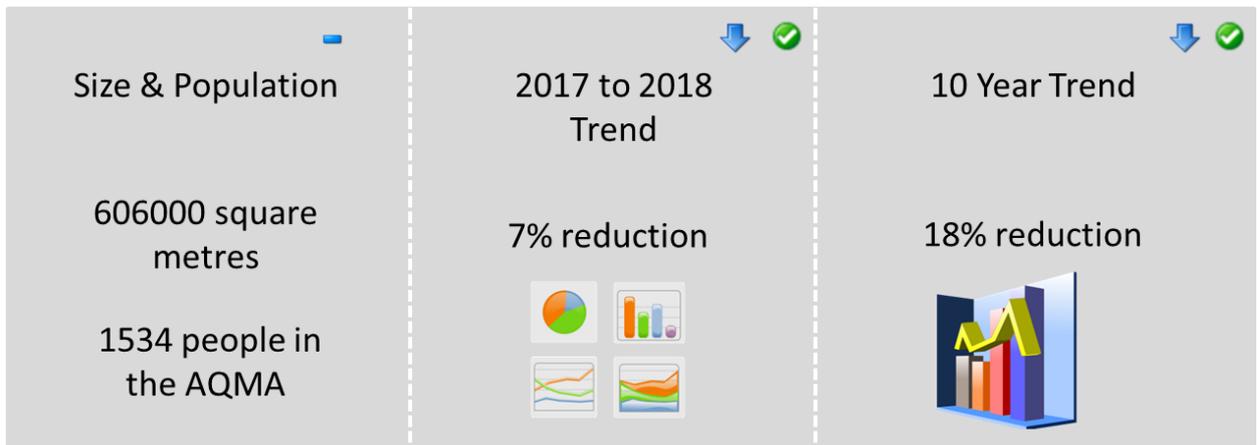
### AQMA 2 Balby Road/Warmsworth Road, Doncaster

		 
Size & Population	2017 to 2018 Trend	10 Year Trend
1,408,000 square metres	No change	2% reduction
7006 people in the AQMA		

### AQMA3 Carr House Road, Doncaster



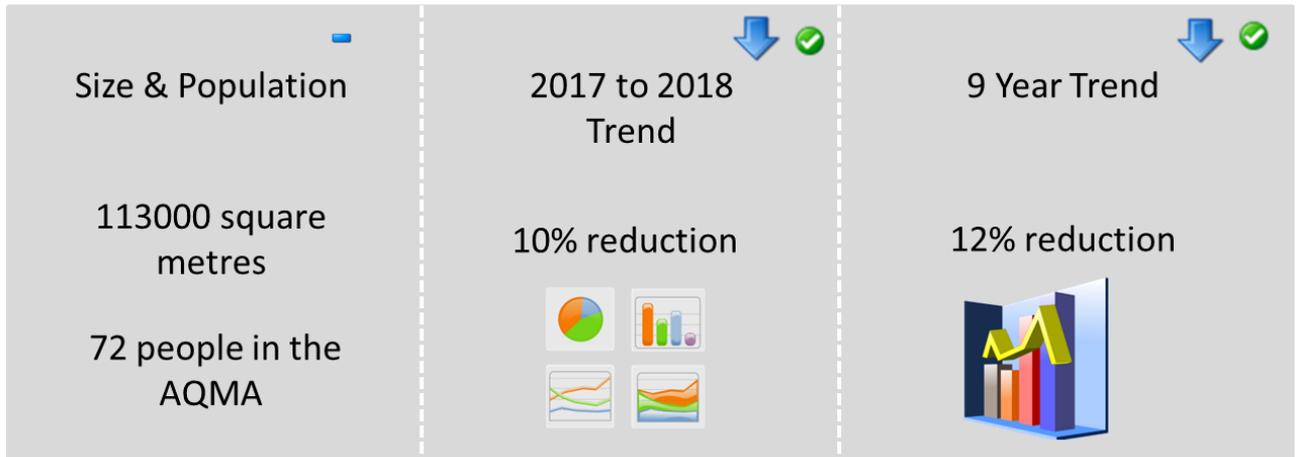
### AQMA4 Bawtry Road, Doncaster



### AQMA5 Conisbrough, Doncaster



## AQMA6 Skellow, Doncaster



## AQMA7 Hickleton, Doncaster



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<sub>2.5</sub> (particulate matter with an aerodynamic diameter of 2.5µm or less). There is clear evidence that PM<sub>2.5</sub> has a significant impact on human health, including premature mortality, allergic reactions, and cardiovascular diseases.

A summary of action measures are given below

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	Video views - 3239 (target 500) Web visits - 575 (target 500)	Low	Campaign successful. Final report in appendices.	Mar-19	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	173 members 12911 Vehicles registered	Jun-19	Funding streams ceasing.
3	Air Quality Planning and Technical Guidance	Policy Guidance and Development Control	Air Quality Planning and Policy Guidance	Doncaster Council (Environmental Protection Budget)	April 2017 - June 2017	July 2017 - June 2020	% of applications with air quality mitigation included.	Low	All relevant applications now screened with this guidance.	June 2020	Buy-in from Development Control. Conflict with NPPF conditions test.
4	Clean Air Plans	Promoting Low Emission Transport	Low Emission Zone (LEZ)	Defra/ Doncaster Council (Defra Funded)	August 2017 - December 2019	TBC	TBC	High	Basic cost proposition drawn-up in preparation for available funding opportunities.	Dec-20	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	- Dr Bike Services - Cycle Training - Cycle Package	Low		Mar-20	Funding ceases March 2020 and no replacement funds yet identified.
6	Investigate emission standards via taxi	Promoting Low Emission Transport	Taxi Licensing conditions	Doncaster Council - Licensing (Doncaster Council Funded)	July 2017 - July 2018	April 2019	% increase in Euro VI and ULEV licensed taxis	Medium	ECO Stars Taxi Scheme launched and offered to all Barnsley and Doncaster Operators. No uptake in	April 2020	Financial impacts.

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
	licensing								Doncaster.		
7	Future Transport (Fleet) Policy	Promoting Low Emission Transport	Public Vehicle Procurement -Prioritising uptake of low emission vehicles	Doncaster Council - Transport (Doncaster Council Funded)	April 2017 - April 2018	May 2018 - March 2020	% Fleet as Diesel/ Petrol/ ULEV/ Hybrid.	Medium	Investigating funding streams.	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	20mph speed limits now implemented in west Bessacarr, parts of Town Moor (Manor Drive/Alderson Drive area) and has commenced in north Wheatley. Preparation work on-going for Intake, Thorne (Southfield) and Moorends, and new areas identified as parts of Edlington, Conisbrough and Mexborough.	March 2020	Funding being withdrawn.
9	Co-ordination of road works on key routes	Traffic Management	Other	Doncaster Council - Highways (Doncaster Council Funding)	July 2017 - September 2017	October 2017 - December 2017	Reduction in journey time on key routes	Low	Permit now required for all roads in AQMAS. Tighter controls and conditions can now be implemented on utility companies etc, leading	March 2020	Introduction of enhanced coordination software and dissemination of disruption to road user.

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
									to reduced delays and congestion.		
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"> <li>• numbers of people cycling</li> <li>• number of journeys by bicycle</li> <li>• improve health by increasing cycling as part of everyday life</li> </ul>	Low	Strategy currently being updated. Sustrans are developing an implementation to deliver.	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"> <li>• Reduce and limit traffic congestion and thereby air through investment in higher Euro Engine specifications</li> <li>• Provide high quality choice for those with use of a car</li> <li>• Reduce environmental impact</li> </ul>	Low	Still in place however no further report.	March 2020	Partnership maintains commitments. Funding. Accessibility and profitability issues.
12	Investigate green	Other	Other	Doncaster Council – Environmental	January – December	n/a	n/a	Medium	No progress.	June 2020	Evidence to support impact being available.

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
	barriers			Protection	2018						Funding and resources.
13	Parking Strategy	Policy Guidance and Development Control	Other policy	Doncaster Council - Transportation	2018	Jan-19	4 EV chargers in Council operated car parks. A further 2 planned following redevelopment.	Low	Car parking health check completed.	June 2020	Parking is currently underutilised therefore plans to consolidate parking under strategy being developed.
14	Walking Strategy	Alternatives to private vehicle use	Other	Doncaster Council - Transportation	2018	Jan-19	TBC	Low	Implementation plan underway. Community Street Audits on target.	June 2020	Two aspects of walking for function and pleasure.
15	Highways Planned Maintenance Scheme Priority	Traffic Management	Other	Doncaster Council - Highways	Early 2018	Summer 2018	No. of works co-ordinated	Low	An air quality site rating score has been introduced as part of our scheme priority modelling process, to date no air quality related sites have been identified for planned highway maintenance works in 2019/20.	June 2020	None.
16	Procurement	Policy Guidance and Development Control	Sustainable Procurement Guidance	Doncaster Council - Procurement	2018	2019	TBC	Medium	None	June 2020	Availability of Procurement Officers.



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**DONCASTER METROPOLITAN BOROUGH COUNCIL**  
**FORWARD PLAN FOR THE PERIOD 1ST FEBRUARY, 2020 TO 31ST MAY, 2020**

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 are (a) in the case of the revenue budget, gross full-year effect of £250,000 or more b) in the case of capital budget, £1,000,000 or more in respect of a single project or otherwise across one financial year.or the decision has a significant impact on 2 or more wards.

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: 2nd January 2020 and superseding all previous Forward Plans with effect from the period identified above.

Damian Allen  
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
11 Feb 2020	Review of the Selective Licensing Scheme in Hexthorpe (Non-Key Decision)	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities., Councillor Chris McGuinness, Portfolio Holder for Communities, Voluntary Sector and the Environment	Cabinet	Paul Williams, Team Manager Housing (Enforcement Team), PaulJ.Williams@doncaster.gov.uk		Open
11 Feb 2020	Admission arrangements for Entrance to Schools for the 2021/22 Academic Year	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Neil McAllister, School Organisation Manager neil.mcallister@doncaster.gov.uk		Open

25 Feb 2020	To accept European Social Investment Fund (ESIF) for the delivery of Community Wealth Builders programme	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Vanessa Powell-Hoyland, Public Health Improvement Coordinator Tel: 01302 734020 vanessa.powell-hoyland@doncaster.gov.uk	Open
25 Feb 2020	Adult Social Care Charges.	Councillor Rachael Blake, Portfolio Holder for Adult Social Care	Cabinet	Howard Monk Howard.Monk@doncaster.gov.uk, Debbie John-Lewis, Interim Assistant Director of Communities debbie.john-lewis@doncaster.gov.uk	Open
25 Feb 2020	Finance and Performance Report and the 'Delivering for Doncaster' Booklet - Quarter 3 2019-20	Mayor Ros Jones	Cabinet	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk	Open

25 Feb 2020	St Leger Homes Performance Report 2019/20 - Quarter 3 (Non-Key Decision)	Portfolio Holder for Housing and Equalities	Cabinet	Julie Crook Tel: 01302 862705		Open
25 Feb 2020	DCST 2019-20 Quarter 3 Finance and Performance Report (Non-Key Decision)	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Rob Moore, Director of Corporate Services and Company Secretary rob.moore@dcstrust.co.uk		Open
<b>5 Mar 2020</b>	<b>Annual Report of the Director of Public Health</b>	<b>Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture</b>	<b>Council</b>	<b>Dr Rupert Suckling, Director of Public Health</b> rupert.suckling@doncaster.gov.uk		<b>Open</b>
5 Mar 2020	Approval of the Revenue Budget 2020/21	Mayor Ros Jones	Cabinet, Council Decision to take to Cabinet 11th February 2020 prior to Full Council approval	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk		Open

5 Mar 2020	Approval of the Housing Revenue Account budget 2020/21	Mayor Ros Jones	Cabinet, Council Decision to take to Cabinet 11th February 2020 prior to Full Council approval	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk	HRA Budget 2019/20	Open
5 Mar 2020	Approval of the Capital Strategy, Capital Programme and Treasury Management Strategy 2020/21 to 2023/24	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 11th February 2020 prior to Full Council approval	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk	Revenue Budget 2019/20 - 2020/21 MTFS 2020/21 to 2022/23	Open
5 Mar 2020	Approval of the Council Tax and Statutory Regulations 2020/21	Mayor Ros Jones	Cabinet, Council Decision to take to Cabinet 11th February 2020 prior to Full Council approval	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk	Council Tax Setting Statutory Resolutions 2019/20	Open

<p>10 Mar 2020</p>	<p>Smoke Free Public Spaces in Doncaster</p>	<p>Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture, Councillor Rachael Blake, Portfolio Holder for Adult Social Care, Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools</p>	<p>Cabinet</p>	<p>Victor Joseph, Consultant in Public Health victor.joseph@doncaster.gov.uk</p>		<p>Open</p>
<p>24 Mar 2020</p>	<p><i>Big Picture Learning</i></p>	<p><i>Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools</i></p>	<p><i>Cabinet</i></p>	<p><i>Riana Nelson, Director of Learning, Opportunities and Skills (DCS) riana.nelson@doncaster.gov.uk</i></p>		<p><i>Open</i></p>

24 Mar 2020	<b>Joint Commissioning Agreement between Doncaster Council and the and the NHS Clinical Commissioning Group (CCG) for the period 1st April 2020 to 31st March 2022</b>	<b>Councillor Rachael Blake, Portfolio Holder for Adult Social Care</b>	<b>Cabinet</b>	<b>Denise Bann, Strategic lead Commissioning denise.bann@doncaster.gov.uk</b>		<b>Open</b>
21 Apr 2020	To Agree a Revised Home to School Travel Assistance Policy as part of the Strategic Travel Assistance Review (STAR)	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Anita Linsdell Anita.Linsdell@doncaster.gov.uk	Doncaster Home to School Transport Policy 2015 Travel Assistance Policy Consultation Document	Open

Please note dates of meetings/rooms/support may change

**OVERVIEW & SCRUTINY WORK PLAN 2019/20**

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May					
June	<b>Wed, 5<sup>th</sup> June 2019, 1pm (AS/CR)</b>	<b>Mon 17<sup>th</sup> June 2019 1pm (CM)</b>	<b>Thurs 20<sup>th</sup> June, 2pm (CM)</b>	<b>Tues, 11<sup>th</sup> June 2019, 10am (CM)</b>	<b>Wed, 5<sup>th</sup> June 2019, 10am (CR)</b>
	<ul style="list-style-type: none"> <li>OSMC Workplanning</li> </ul>	<ul style="list-style-type: none"> <li>H&amp;ASC O&amp;S Workplanning</li> </ul>	<ul style="list-style-type: none"> <li>CYP O&amp;S Workplanning</li> </ul>	<ul style="list-style-type: none"> <li>R&amp;H O&amp;S Workplanning</li> </ul>	<ul style="list-style-type: none"> <li>C&amp;E O&amp;S Workplanning</li> </ul>
	<b>Thurs, 27<sup>th</sup> June 2019, 10am (AS)</b>				
	<ul style="list-style-type: none"> <li>Youth Justice Plan</li> <li>Qtrly Finance &amp; Performance Report – Qtr 4               <ul style="list-style-type: none"> <li>DMBC</li> <li>SLHD</li> </ul> </li> <li>Scrutiny Work Plan</li> </ul>				
July	<b>Thurs, 11<sup>th</sup> July 2019, 10am (CANCELLED)</b>	<b>Thurs, 4<sup>th</sup> July 2019, 10am (CR)</b>			<b>Wed, 17<sup>th</sup> July 2019, 10am (CM)</b>
		<ul style="list-style-type: none"> <li>JSNA State of Health/Workplan</li> <li>Your Life Doncaster Update (Transformation)</li> <li>The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care.</li> <li>Scrutiny Workplan</li> </ul>			<ul style="list-style-type: none"> <li>Social Isolation &amp; Loneliness Alliance Update</li> <li>Scrutiny Workplan</li> </ul>

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

Aug		<b>Thursday 8<sup>th</sup> August 2019 1.30pm (CR) (joint CYP)</b>	<b>Thurs 8th August 2019, 4pm (CM)</b>		<b>Monday 19<sup>th</sup> August 2019 10.30am (CR)</b>
		<ul style="list-style-type: none"> <li>Autism &amp; Learning Disability Strategy evidence gathering</li> </ul>	<ul style="list-style-type: none"> <li>Consultation of the Education &amp; Skills Strategy 2030</li> <li>Send and Inclusion Strategy/Attendance Strategy</li> <li>Elective Home Education – Overview and Scoping</li> <li>Scrutiny Workplan</li> </ul>		<ul style="list-style-type: none"> <li>South Yorkshire Fire and Rescue Service – Integrated Risk Management Plan</li> </ul>
		<b>Thursday 29<sup>th</sup> August 2019 3.30pm (joint CYP)</b>			
		<ul style="list-style-type: none"> <li>Autism &amp; Learning Disability Strategy evidence gathering</li> </ul>			
Sept	<b>Fri, 6<sup>th</sup> Sept 2019, 11am</b>	<b>Thurs 26<sup>th</sup> Sept 2019, 1pm (CR)</b>	<b>Thurs 5<sup>th</sup> Sept 2019, 4:30pm (CM)</b>		
	<ul style="list-style-type: none"> <li>Empowered, Engaged Communities, With Devolved Locality Budgets (1) - Overview</li> </ul>	<u>Starting Well Theme (invite to CYP O&amp;S)</u> <ul style="list-style-type: none"> <li>Hidden Harm</li> <li>Childhood Obesity/Tooth Decay</li> <li>Scrutiny Workplan</li> </ul>	<ul style="list-style-type: none"> <li>Early Help Demand Management</li> <li>Educational Attainment/Schools Performance Tables</li> <li>Scrutiny Workplan</li> </ul>		
	<b>Thurs, 12<sup>th</sup> Sept 2019, 10am (AS)</b>				
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 1 <ul style="list-style-type: none"> <li>DMBC</li> <li>SLHD</li> <li>DCST</li> </ul> </li> <li>Annual Complaints Report</li> <li>O&amp;S Workplan – Sept Update</li> </ul>				

Please note dates of meetings/rooms/support may change

	<b>Mon 16<sup>th</sup> Sept 2019 (AS)</b>				
	<ul style="list-style-type: none"> <li>Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (2) Site Visit</li> </ul>				
<b>Oct</b>	<b>Thurs, 3<sup>rd</sup> Oct 2019, 10am (CM)</b>			<b>Wed, 16<sup>th</sup> Oct 2019, 10am (CR)</b>	
	<ul style="list-style-type: none"> <li>Medium-term Financial Strategy (MTFS) for 2020/21 to 2022/23.</li> <li>Scrutiny Workplan</li> </ul>			<ul style="list-style-type: none"> <li>Delivery of the Management of Doncaster Markets</li> <li>Scrutiny Work Plan</li> </ul>	
				<b>Wed, 16<sup>th</sup> Oct 2019, to follow above meeting (CM)</b>	
				<ul style="list-style-type: none"> <li>Housing Needs Study – Panel Briefing meeting</li> </ul>	
	<b>Thurs, 10<sup>th</sup> Oct 2019, 10am (AS)</b>				
	<ul style="list-style-type: none"> <li>Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (3) Meeting with Locality Working Leads</li> </ul>				
	<b>17th October 2019</b>				
	<ul style="list-style-type: none"> <li>Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (3) Best Practice review - Notts CC.</li> </ul>				
<b>Mon, 21st Oct 2019, 10am (CM/AS)</b>					
<ul style="list-style-type: none"> <li>Scrutiny Review - Empowered, Engaged</li> </ul>					

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

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	Communities, with Devolved Locality Budgets (5)				
	<b>Mon, 28<sup>th</sup> Oct 2019, (CR/AS)</b>				
	<ul style="list-style-type: none"> <li>Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (6)</li> </ul>				
<b>Nov</b>	<b>Thurs, 7<sup>th</sup> Nov 2019, 10am (CR/CM/AS) - Informal</b>	<b>Thurs, 28<sup>th</sup> Nov 2019, 10am (CM)</b>		<b>Fri 1<sup>st</sup> November 2019 10am (CM)</b>	<b>Mon 18<sup>th</sup> Nov 2019 10am (CR)</b>
	<ul style="list-style-type: none"> <li>Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets</li> </ul>	<u>Living Well Theme</u>  <b>DRI</b> <ul style="list-style-type: none"> <li>Strategic issues and Challenges</li> <li>Cancer Care waiting times; and</li> <li>Maternity Care – HSR</li> </ul> <b>DMBC</b> <ul style="list-style-type: none"> <li>Strategic Issues and Challenges (Winter Planning in Partnership)</li> </ul> <b>Other areas</b> <ul style="list-style-type: none"> <li>Suicide Prevention Update</li> </ul>		<ul style="list-style-type: none"> <li>Homelessness and Rough Sleeping Strategy (SLHD) to include Complex Lives – (joint area with C&amp;E O&amp;S)</li> <li>Scrutiny Workplan</li> </ul>	<ul style="list-style-type: none"> <li>IMDB – update following 2018/19 Flood Review – item deferred at the meeting</li> <li>Social Isolation Alliance</li> <li>Update on Work of Climate Change Local Commission and Development of the Environment Strategy – item deferred at the meeting</li> <li>Street Scene Rapid Improvement Programme – item deferred at the meeting</li> <li>Scrutiny Workplan</li> </ul>
<b>Dec</b>	<b>Mon 16<sup>th</sup> December 2019, 1pm (AS)</b>		<b>Thurs 5<sup>th</sup> Dec 2019, 4:30pm (CM)</b>		<b>Thurs 5<sup>th</sup> Dec 2019, 10:30am Briefing Session</b>
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 2 <ul style="list-style-type: none"> <li>DMBC</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Placement Strategy</li> <li>Youth Services</li> </ul>		<ul style="list-style-type: none"> <li>Cycling Strategy</li> </ul>

FP – Forward Plan Decision

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	<ul style="list-style-type: none"> <li>○ SLHD</li> <li>○ DCST</li> </ul>		<ul style="list-style-type: none"> <li>• Doncaster Children's Safeguarding Board Annual Report</li> </ul>		
Jan	<p><b>Wed 22nd Jan 2020 11am Council Chamber (CR) Briefing session</b></p>	<p><b>Thurs, 30<sup>th</sup> Jan 2020, 1pm (CM)</b></p>		<p><b>Wed 15<sup>th</sup> January 2020, 10am (CM) Briefing Session</b></p>	<p><b>Mon 20<sup>th</sup> January 2020, 1pm (CM)</b></p>
	<ul style="list-style-type: none"> <li>• Adult Social Care Fees and Charges Briefing</li> </ul> <p>Invite to H&amp;ASC O&amp;S</p>	<p><u>Living Well Theme</u></p> <ul style="list-style-type: none"> <li>• Adult Safeguarding Annual Report and the Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care.</li> <li>• Primary Care Networks (NHS CCG) and Integrated Area Based Working (invite to C&amp;E O&amp;S)</li> <li>• Yorkshire Ambulance Service</li> </ul>		<ul style="list-style-type: none"> <li>• Urban Centre Master Plan and Major Projects</li> <li>• Large centres located outside Doncaster - areas to be agreed for the Panel to consider</li> <li>• Transport Infrastructure Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Climate Change Agenda And Strategy</li> <li>• Street Scene Rapid Improvement Plan</li> </ul>
	<p><b>Fri, 31st Jan 2020, 2pm Council Chamber (CR)</b></p>				
	<ul style="list-style-type: none"> <li>• Budget – Briefing</li> </ul>				
Feb	<p><b>Thurs, 6<sup>th</sup> Feb 2020, 10am (CR)</b></p>				<p><b>Wed, 12<sup>th</sup> Feb 2020, 10am (CM)</b></p>
	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Corporate Plan</li> <li>• Scrutiny Review Empowered, Engaged</li> </ul>				<p>Specific areas from the list below to be confirmed:</p> <ul style="list-style-type: none"> <li>• Update on Safer Doncaster Partnership priorities and performance</li> </ul>

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	Communities with Devolved Localities Budget				<ul style="list-style-type: none"> <li>• Knife Crime</li> <li>• Long-term stabilisation of people with complex needs</li> <li>• Crime in prisons</li> <li>• Child criminal exploitation</li> </ul>
	<b>21<sup>st</sup> February, 2020 (CR)</b>				
	<ul style="list-style-type: none"> <li>• Adult Social Care Fees and Charges Consultation</li> </ul>				
	<b>Thurs, 27<sup>th</sup> Feb 2020, 10am (AS)</b>				
	<ul style="list-style-type: none"> <li>• Qtrly Finance &amp; Performance Report – Qtr 3               <ul style="list-style-type: none"> <li>○ DMBC</li> <li>○ SLHD</li> <li>○ DCST</li> </ul> </li> </ul>				
<b>Mar</b>		<b>Mon 2<sup>nd</sup> March 2020 11am</b>			
		Visit to Safe Space			
	<b>Thurs, 26<sup>th</sup> March 2020, 10am (CM)</b>	<b>Wed, 19<sup>th</sup> March 2020, 1pm (CM)</b>	<b>Thurs 12<sup>th</sup> March 2020, 4:30pm (CM)</b>	<b>Mon, 2<sup>nd</sup> March 2020 – 1:30pm, Council Chamber (CM)</b>	
	<ul style="list-style-type: none"> <li>• Home to School Transport Policy (2021/25) Key decision</li> </ul>	<u>Ageing Well Theme</u> <ul style="list-style-type: none"> <li>• Dementia – navigation around services, use of technology</li> </ul> <u>Other</u> <ul style="list-style-type: none"> <li>• Safe Space – invitation to address the Panel</li> <li>• Public Health Protection</li> <li>• Smoke Free Doncaster Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Council – Feedback on key issues/Children &amp; Young People Plan</li> <li>• Education And Skills 2030 Framework For Consultation Update</li> </ul>	<ul style="list-style-type: none"> <li>• Members Briefing - Homelessness and Rough Sleeping Strategy</li> </ul>	

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			<b>Thurs 26<sup>th</sup> March 2020, 1:30pm (CM)</b>	<b>Mon 9<sup>th</sup> March 2020, 2pm (CR)</b>	
			<ul style="list-style-type: none"> <li>Members Briefing - Suicide Prevention – lessons learnt/support provided through Education/Schools</li> </ul>	<ul style="list-style-type: none"> <li>Update on Business Doncaster</li> <li>Update on the delivery of the Management of Doncaster Markets.</li> </ul>	
Apr	<b>(Date to be confirmed)</b>		<b>Thur 23<sup>rd</sup> April 2020 10am in Rm 210</b>		
	<ul style="list-style-type: none"> <li>DGT</li> </ul>		<ul style="list-style-type: none"> <li>Members Briefing (invite to OSMC) - Academies (overview/ scoping)</li> </ul>		<b>Extraordinary Meeting (Date to be confirmed)</b>
May					Updates on;
					<ul style="list-style-type: none"> <li>Climate Change Agenda And Strategy</li> <li>Street Scene Rapid Improvement Plan</li> </ul>
<b>POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED</b>					
	<ul style="list-style-type: none"> <li>Consultation Strategy (Role of the Voluntary Sector)</li> </ul>	<ul style="list-style-type: none"> <li>Progress on new initiatives being undertaken to support people with gambling addiction and actions taken through Gambling and Financial Inclusion Group – briefing note.</li> </ul>	<ul style="list-style-type: none"> <li>Engagement with Children in Care e.g. possible Member visit – to also focus discussions throughout the year, for example when addressing School Performance Tables/Attainment</li> <li>Gaps in housing for Children in Care between 17 and 18</li> </ul>	<ul style="list-style-type: none"> <li>Doncaster Inclusive Growth Strategy (with a focus on individuals faced with a number of barriers gaining employment) – to be considered during 2020/21</li> </ul>	Meeting to consider the following updates: <ul style="list-style-type: none"> <li>Waste;</li> <li>Tree Policy and 5G installation;</li> </ul>
	<ul style="list-style-type: none"> <li>Overview and Scrutiny – review/sharing best practice – April TBC</li> </ul>		<ul style="list-style-type: none"> <li>Elective Home Education - possible 2020/21 review</li> </ul>		Environment Strategy theme – to be prioritised <ul style="list-style-type: none"> <li>What does a Smart City look like;</li> <li>Fly tipping update;</li> </ul>

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					<ul style="list-style-type: none"> <li>• Rewilding – how do we use our green spaces;</li> <li>• Sustainability;</li> <li>• Climate change</li> </ul>
	<ul style="list-style-type: none"> <li>• 20mph zones date and Panel to be confirmed (possible roll over onto 2020/2021 workplan)</li> </ul>		<ul style="list-style-type: none"> <li>• Child Poverty</li> </ul>		Deferred from 18 <sup>th</sup> November, 2019 <ul style="list-style-type: none"> <li>• IMDB – update following 2018/19 Flood Review</li> </ul>
	<ul style="list-style-type: none"> <li>• Universal Credit Overview – first meeting 2020/2021 - potential for further work to be considered at Panel level e.g. impact on children attending at primary level</li> </ul>		<ul style="list-style-type: none"> <li>• Youth Strategy</li> </ul>		<ul style="list-style-type: none"> <li>• Social Isolation Alliance – First meeting 2020/2021</li> </ul>
			<ul style="list-style-type: none"> <li>• Demand Management – Update 2020 Mid-June 2020/21</li> </ul>		